That Forgotten Human Being–The Patient*

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For the past 23 years my husband and I have practised in a small village as GPs and we have watched the trend of medicine moving from the day of the so-called family doctor to the super-specialist. Admittedly, this has a great deal in its favour—the patient today receives medical treatment of a far higher standard than he had received before, both practically and theoretically, but in exchange for this, I feel that we have lost the rapport which used to exist between the patient and the doctor.

We admittedly have little time. The good old days when the family doctor clip-clopped his way around in his horse-carriage from patient to patient, bringing babies into the world and sitting up all night with the child with croup have, unfortunately, died. A few of these are still left among the older age groups but not among the younger ones. The simple reason is that the young doctor today is not going into general practice. Many of them are entering group practice—an excellent idea—but again we have specialization and family-visits are decreasing. Admittedly there is the time factor and a question of more being done in as short a time as possible, but the warmth that existed between doctor and patient has been lost. We are sending our patients from one specialist to another, and at the end there is no one to tell the poor patient what is wrong with him. The patient comes home feeling that he has spent a lot of money, has been thrown around, and still has no idea of just what his ailment is.

I appreciate that the degree of specialization in medicine which we have reached today is of great importance and a tremendous amount has been done in the medical world, but I would like to discuss what I think is the basic psychology in every patient. This is something that has been overlooked by the junior doctors and younger specialists when they are dealing with patients. We are entering a world where patients are merely 'the leg in bed 3', 'the liver in bed 8' and 'the cardiac in bed 10'. The fact that the patient in bed 10 is perhaps not doing as well as he should, is ascribed to the fact that he has had too few diuretics, or too much digitalis, or that very popular theory for everything at the moment, incorrect electrolyte balance. Nobody ever bothers to find out whether he has business problems, or perhaps his wife has gone off with another man. Surely these things are important and form part of the whole clinical picture, which concerns all doctors, even the orthopaedic surgeon who is setting a toe in a foot.

The 'Redundant' GP

The GP is dying out, this we know, but somehow he must be replaced. I was told by a physician friend of mine in Durban that the GP was a redundant member of the medical scene, that we were today so efficient in group practice that the GP was unnecessary. He then said that in his practice of 6 specialist physicians, they never went out to see a patient with, for instance, a coronary thrombosis at 2 o'clock in the morning. They felt that the patient got better attention by being rushed in an ambulance to an Intensive Care Unit. Looking around this room, I would imagine that 30% of the men under 60, have already had, or are going to have coronaries. What would you want if your turn came? Would you want to be rushed off at 2 o'clock in the morning, or would you want your colleagues to come to your house and comfort your wife, who is frightened to death, and to say to you: 'Don't panic, you are going to be all right'. You may know that you are not going to be all right, but its nice to be told that; or would you want to be rushed off to the Intensive Care Unit where they are going to insert drip needles in your veins, do your ECGs, put you in a resuscitator and look after you magnificently clinically, while nobody is in the slightest bit interested in your mental state, which is one of terror and turmoil.

This lack of warmth or humanity is everywhere. I feel that we are inclined to blame the time factor—I have done this myself. We are all too busy, we are all working at a ridiculous pressure (part of the reason for a coronary?), trying to do too much. Nevertheless, I feel that it is up to us to try and meet our commitments in some way and to fulfil our Hippocratic Oath.

Recently I was in the theatre of a large Johannesburg hospital where a small boy was brought in for minor secondary suture. I walked into the theatre, he was alone, no theatre-sister, no staff, not anybody. When I asked the theatre-sister; 'Sister, why is he alone? Why is there nobody with this child?', she said: 'But Doctor, we haven't got anybody, we can't spare anybody'.

Well, I maintain, this could have been my child, it could have been your child, it could have been an indigent, I don't mind, I'm not interested. I say that when we have reached the stage where children are left alone, where a sick child is left alone in the theatre, we have no right to put 'Doctor' in front of our name, far less Mr. Let me add briefly to that: I don't know how many obstetricians there are here, but I wonder how many of you ever lay alone, having your first baby on an extremely hard labour-ward table? Very few I should say. I know something—before you even have time to say: 'I don't feel very well', the sister says: 'What are you complaining about, hundreds of other people have had this first, this is normal'. She walks out, the doctor arrives in a headlong rush, does his delivery, and next day gets the accolade. The advertisement reads: 'To Mr and Mrs So-and-So, a beautiful son, thanks to doctor and nurses'. If you are very lucky God gets an innings too, He's also allowed to come into the paean of praise.

*Paper presented at the 48th South African Medical Congress (M.A.S.A.), March 1971.

Medical Students

I would briefly like to quote something written in a medical journal by Mr Pyke-Lees:

'The doctor shares with such people as naval officers, the need to be a certain kind of man; therefore in medical education, as in other kinds of education of which Plato spoke long ago, what matters most is not the knowledge imparted to a man, but what the man himself becomes in the course of acquiring the knowledge. The medical student needs not merely to learn, but to understand how to learn, and how to continue to learn long after he has qualified. In the practice of medicine—which in most of its branches is an art based on a science—experience, wisdom, judgement and a personal understanding of human beings are no less important than the subject-matter of the information obtained in a medical school. The prospects of the patient become parlous when the physician has to say to himself: "Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?"' And may I add: 'Where is the art we have lost in science?'

Another thing that I feel deeply about is the way we treat our medical students. Here we are breeding scientists and research workers. Does a first-class matric with honours in the sciences, which apparently has become the criteria by which we judge the making of a good doctor, *really* make a good doctor? Particularly in a country where we haven't even managed to standardize our Matriculation Examination. How many people from 40 onwards in this room got first-class matrics? Men who have reached the top of the tree, the professors, the senior leading scientists, many of them would never have been able to make a medical degree, had they lived in today's medical world and we would have lost people of great importance. Let us never forget that Winston Churchill didn't get a matric, but even more important, that great benefactor to medical science in South Africa, Otto Beit, also didn't get a matric. This admittedly is not the yardstick by which to judge the medical profession, but a first-class matric with honours in science does not necessarily make a good doctor. It may make a wonderful scientist, it may make a brilliant research worker, but we are looking for more, because more is needed of every one of us.

The Dignity of Death

Another point has arisen, and this was brought up, as you will recall, by Professor Simpson some years ago, and that is the question of the moment of death. We have now, of course, gone beyond the moment of death and we must now discuss something which is perhaps, except medico-legally, even more important and that is, the loss of the dignity of death. We have reached the stage that death has become a purely mechanical entity. Patients with a desperate prognosis are pushed into resuscitators, and fluids are started. I feel that we should again re-assess this and especially consider the question of dying with human touches and human comforts. I know that I would rather die when my turn comes, with somebody there to comfort me, to keep me cool, to hold my hand, to make it just that little bit easier, than to have a drip up one arm, an ECG attached to me and a resuscitator doing my breathing for me.

As Montaigne says: 'If you do not know how to die, don't worry, Nature herself will teach you in the proper time—she will discharge that work for you, don't trouble yourself'. Let us never forget that Mother Nature, being of female gender, is hyperintelligent, and she therefore advises us that death comes to us all; and when we are in attendance as doctors, we must allow our patient—'the human being'—to spend his last hours with dignity.

We in the medical profession are highly arrogant people, people who stand up and give advice, asked and unasked for in many cases, and like many priests, think we are authorities on many subjects. Our advice can be important to the sick man, but we are inclined as a profession to give advice on any subject, thinking that we know more than the layman on matters outside our profession. I think the time has come to look at ourselves in our mirrors and say: 'Are we becoming a profession of businessmen and scientists, have we not lost the meaning of the word 'dedication'? Has this word been taken out of our personal dictionaries?' and to stand with humility, to face God's greatest creation, the human being, not just 'the patient'.