A SUGGESTION FOR A CHANGE IN THE PRESENT CLASSIFICATION OF DOCTORS

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Doctors are classified as general practitioners and specialists. The latter designation is a misnomer. Specialists should more correctly be called 'Localists' in contrast to general practitioners who are 'generalists'. The word 'specialist' carries an unwarranted element of praise, with a reciprocal slight to his hard-pressed colleague, the 'generalist'. Specialists and general practitioners use the same classification of disease and similar methods of investigation and treatment. The latter, however, by the nature of his work and experience, realizes more the fact of the inter-relatedness of organs and systems in the patient and the inter-relatedness of man and his environment.

He especially realizes the defect in the 'localist' approach of giving exclusive attention to one part of the body, when the cause of the disease may lie elsewhere. His greater follow-up contact also enables him to better appraise his own work and that of the specialists. The busy general practitioner may err in giving inadequate local investigation owing to pressure of work. Therefore, in order that he may be afforded the opportunity of making his valuable contribution to medicine, the senior 'generalist' should consult only and not visit. The time-consuming home visiting he can leave to his junior colleague.

The 'generalist's' main concern is the treatment of his patient as a whole, and this he can best carry out by spending more time in investigating and treating the mind of his patient. It is he who sees and appreciates the vast amount of psychosomatic disorders in general practice. (To appreciate the wide effects of emotions in producing disease of the body, see H. F. Dunbar's Emotions and Bodily Changes.)

NON-ACADEMIC POSTGRADUATE STUDY

I have personally been qualified for 16 years and for the last 5 years have been doing work of this nature. The extra time I have had to myself has enabled me, in addition to doing private research to study journals and books on psychosomatic medicine from many parts of the world. I am glad to report that I am not starving, and doing better work, in spite of the fact that I did not return to *alma mater* to hold her hand while I read a new book or journal. She gave me my basic training, for which I am grateful, but I am now able to study on my own, and can readily forgo her blessing of more academic exhibitionism. I now work in the field, and make living contact with my patients, where my work enjoys progressive improvement, but alas! not progressive remuneration.

Postgraduate teaching, learning, research, practice and organization of medicine must be flexible to allow freedom for individual development in diverse ways, without the stultifying encrustations of rigid regulations and discriminations. Postgraduate academic snobbery is harming private study and initiative which does not confer the honour of an extra title.

It is probably necessary that every doctor qualified as such should spend 5—10 years as a 'junior' general practitioner, the length of time being determined by the needs of society at the time, before he is permitted to act as a 'consulting' general practitioner, or as a specialist. The junior 'generalist's' fees should be sufficient to provide for future private or academic study requirements. Young men are better able to withstand the arduous duties inseparable from a 'visiting' general practice and to benefit from them.

A general practice contains features not included in graduate teaching. The academic education carried out by specialists, instils in students the localist and not the 'generalist' approach. The integrated approach is only acquired by the general practitioner after years of experience—it does not exist in academic education. This priceless feature must be valued, for it contains the greatest potential for future progress in medicine. This fact is not recognized in academic circles and not by the lay public. A doctor may call himself a specialist after 2 years of extra study—a general practitioner of 20 years' experience and study remains in name a general practitioner when in fact he is much more. What blindness prevails because we have not created a special title for the senior general practitioner!—of course he has not returned to pay homage to *alma mater*; his increased skill and experience come from his work in the field.

Universities make no provision for helping the future general practitioner by employing experienced general practitioners on their staffs. It is only the latter who can adequately apply the integrated approach. When the medical schools wake up to the requirements of the public and employ senior general practitioners on their staffs, I hope they will not make the specialists mistake and insist on expensive, full-time postgraduate study and a title. We need part-time courses in 'localist' and 'generalist' fields which should be quite optional and not accompanied by special titles but only a neutral description of the type of work to be undertaken. The medical schools little realize that to become an effective 'generalist', much more study and experience is required than to become an effective specialist, and that experience is mainly acquired in practice and not in lecture rooms, where the study of symbols and not the man is the main concern.

The medical schools can help, but they are not indispensable to postgraduate study. The many men in the field who make time for private study should not be penalized for not having visited them and acquired a special title. A doctor's reputation depends on the result of his work, which only the public can judge, and not on any extra academic title. The present belief that postgraduate study can only take place in academic institutions may be true for men who like lectures, have aural memories, or like to be spoon-fed. There are however many men who, with more visual memories or preferring new lines of investigation, prefer private study, individual initiative, and learning by dealing with problems in the proper context in the field.

Serfdom reminiscent of the middle ages is seen in the relationship of organized lay bodies which demand and get from defenceless individual doctors unlimited services at any time, anywhere, for any discomfort, medical or otherwise, and that for a fixed nominal monthly fee or ridiculously reduced fee per treatment. This is an example of one-way accountancy. What is happening to our much publicized dignity and freedom? Where is our right to some little leisure to develop and round off our individual personality? In modern democracy the common man has become a lord who

tyrannizes over his professional brethren. Many senior general practitioners work in the front line of the battle with no regular hours, for too little return, and with no chance of organizing their lives with a limited number of consultations per day. What they need if they are to fill the invaluable role to society of 'senior generalist' is time to observe, think and study, and time to apply this 'general' approach effectively.

THE WHOLE MAN

Julian Huxley in *Evolution in Action*, when discussing tools of living, relates generalized machanisms to potentially unrestricted improvement and progress, and specialized or localized techniques to potentially restricted improvement and possible stagnation. Further, the Indian teacher, J. Krishnamurti in his book *The First and Last Freedom* says: 'The truth lies in the whole, and not in the parts; in separateness lies conflict and confusion; in togetherness and wholeness lies truth.' Sir Henheage Ogilvie, an eminent British medical practitioner in General Surgery says: 'Consultant ranks contain many who are not wise men but "wise guys"—not men of culture, skill or wide experience, but smart technicians who can do a number of complicated tricks extremely well, provided that they are not asked to go beyond them. Compared with the general practitioner, they are small beer indeed, and it is time they were told so'.

In conclusion, I should like to say that the most urgent problem to-day is the investigation and treatment of the whole man; the 'generalist' realizes this and is most suited for the job. To turn the tables and to call him a 'specialist' instead of the 'localist' because he deals with an urgent special problem of integration, would certainly be most unfair to the 'localist', who would then be left out of the spot-light, and would probably go broke.

Bertrand Russell wisely says that in order to preserve excellence, we must become more leisurely and just, less 'progressive'. I may add that we need less spurious verbal progress and praise in 'localist' medicine, which only increases the confusion in the medical Tower of Babel—that institution for the dismemberment of man without the ability to put him together again. This exclusive 'localist' interest probably springs from the fallacy that the study of a part reveals the truth of the whole; it does not sufficiently recognise the facts of evolution and mutation. The properties of water are new and not accounted for by the sum of the properties of hydrogen alone and oxygen alone. The 'localist' study of man has its value, but the integrated study of the whole man, with its interrelatedness of body, mind, spirit, and environment, is the main means to man's total health and happiness.

I therefore propose that, in order to obviate the emotive use of a partisan classification of doctors that 'begs the question', we classify doctors with neutral descriptive terms, such as practitioners in this or that branch of medicine, e.g. Practitioner in General Medicine, Practitioner in General Medicine (Consulting), Practitioner in Ear, Nose and Throat Diseases, Practitioner in General Surgery, Practitioner in Internal Diseases, etc.