RANDOM THOUGHTS OF A GENERAL PRACTITIONER

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In the last few years a great amount of thought and study has gone into the position of those practising medicine. The layman reading medical articles in his daily or Sunday papers, or listening to our medical broadcasters may believe that he lives in an era where all is well with medicine. Is this so, does it not seem strange that we, as doctors, are only too ready to dissuade our sons and daughters from following in our footsteps? The reason for this is that in this world of rapid transformation Medicine, or rather the practice of medicine, is rapidly changing and most of the foundations upon which our work was built have been rudely shaken. The position the doctor holds in society is indeed vastly different to that of say 35 years ago.

When I qualified 35 years ago and entered into the practice of medicine, I had had a reasonably successful student career. I had not failed in any examination, I was a leading member of the University Medical Society, and was not a complete nonentity in the field of sport. I had also served in France and Belgium. I devoted an extra year after graduating as senior house surgeon in one of our large hospitals.

I thus was full of confidence and felt I had had such an excellent training that the world was indeed 'my oyster'. The way was open for me now to rightly take my place in the field of medicine. I had chosen general practice. I was full of enthusiasm and confidence and though the financial rewards of my calling were not then obvious to me I felt that I should earn the respect and goodwill of those willing to entrust their lives, health and happiness to me. How rude was the awakening! I had been trained by many eminent men deeply versed in the practical knowledge of their own immediate speciality, but I soon found that my knowledge of men and women and the numerous minor ailments that were to be the daily round, the common task, were beyond my ken. Moreover, the problem of finance now forcibly impinged on my mind. The conception of a noble profession working entirely for the good of mankind without thought of the bread, and occasionally butter, that had to be provided for the family, began to wobble, and I began in those early days to realize that man cannot live by high ideals and humanitarian desires alone. I was appalled by my ignorance of the minor ailments and psychological difficulties, and my lack of understanding of the human side of my patients.

THE TRAINING OF THE GENERAL PRACTITIONER

Casting my mind back to my medical training, I realized that a great deal of my difficulties were due to lack of training in the essentials that go to make a successful and happy general practitioner. In those days, medicine had not yet become the complex affair it is today and what I experienced then the undergraduate of medicine only too often suffers to-day.

Medicine is a truly living organism and must progress all the time; it is essential to raise its standard, and today, the medical course is one of 6 years. The amount of writing on this one point alone would fill many tomes, and true to our reputation for dissension, we have reached no finality in settling what is best for undergraduate training. I hope that a sensible attitude to this problem will be taken and that the student will not be compelled to spend so much time on the early basic sciences, but that more attention will be devoted to clinical medicine and, most important, to the human side of medicine. If this is done the final result will profit the great majority of students who will one day enter that new speciality—general practice.

What is the position of the general practitioner today? Until recently he was, and perhaps still is, looked upon by the layman as an inferior in the world of medicine. Is this a new concept? Let me quote Osler, who wrote: 'It is amusing to read and hear of the passing of the family physician. There never was a time in our history in which he was so much in evidence, in which he was so prosperous, in which his prospects were so good, or his power in the community so potent. The public has even begun to get sentimental over him. He still does the work, the consultants and the specialist do the talking and the writing, and take the fees. By the work I mean that great mass of routine practice which brings the doctor into every household in the land and makes him not alone the advisor, but the valued friend. He is the standard by which we are measured. What he is, we are, and the estimate of the profession in the eyes of the public is their estimate of him. A well trained sensible doctor is one of the most valuable assets of a community, worth today, as in Homer's time, many another man.

To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild'.

This was written in 1902 and it is almost as true now as then, except that owing to modern economic forces his financial prospects are no longer 'so good'.

In my experience the pendulum is slowly swinging back and the layman to-day is coming to appreciate that his family doctor is a man of great worth and that his knowledge and experience are immensely valuable, and finally that he is truly the very solid backbone of our profession.

Let me not be misunderstood. I am the last to decry the great value of the consultant and specialist in the practice of modern medicine, but my pleas to-night are for the recognition of the wonderful service the general practitioner renders to the world. I maintain his training today is inadequate. He is not taught to rely enough upon his own observations and faculties. He has been taught that nearly all medicine depends upon tests, laboratory, X-rays, etc. etc. These are, of course, immensely important and without them he would be almost like the doctors of the eighteenth century; but he is in a poor way if he regards them as the whole of medicine.

The future general practitioner should be taught that people who are ill are not merely 'cases'—case no. x, cardiac, or case no. y, fractured femur. It is essential to recognize this important fact, that we are dealing with sick men and women, frightened men and women, frustrated and unhappy men and women. How is the undergraduate of today to be taught this?

In the UK a valuable institution has been formed called The College of General Practice, and it is evident that the tremendous importance of correct G.P. training is coming to be recognized, Those of you who have read the reports of the College will know that students are encouraged in their final years to leave the sacrosanct precincts of their hospital to go and work with general practitioners in the surrounding areas, and so learn those useful and necessary lessons no hospital can give. The amazing fact, too, is that several of the universities have now appointed to their teaching staffs eminent general practitioners for the teaching of general practice. I would commend this method to our own medical schools—schools staffed by men who are pre-eminent in their own fields, yet who do not and cannot give the general practitioner the training so necessary to his becoming what Osler has called 'a well-trained sensible doctor'.

Here in our own beloved land this problem awaits solution; I suggest it should be investigated with our peculiar ability of 'making a plan' and a plan should be made.

Postgraduate Instruction. I have discussed some of the difficulties of undergraduate training—what of the graduate general practitioner, how can he be further helped? It is with the greatest satisfaction that I note that our medical schools are now providing short postgraduate courses, and the fact that these courses are very well attended shows how much they are valued and appreciated, but surely courses, good though they may be, are hopelessly inadequate. Is it not essential that the general practitioner be allowed the use of our hospitals; that he be, if possible, a member of the staff; and in fact that some portion of his daily round be spent in the stimulating atmosphere of hospital work? Much has been written on this difficult problem, but so little done. I hope that one day the authorities will realize how important this is to every practising doctor and remedy this serious defect that exists in that continuous training a medical man needs all his life.

THE ECONOMICS OF MEDICAL PRACTICE

A vital defect in all our training is the complete absence of any teaching in the financial side of medicine. How are we to obtain the financial reward for our labours? I am well aware of the difficulty of this delicate subject. We are all trained in the humanitarian side of our work, and also very soon learn of the ethical principles of our profession. What of the financial side?

In the early days of medicine there was no medical council, nor, in fact, except for the Royal College of Physicians in England, no controlling body whatever, and medical men competed openly with the apothecaries of their time. To do so they advertised themselves widely and many were the abuses that arose. The fees charged by these physicians were so enormous that the laymen were more often than not obliged to employ the services of the apothecary. However, doctors at last began to realize the ethics of our profession and with the establishment of medical councils and medical associations and societies, they have submitted themselves to the authority of these important bodies—an authority so competently exercised that we accept it unequivocally.

With the development of medicine and all its numerous specialities and with the increased demand of the public for more and better medical services, the number of men and women who turned to medicine became immense. The number of graduates has increased so rapidly that there is a danger of over-supply. I refer in South Africa, particularly to the doctors who for many reasons are prepared to practice only in areas whose population is sufficient to maintain financially a medical man and his family. We are only too sadly aware that vast numbers of our non-European population are desperately in need of medical services, but as individuals we are, as a whole, not prepared to sacrifice the comforts and luxury of the city or the dorp for a life in the 'bundu'.

We live in a most material world today and the god, once known as Mammon but now gilded and called 'materialism', is one of the ruling factors in all modern life; and we as doctors must be affected by this strange new worship. As a profession we have for centuries been regarded as a form of supermen, something magical; something beyond the knowledge and understanding of the layman. But make no mistake; in this new religion that has gripped the world, our monetary value has been discussed and assessed by those astute business men who require a great deal more than a pound of flesh. Everything has its price and medical service does not escape this business slogan.

In recent years, from a humanitarian point of view, we have been asked to sacrifice our fees to assist those unable to meet the 'rising cost of living'. Men and women have formed themselves into medical aid societies and benefit societies in order to obtain relief from expenses due to ill-health. Our Association, possibly from a sense of humanitarianism, but also sensing that unless recognition was given to these bodies that State medical service like those in other countries, might be forced upon us, contracted with these bodies for reduced medical fees. I agree with the Association's views; but we have in the last few years been made pawns in the hands of these astute people who have so organized these bodies that a great feeling of resentment is arising throughout the profession. So much so that, as you all know if you have read your Federal Council minutes, the Association is now probing the possibility of eliminating this lay control and substituting a scheme of insurance controlled by the profession, in which the layman and doctor will receive better value. I should like you all to read the Report on the Economics of Medical Practice, published in the *Journal* of 4 February 1956.

The basic question, therefore, now faces us as a profession. Are we to live up to the purely humanitarian and ethical principles of our calling, or are we to insist on a fairer financial reward for our labours and so perhaps lose a great deal of the sympathy of our patients? In other words, does this urgent materialism call for the formation of a trade union? I feel that for many generations our services have been exploited and abused. In illness the doctor is an angel incarnate, but a devil when he asks for his fee.

How seriously the profession regards this matter of materialism or, in plain words, our cost of living, is shown by the vast amount of time devoted to this question in your doctors' parliament, viz, the Federal Council; as our Chairman, Dr. Sichel, in his New Year message has pointed out: 'I feel it a duty to my colleagues to state very frankly that for some considerable time I have felt greatly perturbed about the way in which we, as a profession, are tending to drift towards commercialism. The greater part of the work of the Federal Council, and indeed of some of our Branches, is concerned with schedules of fees, and contract practice in general. Some, at least of our groups, are tending to become, or have become, fee-fixing bodies, to the detriment of the academic and clinical interest which should be the main objective of professional groups.'

It is indeed a difficult problem that we face. In the UK we all know how the State medical service has completely changed ideas of medical practice. In New Zealand, Australia and the Scandinavian countries there is increasing evidence of the commercialization of medicine. Here in South Africa medical practice has also changed vastly. In the years gone by the relationship was between the doctor and his patient; today a third and potent power has arisen—a

third party that intervenes and with whom the two parties must deal, namely the medical aid society or benefit society.

The friendly relationship in many cases has gone, and as doctors we know only too well we deal with a soulless body whose chief concern is to obtain our services for as little as possible. There is no *quid pro quo*—the Banks do not give us a reduced charge on overdraft, the oil companies do not give us petrol cheaper, and so on *ad infinitum*. It seems to me that by our sacrifice we subsidize all these concerns. Let me remind you too of the big business man or firm who buys our services for the benefit of his employees; perhaps you will recognize under this heading our old friend, the closed panel. A medical man is appointed to be the medical officer of a concern at a fixed salary, and free choice of doctor for the employees no longer exists. In my experience the vast majority of employees are quite content to have no free choice as long as they are not called upon to pay the medical bill. Today most of us, though theoretically we condemn the closed panel, are compelled for economic reasons to apply for and accept these appointments. It would be interesting to know how many applicants there are for the posts.

From all this you can judge for yourselves, the medical profession, through economic forces beyond its control, is already commercialized—not merely tending to become so. We must recognize the facts as they are; whether we should attempt to change this state and revert to the practice of medicine as it was when I first knew it, is a problem too vast for me to even contemplate. I belong to the older school; and, as I have told you, in my first few years of practice the financial side of practice was regarded as sordid, and anathema. Force of circumstances have compelled me to alter my views, but I do plead for a fair balance between the wonderful work on which we labour for the pure joy and love of it, and the material rewards that ought to go with it. First let the labourer be truly worthy of his hire.