

MEDICAL AND DENTAL COUNCIL: OPENING ADDRESS

S. F. OOSTHUIZEN, M.D., F.R.C.P.E., F.F.R., *President*

Dit is vir my 'n groot genoë dat ek u almal as lede van die Raad kan verwelkom, en spesiaal Dr. Bromilow-Downing van die Universiteit Kaapstad, die nuwe lid van die Raad. Ons hoop dat sy ampstermyn as raadslid baie voordelig sal wees en dat hy self ook die werk van die Raad sal geniet.

Dit is met groot leedwese dat ek melding moet maak van die heengaan van Prof. M. v.d. Ende. Hy was 'n toering van sterkte vir die Raad en 'n intellektuele kollosus wat sy merk as dokter, as navorser en as mens gemaak het. Hy was bedeed met die allerbeste eienskappe van nederigheid en getrouheid, en die spore wat hy nagelaat het op ons geskiedenis, sal nooit uitgewis word nie.

Ek wens ook Dr. Bird te bedank vir die wyse waarop hy as waarnemende President geageer het tydens my afwesigheid.

Ek wil ook melding maak van die feit dat ons teleurgestel is oor die vertraging met die wetgewing oor Hulpdienste. Verskillende Rade het nie daarin geslaag om die Regering oor te haal nie, en die tyd sal weldra aanbreek dat ons as Raad ons beleid ten opsigte van die saak bespreek en finaliseer . . .

Members will observe from the list of pending matters that many important matters are still the subject of consideration, particularly rule 19 (professional appointments), and professional secrecy. These matters are of the greatest importance and the conclusions ultimately arrived at may affect the professions and the public profoundly. There has been considerable criticism in various bodies of the restrictive nature of certain provisions of rule 19, especially as they affect appointments of a purely temporary nature and these must be carefully considered.

Professional Secrecy

The continuing demands of various societies concerned in providing medical aid or medical benefits to the public for the disclosure of the nature of a patient's illness has necessitated the consideration of the ethical rule concerning professional secrecy . . . We must never get away from the idea that professional secrecy is absolute under all circumstances. In continental Europe, a doctor who discloses information obtained after examining a patient is liable to imprisonment without a fine. It is true that as far as the General Medical Council is concerned, the matter of professional secrecy has never been the subject of a complaint, but there is other machinery there for dealing with the problem. In my opinion, it will be a sorry day for medicine and dentistry if the public loses confidence in us from that point of view.

Public and Professional Interests identical

This leads me to the main theme of my remarks today, namely, that the interests of the public and of the doctors and dentists are really the same. If we approach the matter from a general point of view we find that the interests of the public are not at variance with the interests of the professions. On the occasion of the last meeting of the Council I made a plea that the Council should never interfere with the rights as citizens of medical and dental practitioners, and must get away from unnecessary legislation because we can never legislate for gentlemen. I will go further and say that if one develops this theme, we find that matters which are of vital importance to the public, are also of vital importance to the professions and this Council which is the custodian of the honour of the professions. Examples can be found in every sphere of activity of the Council, whether educational or ethical. The Council should concentrate on those matters which are of the greatest consequence to the public and the professions, viz. medical and dental education and ethics.

Education and Ethics

In my opinion education is a special responsibility of the Council, and one which we must never neglect. Reports will be before Council about the whole matter of dental and medical minimum standards and it is my sincere hope that Council will ultimately

decide to lay down broad principles and leave Universities free to work out the best possible curriculum.

As far as ethical matters are concerned, this Council functions as custodian of the honour of the professions and whereas it should be very strict and fair, it must never be meddling. This is the policy I have great faith in.

The Council is in a special position in this country in that it can make a good contribution to progress, the science of medicine, and the interests of the public, by attempting to obtain the alliance of all interested parties. We have the fullest cooperation of the professional Associations, the Universities, the Department of Health, and other statutory bodies. I think we must continue to exploit the position not by interfering but by obtaining their alliance and thereby do much for the country as a whole. By functioning alone the Council is deprived of the great wealth of experience and the knowledge of others.

Here again I would like to stress the point that the interests of the public and these organisations are identical with those of the Council.

International Medical Cooperation

The Council should regard its function as a registering body very seriously; we should guard the rights of the public and our professions. By so doing we shall serve both. By failing we shall let both down. Innocent measures regarding registration may have serious repercussions for the professions as well as the public.

In my opinion we do fall short on one point, namely, in our relations with other countries. Our doctors and dentists from this country have for many years been receiving the hospitality of overseas institutions and I do not feel that we get full marks for the repayment on that particular debt. We must consider ways and means of repaying the hospitality we owe overseas countries in having accommodated our doctors through the years.

I know about Section 74 of our Act but I think we should consider two-way traffic—postgraduate work and postgraduate research work. I am interested in the class of person who can come from another University and work with us on some basis of recognition. At the moment that cannot be done. We could do a lot by making it possible for young people from other countries to do internship in South Africa or do research in institutions in this country, as is the position in other countries. We must repay the hospitality our doctors have received overseas.

It gives me great pleasure to report that during a recent visit overseas, I had the good fortune to be entertained by the General Medical Council, and also to meet numerous experts in the field of medical statesmanship. The visit of Sir David Campbell to South Africa has paid good dividends and we have made a good friend of him and an able ambassador. It all makes for satisfactory functioning in our relationship with overseas countries. During my visit to various countries I have come to a conclusion which I feel I should express . . . and that is that we as a Council must make quite sure that the general medical practitioner in this country becomes more and more entrenched . . . That is the opinion of medical statesmen all over the world and one we can follow in every sphere of our activity. I think we become unduly worried about many things that happen over which we have no control even in the Council. I think it will be a sad day for the Council if there is no difference of opinion. You cannot have growth without dissension or difference of opinion. In accepting the fact that the interests of the public are the interests of the professions and that the Council is the body to harmonize these, I do think that the public should appreciate the problems of the professions and assist medical education and research.

General Practice

The interests of the public and the general practitioner as well as the specialist are at stake. It is impossible for the public to be served only by specialists, or for that matter by general practitioners. It is important that the Council should ensure that general practice does not disappear from the face of the country;

it is equally important that there should be specialists in certain branches of medicine and dentistry to provide special treatment.

I have been astounded to see how much small and relatively poor countries, like Finland, pay towards the maintenance of hospitals for the care of the sick, and how much money is donated in many countries for research and education. South Africa lags behind in this.

But coming back to the general practitioner, it is often said that he is not in a position to know as much as a specialist. In my opinion, the value to mankind of the philosopher is often more important than that of the super-specialist; there are so many diseases where diagnosis and treatment are of academic importance and where the patient would be better off by having as a friend a general practitioner who has grown up with the family in preference to one conducting numerous investigations and treatments. In this

age of technology, the arts are losing to the sciences and there rests a special burden upon all of us to ensure that the practice of medicine does not deteriorate into a physical science.

Medical manpower is very important. We need general practitioners, specialists, and also persons to fill the new roles created by the progress of science, e.g. in nuclear medicine. There is a great shortage all over the world of scientists, including medical scientists, and this Council, by actively cooperating with Universities and the professions, can play an important part in ensuring that emerging problems are properly handled.

It is my sincere wish that the deliberations . . . of the Council will once again be on the high level we are accustomed to. It is the intellectual adventure of meetings of this Council which has been responsible for the great standing of the Council; not its legal powers, but its contribution to the fine things in professional life . . .