

## THE TRAINING OF THE GENERAL PRACTITIONER\*

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If my views on the subject that I have chosen for my address prove to be somewhat contrary to general opinion I shall hope to have achieved something; for controversy, in giving food for thought, turns the attention of people to the subject under discussion.

It has often been said that the art of the general practitioner cannot be taught, but must be learned from experience after qualification. This may be true but, nevertheless, since the majority of medical students enter general practice, the medical course ought to be primarily designed to train the student to become a general practitioner. It is important that something on these lines should be done in future, for the present course tends to exalt specialization, and the majority of students try to stay in a teaching hospital after qualifying, with a view to becoming specialists. It will not be long before there will be more specialists than general practitioners, and the balance between the two sections will be so disturbed that disaster will threaten the medical profession.

One of the causes of this tendency towards over-specialization is surely the kind of training which the student receives at the university, and it would, therefore, be profitable to find out where the training is at fault.

At the present time students are taught by specialists not only in the main subjects of medicine, surgery, and obstetrics and gynaecology, but also in the special subjects such as ophthalmology, neurology, cardiology, dermatology, orthopaedics, etc. These specialists often find it difficult to come down to the level of

the student and make him understand what the limitations of his work as a general practitioner will be. Undergraduate students are taught the special subjects in such a way that they lose all confidence about undertaking such simple procedures as refractions. It is this approach

to the problem that has prepared the fertile ground for the growth of opticians. Refraction work has become divided between ophthalmologists and opticians, and the general practitioner has been completely pushed aside. Thus over-elaboration in the teaching of the medical student in this speciality has done a serious disservice to the economics of general practice.

The same argument of course applies to ENT work. I can remember being taught at length the most elaborate and advanced surgical procedures instead of those simpler procedures that the general practitioner needs to know.

A revision of the medical curriculum with a view to introducing a better sense of proportion into the training of students is something that the teaching authorities can only undertake successfully with the assistance of general practitioners, who should be consulted in the drawing up of the undergraduate curriculum.

### A CHAIR OF GENERAL PRACTICE

It is therefore reasonable to suggest that at each university there should be a Chair of General Practice. The professor of general practice should have a number of part-time

assistants and lecturers who would teach the students in the out-patient and casualty departments, where they would come to know the type of case with which they can deal as general practitioners and those that should be referred to a specialist. The student should be taught to deal with certain emergencies, so that he shall be competent to handle them



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when he is practising in the country. For instance he should be able to perform a tracheotomy in the acute cases of laryngeal obstruction in diphtheria, or deal with a ruptured appendix, or a perforated duodenal ulcer, or a ruptured ectopic gestation, and with cases of severe shock and haemorrhage.

The professor of general practice, or a senior assistant experienced in surgery, should be given a theatre to demonstrate these types of cases to the student. Similarly, the student should be taught how to give the simpler kinds of anaesthetics. He should be taught how to carry out minor procedures in his rooms or in a cottage hospital, e.g. tapping a hydrocele, opening a superficial abscess, giving intravenous injections, etc. He should, however, also be taught the danger points and how to make a diagnosis on clinical findings without the help of various ancillary services such as laboratory findings and X-rays. He must be able to diagnose a brain tumour or abscess and know when to send the patient to a specialist without delay.

The student should also be taught prescribing and dispensing. He should learn to avoid giving his patients 'shot-gun' treatment in the hope that one piece of shot will hit the mark, and should understand the risk of sensitizing his patient by the unnecessary use of certain drugs.

I feel certain that if students were taught all clinical subjects by general practitioners except the standard teaching in medicine, surgery, and obstetrics and gynaecology, a greater preference for general practice would be developed, the country districts would be better supplied with doctors, and the overcrowding of medical practitioners in large urban areas would be prevented. It would also benefit the specialist, for the well-trained general practitioner would make more use of the specialist's services and a friendlier spirit would prevail between the two sections.

#### COLLEGE OF GENERAL PRACTITIONERS

The general feeling of dissatisfaction throughout the profession concerning the academic standards of medical learning is reflected by the establishment of the College of Physicians, Surgeons and Gynaecologists of South Africa, and South African Faculties of the College of General Practitioners. There is already one Faculty in Johannesburg and another in the Cape.

There are many who looked to the College of Physicians, Surgeons and Gynaecologists to provide the general practitioner with opportunities for postgraduate instruction, in order to improve his clinical knowledge without seeking further degrees or other academic distinction. This the College has not done; it has assumed the pattern of an examining body for higher qualifications registrable with the South African Medical and Dental Council. It is in this context that we must see the emergence of the Faculties of the College of General Practitioners, whose concern is not

the economics of the profession, but to provide ways and means for the average general practitioner to remain abreast of the vast flood of new knowledge.

The advent of antibiotics and the recent developments in hormones have made the general practitioner a doctor of a quality unknown before in human history. The speciality of venereology disappeared almost overnight, and the capacity of the practitioner to handle infective and degenerative diseases has attained hitherto undreamt of peaks.

Through the College of General Practitioners modern advances in medicine will be brought to doctors in all parts of the country, no matter how remote, by the use of tape recordings, films, etc. This will provide the opportunity for small groups to meet, discuss, learn and apply their knowledge to the problems with which they are faced in their daily practice. If the Faculties are handled properly they should constitute an important contribution to a lively, dynamic and alert outlook in clinical matters on the part of general practitioners.

The action of the SKF Laboratories (Port Elizabeth) in establishing a scholarship for postgraduate clinical study is imaginative and far-sighted. The scholarship, of a value of £300, is tenable at any medical school in South Africa for a minimum period of 2 months, and it should make it possible for general practitioners to spend a period on a good refresher course without undue hardship to himself or his family. The great merit of this scholarship is that it is tenable in South Africa. The first scholar enjoyed a most successful 2-month period at Pretoria and applications have been invited for the second award. It is to be hoped that more of these scholarships will be made available; the activity of the College of General Practitioners may well stimulate this development in postgraduate study.

#### CONCLUSION

All this having been said, there remains the incontrovertible fact that our clinical skills depend on mature experience. They come only with the passing of time, and only if the practitioner maintains an alert mind, and this he can do only if he keeps in touch with advances in knowledge.

May I quote Paracelsus\*? 'The Book of Nature is that which the Physician must read: and to do so he must walk over the leaves.'

The doctor treats a patient and not a disease — a fact which tends to be overlooked by the specialist who confines himself to a small portion of medical practice. The doctor treats not only the cancer but, even more important, the living human being who is suffering from cancer. It is this fact which makes the family doctor so important an element in the medical scheme.

I conclude with a warning of Alexander Pope, who wrote in his *Moral Essays* that 'if you banish the doctor, you expel the friend.'

\**Encyclopaedia Britannica*, 9th ed., vol. 18, p. 234