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Health of Presidents

Article on Kennedy Raises Questions About Reports on Physical Ailments

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A recent report in the Journal of the American Medical Association entitled "President Kennedy's Adrenals," by Dr. John Nichols of the University of Kansas Medical Center, Kansas City, brings into focus a number of philosophical, professional and ethical problems that need further discussion in depth.

It is generally agreed that, when the physical or mental problems of public figures with great responsibility have a bearing on their judgment and abilities, in the national interest the people have a right to know the facts.

A number of points in recent history have brought this into continuing focus.

It is well known that for many months President Woodrow Wilson was not capable of fulfilling the duties of the President of the United States following severe brain damage after a devastating stroke.

Public Not Informed

He was kept literally incomunicado and the nature of his illness was not disclosed to the public.

When President Franklin D. Roosevelt was a candidate for his last term as President, a statement as to his general health was made public after considerable pressure.

It was a vague and veiled statement that led one to believe his health had not deteriorated, and that he was quite capable of undertaking not only a campaign but the rigors of the Presidency.

This was questioned by many medical authorities whose only information was photographs taken after Yalta. A number of experienced and expert physicians stated at the time, "Something has happened to the President. Death is written on his face."

President Eisenhower, due to the many health problems he has had, has been under the public fluoroscope more than any other President in history. Even as candid as the reports were after his coronary and his stroke, in answer to a direct question it was denied that "the President had any evidence of hardening of the arteries."

This was obviously a pathological impossibility and was subsequently corrected for the

record.

Issue in 1960

Health became a real issue in the Kennedy-Johnson fight for nomination for the Democratic candidacy for President in 1960.

Senator Johnson's supporters were disturbed and irritated by the continuing reference to Mr. Johnson's 1955 heart attack. They countered with the statement that Senator Kennedy had Addison's disease.

Senator Kennedy's brother, Robert, positively denied this rumor, stating that "Senator Kennedy does not now nor has he ever had an ailment described classically as Addison's disease, which is a tuberculous destruction of the adrenal glands."

He did acknowledge, however, that "in the postwar period he had some adrenal insufficiency."

It was fortunate that research in steroid replacement therapy had advanced to the point where these substances were available.

The clinical course corroborated the fact that Mr. Kennedy did well under this regime and evidenced no symptoms of physical or psychological incapacity.

Dr. Nichols identified President Kennedy with Addison's disease after comparing newspaper reports of his surgery in 1954 with an A.M.A. medical report of the same period describing spinal surgery on a 37-year-old man with Addison's disease

performed at the Hospital for Special Surgery in New York City.

The diagnosis of Addison's disease could have been established at President Kennedy's autopsy, and perhaps the cause could have been determined, Dr. Nichols said.

"However, the autopsy protocol is curiously silent on this point," he said, "as well as on details of the pituitary, of his vertebral column and sacroiliac joints."

"The silence on these points may be due to (a) accidental or intentional failure to search and observe, or (b) suppression of autopsy findings and existing clinical records by relatives or Federal officials or both," Dr.

Nichols said.

"The most unfortunate aspect is concealment of the diagnosis," Dr. Nichols said. "Addison's disease, formerly fatal, is an honorable disease and is not a disease to be concealed. It has no stigma to be avoided. Patients with Addison's disease can now be maintained under perfect control."

Fishbein Comments

Writing in the current issue of the medical news magazine *Medical World News*, Morris Fishbein, M.D., comments:

"With respect to the Kennedy autopsy, Dr. Milton H. Halpern, New York City's chief medical examiner, has said that any disclosure in the autopsy findings over and above the fatal bullet wounds 'must be considered a private matter for the family to do with as they personally desire'."

Some of the philosophical and ethical points of the issue are as follows:

(a) How far must a report in a scientific journal go to mask identification of the patient? It is obvious that detective work in this case to identify a "man 37 years of age" in a special hospital, etc. . . . could easily be identified by matching age, hospital, surgeon and newspaper reports when the individual is a national figure. (b) Who is responsible in such a situation? Author, publisher, institution, or is any one responsible?

Another point of issue is that of privileged communication.

President Kennedy's physicians were under real pressure to release certain medical observations obtained in the privileged relationship of patient and physician.

Oath Recalled

It should be pointed out that the physician under such circumstances is under oath, an oath taken when he receives his medical degree.

The Hippocrates oath states: "All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal."

There has also been discussion in the past of the propriety of graphic public description of basic physiological function involving details of appetite, sleep, reaction to visitors, and even elimination.

These are the questions that are posed to the medical profession. It is obvious that first the national interest must be protected. It is also obvious that the rights of the patient must be protected.

It is a well accepted fact that physical disability per se does not incapacitate the mental capacity of the individual.

Physical disease usually does not affect one's judgment except where there is toxicity or failure of physiological function that would secondarily affect brain function.

There are bound to be times when the question is how much and what to say in the public interest. These decisions must

be made not only with sensitivity but also with a wisdom that could well tax the mythical prowess of Solomon.

The physician or physicians responsible for these judgments under certain circumstances may have responsibility that transcends that of a general in combat, for it is conceivable that the fate of the world might hang on such a decision.

The physician's only tools in such a situation are experience, wisdom, integrity and patriotism.

Possibly some more formal mechanism should be devised.

Possibly a new bill of ethical particulars should be documented.

Certainly the whole problem needs thoughtful considered discussion.