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EDITORIAL

Fisiologie op Skool

Kennis van fisiologie brei feitlik weekliks uit en dit is noodsaaklik dat die mediese student seker maak dat die handboeke wat hy gebruik nie verouderd is nie. Ook die verwante vakke soos biologie en biochemie ontwikkel teen 'n geweldige tempo en dit is gedurig nodig om bestaande literatuur te hersien en te vervang. Des te meer is dit noodsaaklik dat op skoolvlak die basiese onderrig nie te kort skiet nie, want dit is altyd veel moeiliker om foutiewe kennis reg te stel as om uit wans uit die korrekte feite voor te lê.

Dosente aan ons universiteite kla dat die skoolopleiding in fisiologie in vele opsigte te kort skiet. 'n Vraelys is onlangs deur die Fisiologiese en Biochemiese Vereniging van Suider-Afrika aan 'n aantal belanghebbendes gestuur, en die antwoorde wat ontvang is, verskaf insiggewende inligting in verband met die siening van verskeie pedagogiese instansies, asook van enkelinge. Waarop dit kortliks neerkom, is dat die meerderheid van opinie is dat biologie nie 'n noodsaaklike skoolvak is nie, maar wel onontbeerlik is vir latere opleiding in fisiologie en/of biochemie. Die meerderheid is egter wel oortuig dat die huidige leerplanne in die meeste skole nie voldoen aan die vereistes vir latere onderrig aan die universiteit nie.

Dit is eintlik verbasend dat 'n meerderheid van die persone wat genader is, van mening is dat fisiologiese opleiding op skool nie essensieel is nie. Ons wil nie ons mediese inslag oorbeklemtoon en voorgee dat dokters wat daagliks met hierdie vak as basis te doen het, beter sal weet as die pedagoë nie, maar dit is nogtans onrusbarend om te verneem hoe

'n uiters swak begrip die gemiddelde persoon, wat nie spesifieke opleiding op universiteitsvlak in hierdie vak of soortgelyke dissiplines gehad het nie, werklik van sy eie normale liggaamsfunksies het. Dit is seker maar dieselfde benadering as die persoon wat dag in dag uit in sy motor klim, die petrol- of rempedaal trap en maar aanvaar dat iemand anders sal regmaak as dinge skeef loop. Wat motors betref, weet ons dat sekere elementêre versorgingsmaatreëls heelwat onkoste en ergernis kan voorkom. Miskien aanvaar ons dit ook wat kennis van die fisiologie betref, maar die meerderheid, soos hierbo gerapporteer, wil tog nie aanbeveel dat sulke basiese kennis noodsaaklik is om goeie gesondheid in die hand te werk nie.

Ons het 'n paar van die handboeke wat in ons skole gebruik word, nagegaan en die resultaat is in sommige opsigte werklik skokkend. Een van die handboeke in Afrikaans wemel van growwe foute en selfs waar die feite min of meer korrek is, is dit duidelik dat die teks saamgestel is deur iemand wat maar 'n swak begrip het van die werklike agtergrond en dus verstrengel raak in detail. Enkele van die afbeeldings sou meer irriterend gewees het as hulle nie so snaaks was nie.

Het dit nie tyd geword dat onderwysinstansies met die mediese beroep beraadslaag alvorens sulke handboeke vir skoolgebruik toegelaat word nie? Kennis is daar genoeg en ons is ook seker dat bereidwilligheid om te help en advies te gee nie sal ontbreek nie. Die standaard is op die oomblik nie goed nie, en vra is vry. Ons verneem graag binnekort dat daar verbetering ingetree het.

The BIB Phenomenon

Beware of a man with a bee in his bonnet, and if he is a clinician or a researcher, he is doubly dangerous. Although the bee-in-the-bonnet or BIB phenomenon is not new and is not confined to the medical profession, the medical field, from pharmacy to psychiatry, seems to breed such practitioners. We are all well aware of them, and usually shun them, for they tend to be colossal bores. They know, and are prepared to tell everyone who will listen, that virtually all pathology stems from some simple but common failing in our daily lives, that certain therapeutic regimens will cure everything from ingrown toenails to baldness, or that all the ills the community is heir to can be traced to the stupidity of one man or institution. Once the syndrome is fully developed, it is not difficult to recognise.

Where it becomes more irksome and less easy to spot, is in the field of clinical research, before the symptoms have developed to the stage where the BIB phenomenon is obvious. Clinical trials are particularly at risk as far as its influence is concerned. It is therefore important that the early warning signs should be known to everyone who may have to scrutinise the work or results.

A general practitioner in solus practice who reports on his experience with 175 cases of psoriasis over a 3-month period may, at first glance, seem to be someone who is happily aware of the important contribution that the practitioner can make in the field of clinical investigation. But a total of 175 cases in one practice over such a short period is well above the expected average, and therefore the BIB phenomenon must be suspected. Either he sees psoriasis in every rash, or he has developed a repu-

tation for 'being good with' this skin complaint. In both instances his results are unreliable, for even if his diagnosis proves to be correct, the cases will be selected since an important percentage will be those who have failed to obtain any relief from conventional treatment by others.

Another symptom that gives early warning is the statement (offered in an attempt to sound unbiased) that the results were not statistically significant, but were nevertheless highly suggestive. The BIB sufferer is unable to accept proof that his predetermined ideas are wrong. He, therefore, as a trained scientist, admits the experimental results but reserves his right to put his own subjective interpretation on them.

A third, commonly-observed early sign appears when a new or even not-so-new pharmacological preparation is further investigated, and it is announced by the BIB sufferer that 'there seems to be reason to believe' that it is also of therapeutic value in another, totally unrelated pathology complex. The preparation may have been declared good by sound scientific investigation, and experienced, objective clinicians are happy to welcome it as a valuable addition to our therapeutic armamentarium. Not so the BIB man—he knows that because it is good, it is a panacea.

It is laudable that one person should devote virtually his entire working life to the investigation of one knotty problem, but we must be able to distinguish between those who will not allow personal conviction to influence their objectivity and those who are unable to realise that personal conviction has clouded their insight.
