

THE CROSS-ROADS

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In a Leading Article 'Behaviour of the market place' published in the *British Medical Journal*,¹ and a lecture on medical ethics² entitled 'Profession or business?' delivered at Harvard Medical School, by Prof. J. Howard Means, the attention of the profession is drawn to a suggestion that medicine is at the cross-roads and in danger of degenerating into a business or trade.

The fact that at some of our medical schools permission has been granted to clinical professors to engage in competitive private practice has, in my opinion, aggravated that possibility in South Africa. The example of the clinical professors of today will be the practice of future generations of practitioners tomorrow. If medical students were to gain the impression that their professors are more interested in the financial aspect of their work than in their academic duties or in maintaining the established traditions of the medical profession, a step would have been taken towards undermining the foundations of an honourable calling.

This is no new idea. In the fifth century B.C. Plato, in his *Republic*, said 'It would seem Adeimantus, that the direction in which education starts a man will determine his future life'.

The following references give an indication of the views of leading medical authorities throughout the ages. The oath of the early Hindu physicians, of whom Susruta of the 5th century B.C. was one of the greatest, stated: 'Not for self, nor for fulfilment of any early desire for gain, but solely for the good of suffering humanity should you treat your patient and so excel all'.

During the life of Hippocrates (460 - 357 B.C.) the same doctrines were taught. At the beginning of the 20th century, that great medical philosopher, Sir William Osler, Late Regius Professor of Medicine, Oxford, and Honorary

Professor of Medicine, Johns Hopkins University, emphasized the great influence exerted by the outstanding teachers of medicine throughout its history. In *Aequanimitas*³ he remarks: 'No other profession can boast of the same unbroken continuity of methods and of ideals. We may indeed be justly proud of our apostolic succession . . . Amid all the changes and chances of 25 centuries the profession has never lacked men who have lived up to these Greek ideals. They were those of Galen and of Aretaeus, of the men of the Alexandrian and Byzantine Schools, of the best of the Arabians, of the men of the Renaissance, and they are ours today.' He goes on to say: 'The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head'.

The World Medical Association, an international organization representing the national medical associations of some 60 countries and more than 750,000 individual doctors, is a group which enjoys tremendous influence with the people of the world.⁴ It was significant to note that, when the World Medical Association came into being in 1948, its first action was not to concentrate on the demands of medical science, but to draw up a revised version of the Hippocratic Oath — the Declaration of Geneva — while in 1949 the International Code of Medical Ethics was published. The British Medical Association published a booklet in 1949: *Ethics and Members of the Medical Profession*. In this it is stated: 'On admission to the brotherhood of medicine every new member not only succeeds to the benefit of its special place in society, but also takes upon himself the duty of maintaining this high position'.

In an Editorial article⁵ in the *South African Medical Journal* of 21 May 1960 the following appears: 'In recent

times the intensified economic struggle for existence, which has become apparent all over the world, has called disruptive forces into being. As elsewhere, these forces have threatened to undermine the status of the medical profession. It is therefore imperative that all practising doctors should do everything in their power to prevent the commercialization of a profession that has always been inspired by altruistic ideals and the principles of humanity and service. It is indeed a happy thought that in this respect the great body of the medical profession has remained as sound as ever. There have always been and there will always be those "seven thousand which have not bowed unto Baal" and who, at all times and in all circumstances, will uphold the established traditions and the honour of the medical profession'.

There is no obligation on any medical practitioner to take up teaching as his life's work, but in view of the vast responsibilities it entails, if he elects to do so, he should be prepared to act in the spirit of the age-old traditions of the profession. Whereas a medical man is worthy of remuneration in keeping with his unique position in the community, there is no place in a vocation or calling, be it the Church or Medicine, for what may be called the Rolls-Royce mentality.

So far the ethical side of the problem has been considered. What about the academic side?

During a visit to Europe last year, I made detailed enquiries into medical educational matters. In France I learned that the de Gaulle Government, acting on the advice of the French Academy of Medicine, issued an Ordinance in December 1958 to the effect that the teaching of medicine should in future be carried out by full-time personnel, and that this would be implemented in 1961.

In Great Britain I was informed that the 17 professors of obstetrics and gynaecology are all full-time. Of these, one at least is allowed to deal with private patients, but any fees earned must be paid into a special research fund.

At Edinburgh University, my alma mater, for many generations it was the custom for clinical professors to do private practice. In the light of experience, it is now the policy of the University that they shall be full-time.

In a lecture 'The scientific approach to surgery',⁹ Sir James Patterson Ross, Professor of Surgery, University of

London, and surgeon, St. Bartholomew's Hospital, said in enumerating the outstanding qualities of Prof. William Sheen and Prof. George Gask, 'Both were pioneers in the establishment of whole-time professorial clinical units . . . and showed that they possessed more foresight than the majority of their contemporaries'.

This opinion is apparently shared in one of the South African medical schools where, at a special meeting recently called to discuss the problem, a large majority of the full-time clinical teachers expressed an 'overwhelming feeling against private practice for full-time staff'. The part-time clinical lecturers at the same institution were unanimous in arriving at a similar opinion.

There is thus weighty evidence of a wide-spread belief among medical educationists, not only abroad but also locally, that, where the head of a clinical department is concerned, all his time should be concentrated on teaching, administration, and research. In the past one or other of these aspects was known to suffer owing to the inevitable demands made by the public for the attention of a clinical professor. Anyone who has carried on a successful practice knows only too well how difficult it is to limit the amount of work which he is called upon to undertake. In view of the revolutionary advances that have been made in medical science in recent times, it is well-nigh impossible for an individual to keep abreast of these, while doing justice to his duties as the head of a clinical unit and at the same time coping with private practice.

As a result of long experience gained while on the staffs of teaching hospitals in Great Britain, America, and South Africa, and 17 years as a member of the Medical Education Committee of the South African Medical and Dental Council — the body that controls medical education in this country — I have formed the opinion that, unless those who resolve to take up a career as teachers of medicine are impelled initially by a sense of high vocation and are prepared to dedicate their lives to this work, medical education in this country will suffer. No man can serve two masters.

REFERENCES

1. Leading Article (1959): *Brit. Med. J.*, **2**, 937.
2. Means, J. H. (1959): *New Engl. J. Med.*, **261**, 791.
3. Osler, W. (1920): *Aequanimitas*, 2nd ed., 4th imp. Philadelphia: Blakiston.
4. Routley, T. C. (1958): *Brit. Med. J.*, vol. 1, suppl. p. 21.
5. Editorial (1960): *S. Afr. Med. J.*, **34**, 417.
6. Ross, J. P. (1959): *Brit. Med. J.*, **2**, 26.