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The motto of Alpha Omega Alpha Honor Medical Society is “Worthy to Serve the Suffering.” What does this phrase mean, and how does it relate to the name of the organization? In Greek, the three key words of the motto are: axios, worthy; opheleo, to serve; and algos, the suffering. Axios begins with the Greek letter α (alpha), which corresponds to our letter A, opheleo begins with the Greek letter ω (omega), which is often represented in the English alphabet by O, and algos begins with α (alpha), A.

The newly elected members of Alpha Indiana inducted on April 6, 2005. Front row, left to right: Kian Karimi, Trevor Oren, Hal Kipfer, MD, Katherine Richardson, Jennifer Whitaker, Jason Voorhies. Middle row, left to right: Amy Guise, Lyle Fettig, MD, Ryan Wetzel, Jason Dilts, Christopher Hughes, Colleen Jay, Eric Synder, Adam Corson, Falk Flach, Katie Burdick, Shannon Kraft, Emilie Powell, Stephen Harris, Donald Hawes, MD, Aaron Moberly, Abigail Klemsz, MD, PhD, Stephen Leapman, MD. Back row, left to right: Lora Alvey, Lewis Jacobson, MD, Grant McBride, Michael Sanford, Anthony Fama, Elizabeth Campbell, Shawn Ahlfeld, Catherine Ruffato, Charles Vanderpool, Stacy Rissing, Tracy Rose, Anna Krauze, Laura Howell, Evan Nichols, Kevin Tolliver, Abbie Tolliver, Michelle Crone, Katherine White, Lindsey Reese.
Hence the name of our organization, Alpha Omega Alpha, ΑΩΑ or AOA, which means “worthy to serve the suffering.” We all have some inkling of the meaning of these words, but I want us to think more deeply about each of these ideas, worthiness, service, and suffering, and about what they mean together. What does it really mean to be worthy to serve the suffering, and why would anyone aspire to that ideal?

Axios — Worthy
The word axios originally denoted the weight or heft of a thing. When you picked up an object and held it in your hand, what did it amount to? Was it solid, able to support other objects, or flimsy, nearly collapsing under its own weight? Would it stay in place during a strong wind, or would it be blown away by the first gust? Think of snowballs. Was it the sort of wet, compact snowball that would sting if it hit you, or a more powdery, insubstantial type that would travel only a few feet before breaking up in midair?

Later, with the invention of the scales, the ancient Greeks began to regard axios as measurable. To find out the value of a piece of gold, you place it on scales and weigh it. Greek philosophers soon realized, however, that value is not the same thing as worth. To know the value of a thing, we find out what it can buy. How much bread, olive oil, or silver can we buy with a gold coin? To answer this question, we go to the agora, the marketplace, and trade. Worth, however, is a different matter. Prices fluctuate according to supply and demand, but worth does not.

This is Shakespeare’s famous dilemma in The Merchant of Venice, in which Shylock demands of the rash but innocent Antonio full payment of his debt, a pound of his flesh. Shakespeare reminds us that the mere fact that something weighs a pound tells us little about how dear it truly is. There are objects, such as human beings, from which we cannot remove a part without ruining the whole. We, too, are made of flesh, but that is the full extent of our resemblance to meat in a butcher’s shop. Moreover, some things that matter a great deal to us cannot be weighed at all. Both tangible human flesh and intangible human love are quite literally priceless. If we attempt to price them, we demonstrate that we have misunderstood what they are.

Worth concerns the intrinsic qualities of things. It is not what someone would give for them, but what they are in themselves. Slavery, for example, is wrong in part because it presumes to place a value on something intrinsically priceless, a human being, and we cannot assay the worth of human beings in dollars.

Our worth as physicians lies in part in what we know: we need to understand the anatomy, physiology, pathology, diagnosis, and therapy of our patients. It also concerns what we can do: we must acquire many skills and learn to perform them proficiently. Yet knowledge and technical proficiency do not a worthy physician make. We need to be worthy in another way, as well. This kind of worth has less to do with the mind or the hands than with character. It is moral worth, and, for some, spiritual worth.

Our knowledge can be encyclopedic, yet we can fail our patients. We can be technical wizards, yet let them down. Our worth resides not only in what we know and what we can do. It resides in who we are and what we stand for. It is vital that we be worthy in this sense—worthy to serve the suffering.

Opheleo — To Serve
The verb opheleo denotes assisting or serving. The predicate “to serve” is related to such terms as “servant” and “serf,” which imply a power relationship between the one who is served and the one doing the serving. “Servant” may imply “master,” and “master” may in turn imply “slave.” The way some physicians complain about the practice of medicine today—the long hours, the reams of paperwork, the loss of autonomy, the reductions in payment schedules—you might think we see medicine as a form of indentured servitude.

Yet does “service” necessarily imply “servitude”? Is it demeaning to serve, and are those who serve inevitably diminished by their service? If we allow medicine to cease being a profession and become a mere commodity, the answer may be yes. It is demeaning to provide a service simply because someone is able to pay for it, even if, in our best judgment, he does not need it. On the other hand, if we genuinely serve the best interests of our patients, service is not demeaning. Opheleo implies not only doing what we are paid to do, but working to the advantage of others, enabling them to prosper and thrive.

There is much in our culture today drawing us away from this kind of service. It is often taken as a dictum of Darwinian biology that a living organism pursues its genetic self-interest, struggling to survive and propagate its kind at the expense of other organisms. Freudian psychology seems to suggest that our most basic motivation is the satisfaction of our own biological drives and impulses, thus hard-wiring egoism into our psyches. Some schools of economics posit that each person is a rational decision maker competing with others to maximize a personal utility function.

Life, however, is about more than survival, gratification, wealth, and power. Think of the most important things we share—not money or power, but knowledge, compassion, and love. When a person gives money to another, it makes the giver poorer. By contrast, when we share knowledge with someone, it often enriches both. In sharing knowledge, we gain a better understanding of what we already know, and we learn something new. The same goes for compassion. When we share compassion with others, we enrich all our lives. Far from depleting our stores, loving others actually enhances our capacities to love.
In serving others, each person discovers a purpose higher than gratifying selfish needs and desires. Each of us harbors a deep need to make a difference in the lives of others, to leave our community a bit better than when we first arrived on the scene. When we serve, we experience the deep fulfillment that comes only from making this kind of difference in the life of other people, a fulfillment that the pure egoist never knows. Both the servant and the one served grow and develop, becoming richer human beings. They both stretch themselves. This is the end to have in view as we prepare ourselves to serve the suffering.

**Algos — The Suffering**

“Suffering” is an inspired translation of the Greek word *algos*, because the word encompasses many meanings. The most obvious referent is bodily pain, such as a toothache. Nausea and vertigo, though not exactly painful, are other forms of suffering. Still another is the loss of function, such as blindness or paralysis. Yet, while the body may be the most obvious locus of suffering, all suffering is not physiological.

*Algos* refers not only to pains of the body but sorrow of the mind. Our word “patient” means “one who suffers,” and encompasses suffering in this larger sense. Consider the psychological suffering that springs from uncertainty. Is my epigastric pain merely indigestion, or a heart attack? Do these headaches mean that I need to relax more, or are they the first symptoms of a brain tumor? The physician knows the inherent uncertainty of diagnosis, but the patient lives with a much greater uncertainty: existential uncertainty.

Suffering may also arise from a fear of meaninglessness. Patients may ask, “Why did this happen to me?” The Bible’s book of Job represents one of the most searching and beautiful explorations of this question ever recorded. Job, the greatest man in the East, righteous and upright before God, loses first his property, then his family, and finally his health. His worldly losses are great, yet what torments him most is his inability to comprehend its apparent injustice. Job wants his day in court, a chance to prove that his suffering is unmerited. When God finally answers his calls for justification, Job gets not a day in court but a voice from a whirlwind. Instead of answering Job, God repeatedly juxtaposes Job’s own puniness with the immense beauty and mystery of creation.

Compassion may also bring suffering. Among our greatest abilities is that of feeling the sufferings of others. To love is to make ourselves more vulnerable, to reach out beyond self and make the joys and sorrows of others our own. If we are to love, we dare not follow the egoist’s path, attempting to insulate ourselves against the slings and arrows of outrageous fortune. In doing so, we would isolate ourselves from everything worth caring about.

To be a physician is not just to relieve pain. Our opportunities to serve the suffering extend beyond the analgesics and anesthetics that we carry in our black bags. There are other sorts of suffering we are called to attend to, sufferings that our drugs cannot touch. Our excellence as physicians depends on our ability to respond to those sufferings, as well. It depends on being able to lend a caring ear, and to hold a patient’s hand.

There are sufferings that we cannot touch at all, sorrows we can neither relieve nor soothe, boundaries beyond which we may not venture. One such is mortality. We cannot accompany our patients across that frontier. Yet here, too, we can choose to go as far as possible with those for whom we care. Even when there is “nothing more we can do,” we can remain faithfully by their sides. We need to prepare ourselves to serve the suffering, even when the suffering is of a form that we cannot vanquish.

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