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Die Vereniging en die Mediese Raad

Nadat dr. J. K. Bremer as lid van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad bedank het, en nadat die Raad vasgestel het dat sy bedanking finaal is en dat geen diskresie uitgeoefen kan word om die bedanking nie te aanvaar nie, het die President van die Raad, prof. S. F. Oosthuisen, staande sy waardering uitgespreek vir die waardevolle dienste wat deur dr. Bremer aan die Raad gelewer is. Hierdie gebaar kon mens miskien nog as suiwer protokolroetine beskou.

Die President van die Mediese Raad het egter 'n verdere uiters belangrike opmerking gemaak en dit is noodsaaklik dat alle lede van die Mediese Vereniging daarvan kennis neem. Hy het dit onomwonde gestel dat hy, gedurende al die jare van sy ampstermyn, steeds gestrewe het en steeds sal strewe na noue samewerking tussen die twee professionele verenigings in ons land en die Geneeskundige en Tandheelkundige Raad. Hierdie is geen trooswoorde nie—uit die geskiedenis van ons beroep weet ons dat dit 'n gelukkige feit is en ons moet die implikasies daarvan nie ligtelik tersyde lê nie.

Ongeag die redes wat gelei het tot die gebeure in Bloemfontein gedurende die Mediese Raadsvergadering, en ongeag die implikasies daarvan, moet ons steeds voor oë hou dat dit van die uiterste belang is dat verhoudings tussen die Mediese Raad en die Mediese Vereniging op die beste moontlike vlak moet bly. Ons Vereniging word erken as die amptelike mondstuk van dié beroep in Suid-Afrika en dit is slegs deur samewerking met die statutêre liggaam, wat ons mediese sake beheer, dat ons kan verseker dat die beste mediese dienste steeds aan die publiek beskikbaar bly, terwyl terselfdertyd sorg gedra word dat die belange van die dokters ook erken word.

Die President van die Geneeskundige en Tandheelkundige Raad het sy standpunt klinkklaar gestel en dit is nou die dure plig van iedere lid van die Mediese Vereniging om ondersteuning te verleen aan die samewerkingsgedagte. Ondeurdagte aanmerkings, veral as hulle op 'n gebrekkige feitekennis berus, kan aanleiding gee tot versuring van ons verhoudings en dit mag ons nie toelaat nie.

Dit is veral nodig dat die omstandighede insake artikel 80 **bis** van die Mediese Raad se regulasies goed begryp word. Ongelukkig het die bedanking van dr. Bremer tot gevolg gehad dat verskillende oningeligte bronne die indruk geskep het dat die Mediese Raad 'n geldebepalende liggaam is. Dit is natuurlik geensins die geval nie, want al wat die Raad om vra is 'n leidraad om te gebruik in gevalle waar dispute oor mediese gelde tussen pasiënt en dokter ontstaan. Die aanvaarding of verwerping van 'n gegewe tarief, deur die Raad as sy maatstaf, onder artikel 80 **bis,** sal geen effek hê op die vlak van mediese rekenings nie. Die Raad kan en sal ook nie poog om die koste van doktersdienste te beïnvloed nie. Die Raad tree slegs op waar dispute ontstaan.

Dit is welliswaar te betreur dat die Mediese Raad nou nie meer die Mediese Vereniging erken as die enigste adviserende liggaam wanneer leiding gevra word insake tariefbeoordeling nie, maar met die versekering van voortgehoue samewerking wat ons van die President van die Raad ontvang het, hoef ons nog nie onder 'n wolk van mismoedigheid gebuk te gaan nie.

A New Medical Curriculum

We have come full circle. Some fifty years ago we were still satisfied to regard the art of medicine as a single, all-embracing concept, but as our factual knowledge increased, it apparently became necessary to diversify and to pigeon-hole the various branches of healing. Gradually this compartmentalization crept into our medical schools and it became accepted practice to teach each subject as a separate entity, with little or no regard for the concurrently conducted classes in other subjects. Now we are back where we started and at last the unified concept of an integral system of teaching has received the official sanction of the Medical and Dental Council.

The Education Committee of the Council had done its homework thoroughly and the members are to be congratulated on the well-deserved success which their recommendations achieved when they were put to the full Council in October. Once these recommendations are fully implemented, we will see a new type of medical school evolving where the student is taught to approach medicine as an integrated entity rather than as a number of unrelated disciplines with very little possibility of overlap.

What it boils down to is that the training course for doctors is to be shortened to 5 years of formal study, with 2, instead of 1 year internship. In other words, the total time spent before the new doctor is ready for independent practice will remain the same, but much of the waste which marked our courses to date will have been eliminated. Gradually the concept of a yearly progression from one set of subjects to the next will disappear and the student will learn to understand the patient and his problems as a whole, without mentally having to divide them into anatomical anomalies, problems concerning internal medicine and such conditions as belong to the realm of the surgeon.

From the very first year the new student will be introduced to actual clinical medicine. At first his contact with the patient will be minimal, but as the years progress he will gradually be led into the the clinical wards, until, at the end of his 5 years he will be totally occupied with the application of his new-found knowledge at the bedside. Watertight compartments such as pathology, bacteriology or even the clinical entities, will disappear and with them the traditional demarcation of the medical course into a procession of years, each with its particular field of study to be completed before the next set of subjects can be approached.

To accept the new system completely, the teachers will have to be prepared to approach the concept with an open mind. It is not going to be easy, especially for the older colleagues, and it may well take some time before the new curriculum can be fully implemented. Examinations as we know them today will eventually fall away and in their place will come a more realistic assessment of the total knowledge of the student, taking into account his ability to cope with a specific clinical problem.

During the 2 intern years his teaching will continue, and it is visualized that at least the first year will be spent in teaching hospitals, so that the new intern will not leave the security of his teaching ground before he has gained some experience and perspective. During these 2 years due regard will also be given to his specific interest as far as his future career is concerned so that the budding general practitioner will receive the encouragement which is often lacking in our present system.

Difficulties will certainly be encountered, but we must all help to solve them and thus ensure that the doctor of the future will be the integrated person whom we wish to see, able to exercise the art of healing and prevention of disease in all its facets.