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VAN DIE REDAKSIE *EDITORIAL*

Steroïede in Dermatologie

Daar word van tyd tot tyd, met reg, vanuit die geledere van die huisartse besware aangeteken dat die inhoud van die *Tydskrif* te esoteries is wat toepasbare leesstof vir hul praktyke betref. By herhaling het ons reeds gevra dat hierdie gebrek aangevul moet word deur die huisartse self, maar oor die algemeen gesproke, bly die oes in hierdie opsig maar skraal. Ons moet natuurlik ook verseker dat die gepubliseerde artikels 'n sekere vlak van gesofistikeerde wetenskaplikheid handhaaf, en 'n mens moet veral nie die fout begaan om huisartskunde te beskou as 'n mindere vakgebied nie. Daarom moet ons ongelukkig nou en dan bydraes vanuit die algemene praktyk van die hand wys, hoe naarstiglik ons ook al na juis sulke manuskripte op soek is.

'n Ander metode om aan die behoeftes van die huisarts te voorsien, is om ons spesialis-kollegas te vra om, in samewerking met die huisartse, artikels te skryf of simposiums te reël wat dan in die *Tydskrif* gepubliseer kan word. Op dié wyse kan 'n mens seker maak dat die nuutste wetenskaplike inligting wel beskikbaar gestel word, terwyl die teenwoordigheid van die praktisyns, hetsy as mede-outeurs of as simposium-bywoners, daartoe bydra dat die waarde van die gepubliseerde materiaal vir die huisartse behoue bly.

Saam met hierdie uitgawe van die *Tydskrif* verskyn 'n bylaag wat onder die vlerk van die Fakulteit van Huisartskunde van die Kollege van Geneeskunde tot stand gekom het. Die gebruik van steroïede in dermatologie het sekerlik 'n hele omwenteling in daardie vak teweeggebring, en die geneesheer in die praktyk moet voortdurend waak dat sy kennis nie verstomp of verouderd raak nie. Juis omdat hierdie middels oor die algemeen so doeltreffend is, moet sorg gedra word dat hulle korrek gebruik word en dat iatrogeniese toestande nie botvier nie.

'n Paneel van ses dermatoloë het 'n simposium onder voorsitterskap van 'n huisarts gelei deur eers die verskillende aspekte van die gebruik van steroïede in dermatologie te bespreek en daarna vrae van 'n uiteenlopende aard vanuit die geledere van die huisartse te beantwoord. Dit is die tweede keer dat ons 'n sodanige simposium as 'n bylaag van die *Tydskrif* publiseer,[1] en ons het min twyfel dat hierdie bylaag nog groter byval sal vind as die vorige, want hierdie keer is die belange van die huisartse nog strenger in die oog gehou omdat die verrigtinge beheer is deur iemand wat ten volle met die praktisyns se probleme en behoeftes op hoogte is.

Ons wil graag die Kollege van Geneeskunde en ook diegene wat die simposium geldelik moontlik gemaak het, van harte gelukwens en die hoop uitspreek dat andere hul goeie voorbeeld sal volg.

1. Panel Discussion (1966): S. Afr. Med. J., **40**, suppl. 10 December.

Continuing Medical Education

In 1962, we wrote that 'the time has now arrived—it is in fact long overdue—for the medical profession and the pharmaceutical industry to co-operate in a concerted attempt to discover and evolve a symbiotic relationship which will make it possible for responsible members of both the profession and the industry to strive unfailingly towards achieving the greatest possible benefit for the greatest number of people'.[1]

Have we, 12 years later, reached that desired goal? We note, with great pleasure, the increasing role that the industry is playing in the provision of background facilities for continuing medical education for the general practitioner, and we are pleased to print in this issue a concrete example. Corticosteroids have revolutionised the treatment of skin disease, but the practising doctor must be aware of the intricacies of such therapy. We welcome the opportunity to learn more about skin disease from the symposium, the proceedings of which appear as a supplement to this issue of the *Journal*.

But to return to the question of symbiosis between our profession and the industry — are we doing enough to foster this relationship? Some of our subgroups seem to have no hesitation in cajoling the various pharmaceutical firms into supplying funds for their congresses, air fares for overseas speakers, printing of programmes, provision of drinks and food, and so on. We note a counter-tendency. Some groups have decided that if they want to meet and learn, it should be at their own expense, and accordingly they have budgeted for higher subscriptions.

Certainly, he who helps himself does so with a real purpose. Meaningful education doesn't require sugar coating to be palatable. Thus the role of the pharmaceutical industry must not be that of the persuader but rather that of the collaborator, and in this sense a true symbiotic relationship can be nurtured. Industry has many educational facilities at its call, in both media and people, closed-circuit television, tape and slide libraries. Clinical documentation, further enhanced by local and overseas expertise, can also add a meaningful prerequisite to educational programmes. The choice of programmes should be a joint effort between our medical groups and industry. A shared responsibility opens avenues for the above, and only by setting clear-cut objectives to our continuing educational programmes can we ensure maximum benefits for the greatest number of our physicians. It is the quality of the education that is important, and not the titillation of the meal or refreshments.

In South Africa we have a mature medical community — one to be proud of. We are not isolated, but in the full stream of good medical care. Such maturity calls for a vigorous action programme to ensure that the latest medical knowledge is made available to physicians at all levels. This cannot be done by occasional symposia organised by pharmaceutical companies, but our local medical societies should take the lead in this endeavour.

We commend further exploration of symbiosis, not at the cocktail, but at the collegiate level.

1. Editorial (1962): S. Afr. Med. J., **14**, 263.