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EDITORIAL : VAN DIE REDAKSIE

A MEDICAL RESEARCH FOUNDATION

The importance of the research function of medical schools and the lack of sufficient funds to carry out this function effectively in our country have been stressed recently by many people. The main existing sources at present, from which funds can be obtained for research work in medical faculties, are the CSIR, the universities themselves, and certain private bodies and organizations (local and overseas). But for their generous support and assistance, research work at our medical schools would not be possible at all.

The whole problem of financing research work at our medical schools in future will have to be approached on a much broader scale and with enterprising and imaginative foresight. We feel that the time has come for the establishment of the long overdue *South African Foundation for Medical Research,* which should function as a totally independent inter-university fund.

The task of every medical school should be seen in terms of two important goals: (1) To train general practitioners and specialists and full-time medical personnel for active, clinical practice, each group in its own respective sphere; and (2) to train research workers and to equip them for a career in pure and applied research work.

This second goal is of the utmost importance, and, unless we succeed in enabling our medical schools to develop as research institutions, they will become glorified technical high schools and nothing else. This will mean that the universities will lose the initiative in the field of practical and creative research work, and this, in turn, will sound the death knell of university faculties as research institutions.

It is mandatory for us to create the image that the research workers, especially the full-time research worker, is an important and indispensable person. At some of the European universities and at quite a number of the American universities this image has already been created to such an extent that the full-time research worker has become an integral part of the structure of the medical school. The result of this is that most of the better universities to which we refer have been able to attract outstanding people from all over the world. In fact, research activities have assumed the proportions of important academic status symbols at these universities.

This is not true to any comparable degree in our case, and this unfortunate position is one of the main reasons why it is so difficult for our medical schools to obtain the services of a sufficient number of first-class teachers and research workers and to keep them—i.e. not to lose them to clinical practice, to industry, or to overseas countries. In this country the lure of clinical practice remains extremely strong—in most cases it is still the summit of our professional ambition.

By saying this we do not wish to detract from the great importance of clinical practice. On the contrary, it is indeed our pride that the standard of medical practice in this country compares more than favourably with the standards of practice anywhere else in the world. What we must do, however, is to create the further image—the realization and acceptance of the fact that clinical and academic medicine must rest on a research foundation of its own to prevent it from developing into a second-class and subordinate discipline.

In this connection we should like to point out the necessity for creating a separate and independent financial source for medical research activities to draw upon. The many and varied activities of a medical faculty are so extensive and costly that it has become virtually impossible to run and administer it on a satisfactory level as an integral part of an ordinary university. It is for instance not fair towards the other faculties to share the available funds for research purposes with them. We cannot build up a faculty of medicine at the expense of other faculties —for instance, the humanities—for this is what sharing funds for research purposes with non-medical faculties virtually amounts to. It would be intellectual suicide to curb the development of research in languages, philosophy, the arts and sciences, because of the needs of medical research.

The needs of a medical faculty are such that they cannot in fact be compared with the needs of other faculties. To give only a few examples: the cost of fully-equipped and fully-staffed laboratories for research work in all branches of medicine, for instance in the fields of research in open-heart surgery, epidemiology, virus research, cardiac research, nutrition, irradiation, mental health, etc. must be calculated in millions of rands.

It is therefore inevitable that we should extend the range and scope of our planning for medical research. We must think in terms of the establishment of a South African Foundation for Medical Research of which the function would be to sponsor research activities in all possible medical fields. A Foundation such as this must have the prestige of a truly national body. For this reason it must receive the blessing and encouragement of the Government. It must also have the status of truly belonging to the community. It must therefore be able to count on the support of private people and organizations as well as of commercial bodies of every description.

If the Planning and Advisory Committee of the Department of Health could undertake a task such as outlined in the preceding paragraphs—to assist in creating and giving direction to an independent South African Foundation for Medical Research—it will have made a major contribution towards the achievement of one of the most worth-while projects ever attempted in this country.

DIE DUN LINIE

Die belangrike diens wat die algemene praktisyn lewer, word geredelik deur die publiek en sy kollegas in ander vertakkinge van die geneeskunde erken. Dit is die huisdokter wat 'n siekte in sy kiem moet smoor of wat moet oordeel wanneer dit so 'n ernstige wending neem dat verwysing na 'n spesialis aangedui is. Dit is ook hy wat die sosiale aspekte van 'n siekte, soos dit die gesin raak, moet behartig en wat as trooster moet optree wanneer geneesmiddels faal en die dood intree. Die algemene praktisyn is vandag nog die noodsaaklikste rat in the wiel van die geneeskundige bediening van die publiek.

Dit kan redelik aangevoer word dat die algemene praktyk die voorste linie vorm in die stryd teen siekte. Hoe sterker hierdie front gebou word en hoe betroubaarder hy sy plig uitvoer, des te meer word die vertroue in die mediese beroep gehandhaaf. Dat hierdie linie besig is om uitgedun te raak, wek kommer, nie alleen in die Republiek van Suid-Afrika nie, maar ook in ander lande; in die *Journal of the American Medical Association* word daar selfs geskryf oor *die krisis* in die algemene praktyk.[1]

In sekere dele van die platteland is dokters vandag so dun gesaai dat sekere gemeenskappe al jarelank vrugteloos na 'n praktisyn soek om hulle gebied te bedien. Hierdie verskynsel het nie soseer ontstaan omdat daar 'n tekort aan dokters in die land is nie, maar eerder omdat daar 'n wanverspreiding van mediese kragte is en omdat groter getalle as vroeër op spesialisasie en die beklee van voltydse poste toegespits is.

Die rede vir hierdie ongelukkige verskynsel, wat ten spyte van groot vooruitgang in die ander vertakkinge, die geneeskundige beroep in Suid-Afrika baie kwesbaar maak, kan op verskillende maniere verklaar word. Daar is natuurlik 'n algemene neiging vir die kleiner dorpies om ontvolk te raak, en die dokters wat hier praktiseer, vind die werk ook geestelik en fisiek so uitputtend dat hulle 'n ‚makliker lewe' vir hulself en hul gesinne in die stad gaan soek. Die feit dat baie algemene praktisyns die drang aanvoel om verder te gaan studeer, word verder aangemoedig deur die (dikwels vermeende) hoër sosiale status en finansiële gewin wat spesialisasie beloof.

As die houding ingeneem word dat die algemene praktisyns nie so onmisbaar is nie, moet die vraag nog beantwoord word: Wie gaan dan hul pligte oorneem? Gaan die verloskundiges ál die bevallings oor die lengte en breedte van die land waarneem? Moet die pediaters die kinders oor hul aansteeklike siektes en ander kleuterkwale help? Is daar genoeg voltydse distriksgeneeshere om ál die mediese-wetlike werk oor te neem? Sal alle chirurgie in die stede onderneem moet word? Moet telefoonkonsultasies 'n al belangriker rol in die praktyk speel? So 'n toestand is heeltemal ondenkbaar, en as dit moét gebeur sal die hele konsep van die geneeskunde soos ons dit vandag in Suid-Afrika ken, in duie stort.

Inteendeel, as dit toegegee word dat hierdie uitdunning van die linie van algemene praktisyns die beroep se Achilles-hak blootstel, moet daar planne beraam word om die saak reg te stel. Dit is egter 'n veelkantige probleem wat uit verskillende rigtings en slegs deur doelbewuste en daadwerklike optrede opgelos kan word. Dit is goed bekend dat die Kollege vir Algemene Praktisyns en die Mediese Opleidings-fakulteite stappe oorweeg om 'n ommekeer in die huidige neiging te weeg te bring.

Alle planne is nie prakties uitvoerbaar nie, dog aandag kan met vrug aan die volgende oorwegings gegee word—wat dan kan dien as 'n basis van bespreking: Die registrasie van voornemende spesialiste kan uitgestel word om 'n langer periode in die algemene praktyk te verseker; die relatiewe skale van besoldiging van spesialiste en algemene praktisyns moet heroorweeg word sodat daar nie so 'n groot werklike en potensiële verskil tussen die inkomstevlakke van dié twee groepe geneeshere is nie; 'n Leerstoel in die Algemene Praktyk behoort 'n noodsaaklike instelling aan iedere mediese fakulteit te wees, soos al dikwels in sommige kringe bepleit is; kort nagraadse diplomakursusse, wat met die D.P.H. vergelyk kan word, behoort ingestel te word in ander vertakkinge van die geneeskunde, soos ortopedie, verloskunde, psigiatrie, ens., sodat die algemene praktisyns hulle nog beter kan bekwaam vir hul werk en terselfdertyd hul studielus kan bevredig; en in die stede behoort hulle meer toegang te hê tot die hospitaalgeriewe, wat in baie gevalle vir hulle geslote is.

Slegs deur die lewe vir die ooreisde algemene praktisyns makliker, interessanter en lonender te maak, sal hulle in groot getalle genoë neem met hul huidige lot.

1. Foster, G. R., jnr. (1964): J. Amer. Med. Assoc., **187**, 11.

'N TWEEDE LOOPBAAN

Sir William Osler het verklaar dat: ‚ . . . die sestigjariges moet die skuld kry vir baie van die wêreld se euwels, vir byna ál die groot foute wat polities en sosiaal begaan is, vir die meerderheid van minderwaardige gedigte, skilderye en romans en vir etlike swak preke en toesprake.'

Dr. Wilder Penfield stem nie met Osler se siening van 'n nuttelose ouer geslag saam nie. In sy versamelde essays *A Second Career*,[1] wat oor 'n tydperk van 36 jaar geskryf is, wys hy reeds op die waardevolle bydrae wat meerjariges aan die mensdom gelewer het. Hierdie boek is aan Osler opgedra.

In sy titel-opstel gee Penfield sy persoonlike oplossing vir die vraagstuk van die oues van dae:

‚Dit is vir my duidelik: elke jaar vanaf die geboorte tot die dood het sy doel . . . Die aftreetyd behoort herorganiseer en herbenoem te word. Dit is die tyd om 'n nuwe loopbaan aan te pak, miskien is dit die laaste een, maar dit hoef nie noodwendig 'n minder aangename een te wees nie, en dit hoef nie van minder nut vir die samelewing te wees nie . . . 'n Tweede loopbaan kan maklik op die ouderdom van 60 jaar begin word. Dit moet minstens op hierdie leeftyd begin word, selfs al is 65 die formele uittreeouderdom. Die voorbereiding vir 'n tweede loopbaan moet nog lank voor hierdie tydstip aangevoer word.'

Dr. Penfield se gedagtes kan met vrug bestudeer word deur almal wat met die hantering van bejaardes en hul persoonlike vraagstukke te doen het.

1. Penfield, W. (1963): *The Second Career*. Toronto: Little, Brown & Co.