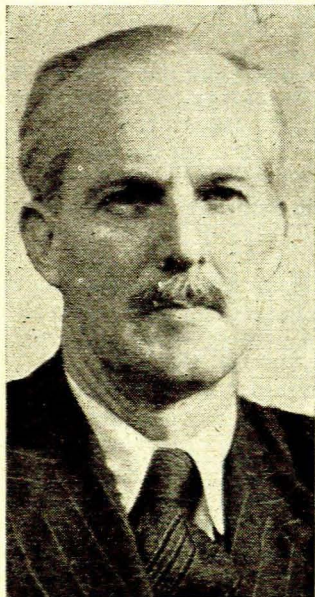


## REFLECTIONS ON THE ART OF GENERAL PRACTICE\*

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I have chosen to reflect on the art of general practice for the reason that I have always been more interested in the personal, the human, or what might be called the philosophical, aspect of the physician's work rather than in the coldly scientific aspect. As a small boy I conceived a great admiration and regard for our family doctor. I still remember the atmosphere of calm, trust and reassurance that came with his entry into our home and have little doubt that this factor greatly influenced my early decision to follow the calling of general practice.



Dr. A. G. Blyth

A fundamental law of life is variability, and nowhere is this fact more apparent than in the infinite diversity and variety of human types, not only in their physical make-up but in what concerns us most intimately—their varied and often unpredictable reaction to disease. For this reason, and the fact that probabilities and not certainties must ever be our guide, one feels that the practice of medicine can never be a pure science but will truly remain, as it was in the beginning, an Art.

*Art* may most simply be defined as self-expression in any

shape or form. When a physician achieves his highest aim, he has expressed himself by contributing to the welfare and happiness of his fellow man. Though his art has been creation in an intangible form, he has—to quote Lao Tung, the old Chinese master-painter—'made himself the equal of the gods, for he has touched the hem of Eternity'. To attain this aim he must, just like the painter, sculptor or composer, give much of himself or he is sure to fail.

### HISTORICAL

The ancient practitioners knew little of the science of medicine, yet it must be assumed that many of their patients believed in them. How else could neolithic man have been allowed to trephine skulls with his crude flint knife? Ancient medical practice was a mixture of magic, demonology and placation of the various deities. It is curious how many of the superstitious beliefs of those days have persisted to the present day, and not only amongst the patients of the witch-doctor. How difficult we still find it to convince some of our patients that radium is better treatment than the magical cancer plaster.

Medicine and religion were intimately related from the earliest times, and for centuries the so-called priest-physicians flourished. Through their temples of healing passed a wealth of clinical material. Whether they were mere charlatans or inspired faith-healers, the fact remains that miraculous cures were attributed to them and some of them were even deified.

It was left to the Greeks with their sane intellect to sort things out. They established their first medical schools at Cnidos and Cos, in which magic and superstition were ruthlessly discarded. They based their medicine on a science of accurate and detailed observation. Unfortunately, they developed a fault we have seen repeated in modern medicine—a scientific outlook so much cherished that the patient as a living entity became a secondary consideration. Yet from the school of Cos arose Hippocrates, the Father of medicine, whose high ideals have been respected by the profession for over 2,000 years. The precepts of his famous oath are as much a guide to medical practice to-day as they were in ancient times.

Only during recent centuries did the art of medical practice escape from the void of the dark ages which succeeded the classical

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period. The Hippocratic art of observation and faithful recording was revived. Many were the classic descriptions of diseases. It is noteworthy that, during this era, the great ones to whom we owe so much of our present-day knowledge of medicine were usually general practitioners. With no aid but that of their trained senses they observed—and wrote their masterpieces. If their conclusions were sometimes faulty, who can blame them? In their pioneering efforts at new treatments they often rose to heights of heroism. Perhaps only today, when we hesitate to advise on polio injections, can we appreciate the courage of Jenner in vaccinating his own son.

Probably the greatest doctor of our time was a general practitioner or, as he preferred to be called, a 'family doctor'—Sir James Mackenzie, the founder of modern cardiology, but above all the finest example to all who would practise medicine. It was said of him that merely by feeling a patient's pulse he could make an uncanny estimate of the prognosis. This was no supernatural gift but the result of many years of patient observation, training of the senses and faithful recording. He was, perhaps, the supreme example in our time of a man learning from his own experience and love of humanity, and becoming an authority as a direct result. Today, with all the mechanical aids at our disposal, we are far too apt to forget that nothing in our art can take the place of the trained and unaided senses.

#### THE ETHICS OF GENERAL PRACTICE

In considering the art of general practice, it becomes apparent that the daily life of the family doctor is really made up of a multiplicity of arts. We shall be able to touch on only a few of them. He actually—in the better sense—has to live by his wits. As far as is humanly possible he influences issues of life and death. In the country particularly, he has at times to carry, alone, the responsibility of those frightening and terrible emergencies, during which, in spite of the fear and uncertainty in his heart, he must sustain, not only the patient, but the panic-stricken household. This, the art of calmness in crisis, may arise from qualities of character and wisdom in the doctor but I believe that it is not attained without an abiding faith and trust in God, and that sooner or later each one of us must learn the power and comfort of prayer.

It was said by Champneys, 'A patient is a person who needs a doctor; a doctor is not in the same sense a person who needs patients. A patient is not primarily an organism for extracting so many guineas per annum as a cow secretes milk under the blandishments of the dairymaid'. This raises the whole vexed question of the financial aspect of medical practice. I would say here for the benefit of my younger colleagues that anyone who enters general practice with the idea of making a fortune is doomed to unhappiness. The worship of Mammon is an insidious disease with great destructive potential. Before long it will inevitably cloud the judgment and attack the moral fibre of the worshipper. Too late comes the realization that it profits a man little to gain the world if he should lose his soul. Unfortunately medical practice is wide open to abuses by the unscrupulous. To mention a few instances: Overvisiting—disguised under the cloak of solicitous concern; the suggesting of expensive lines of treatment when simpler will suffice; and—most inexcusable of all—the perpetration of unnecessary or not wholly necessary operations. We all know the female patient who flits from colleague to colleague with a pelvic fixation. In the fullness of our wisdom we make a negative gynaecological diagnosis. When next we hear of the lady she has had a curettage, a ventral suspension and/or an ovariectomy. Her sense of the dramatic has been temporarily satisfied. Somewhat later she is not so pleased with herself when there is a return of pelvic symptoms which, in the absence of a long-since-removed appendix, strongly suggest the advent of adhesions.

Medicine should teach us that all life is sacred. When a doctor decides to operate he must do so with a crystal-clear conscience and the firm belief that he is doing the right thing. It is essential for the general practitioner to know and realize his own limitations. If he attempts things beyond his skill he harms not only his patient but the professional standing of his colleagues. Many of us feel that Caesarean section is done far too readily these days. Would this be the case if we viewed this operation for what it really is—an expression of failure of the obstetric art?

In spite of what I have said, it is necessary for the doctor-patient relationship that there should be fees. Not only must

the doctor make his living, but the surest way of building up hidden resentments is to have people indebted to him. The average patient likes to pay his doctor, provided he feels he is being fairly and honestly treated. Possibly the art of happy relationship lies in making him realize that he has had the best one can give him without having his resources strained to the point of hardship.

I am reminded of a patient on whom I did the first operation of its kind in Ladismith. A large tumour was removed and duly admired by friends and relations. When a year later my bill was presented, I received a remarkable letter in reply. The dear lady was amazed at my effrontery. Had she not shown her trust and faith in allowing me to operate on her? Had my reputation not greatly increased as a result? Had she not done her part in surviving? On reflection I realized that she was perfectly right. I could not explain to her that my anxiety over a possibly damaged ureter had in itself earned the fee, but nevertheless it brought home to me how much in fact we doctors do owe our patients when they get well and how lucky we are in often being paid twice over.

In my experience patients will forgive practically anything except casual treatment. If we remember that it is a privilege to have patients at all, that more mistakes are made by not looking than by not knowing, that we must at least start off by believing what the patient tells us about himself—'it wad frae monie a blunder free us'. It is no good saying, particularly when calls come at inconvenient times, that a doctor is not a slave. He is a slave, if not to his patients then to his art. Remembering this might avoid some of the unkind things said about doctors these days.

Here I would like to quote Dr. Smellie, writing of the 'Requisite Qualifications of Accoucheurs'. 'Over and above the advantages of education he ought to be endowed with natural sagacity, resolution and prudence, together with the humanity which adorns the owner and never fails of being agreeable to the distressed patient; in consequence of this virtue he will assist the poor as well as the rich, behaving always with charity and compassion'.

And now—what can be the most priceless gift of all—the art of living in harmony with our fellow beings. What we poor mortals seek and desire perhaps more than anything in life is happiness. One has but to observe the many and varied methods adopted in its search. How can any doctor, no matter whether he lives in the finest house, drives the most expensive motor car, or dresses his wife in the most luxurious furs, be truly happy if he lives in enmity and discord with his colleagues? Not that I presume to judge the man who needs display of material success to bolster his feeling of well-being. My point is, simply, that little in life can be more important to us than the esteem of our peers who, after all, are best fitted to judge our worth.

#### AMITY BETWEEN DOCTORS

The distasteful subject of the supposed declining status of the G.P. has been discussed *ad nauseam* during recent years. Nothing more surely contributes to such decline than an awareness by the public of bickering and discord in our ranks. Only last week a friend, discussing his home town, said to me that it was awful to live in a place where the doctors could not work together. At the risk of being accused of repeating time-worn platitudes, let me appeal not only to the younger generation, who must be entrusted with the task of restoring the G.P. to the high plane he once occupied, but also to the older generation, whose duty it must be to assist the young men in that task—not by regarding them as a competitive threat to security but as the heirs and logical successors to the practice of our great art. Let us respect our colleague as we would have him respect us, and never try to score by 'pulling a fast one' over him. To our patients in particular—*nil nisi bonum* concerning him. By learning the art of reticence in all that is said to patients—how they love carrying embroidered versions of our statements back to our colleague—a most certain cause of enmity is avoided.

Obedying the old rules of etiquette merely means that we are doing as we would be done by. We generally treat our specialist friends with great courtesy. Cannot we show the same degree to our fellow G.P.s? Let us regard professional jealousy as any other type of jealousy—an emanation from an immature mind. Will this not enable us to settle our differences calmly and dispassionately, not as barbarians but as men of wisdom, education

and culture? Let us never hesitate to learn from one another. The older practitioner has much to give from the fruit of his rich experience; the younger with his fresh outlook and untarnished idealism can be a tremendous stimulus to the man who would escape from the dreadful rut in which we, all too often, find ourselves. It is no longer possible, as it was for Conan Doyle's dear old Dr. Winter, to practise medicine for so many years that one finds oneself, not only up to date, but leading the profession.

We may be mindful of what Paracelsus said during the Middle Ages: 'I went in search of my Art often in danger of my life.

I have not been ashamed to learn those things which have seemed to me useful, even from vagabonds, barbers and executioners. For we know how a lover will go a long way to meet the woman he loves. How much the more will the lover of wisdom be tempted to go in search of his divine mistress'.

If we are able to live up to Abraham Lincoln's dictum that there is no limit to what a man can achieve in life, provided he cares not who gets the credit, we shall in true humility, realize and remember that our art is infinitely greater than ourselves and that, unlike us, it is imperishable.