

THE PUBLIC IMAGE OF THE MEDICAL PROFESSION*

M. E. L. TONKIN, *President, Southern Transvaal Branch (M.A.S.A.), 1965*

It is customary to choose either philosophy or politics as a subject for the presidential valedictory address. I choose tonight to mix my sauces somewhat and to be deliberately controversial in addressing you on the subject of the 'Public image of the medical profession'.

During recent years it has become fashionable to talk, describe or think in terms of the public image of various institutions, men or countries. Presidential elections are lost or won on the so-called public image of the candidate and social engineers are called in to manipulate this image. In Britain and the USA, political leaders have been discarded because they were unable to perform satisfactorily on television. In academic and business circles, public relations officers are appointed to explain the true activities of the university or company as the case may be. Our own country is constantly criticized for not stressing its good points and credits abroad. In America, the Medical Association employs public relations officers and buys time on television to present its point of view.

The Public Image in South Africa

What is the public image of our own profession here in South Africa?

We meet here tonight in new dress—a historical occasion in that we have moved to new headquarters and have departed from the customary evening meeting. We have sought to tempt you here tonight by choosing a more convenient time for you while on your way home; we shall later attempt to garnish the seduction with wine and cheese. Why have we done this? Why have we departed from tradition? We have done so in an effort to present a *better image* of the Southern Transvaal Branch to its members.

But what are we doing to present a *better image* of ourselves to the layman? What is it that moulds our public image? If we analyse it, there are 7 ways in which the public come into contact with us and through which they form their opinion of our profession:

Firstly they see us as clinicians during an illness at the bedside or in a consulting room. They also see us as research workers, medical educationalists, or as public health officials. They see us too as members of our official body, the Medical Association.

They get an impression of us through the disciplinary actions of the Medical Council and finally they hear of us through mass communication media such as the radio, the press and eventually, one presumes, television.

Our Weaknesses

If we accept the fact that our public image is not all that it should be, where are our weaknesses and where are we going wrong? Generally, not as clinicians, nor as teachers, researchers or public officials. We are left then, with our Medical Council and Medical Association and the mass media of communication. I venture to suggest that it is from these sources that we gain a bad image. Let me illustrate a few examples of what the lay public see us doing:

*Valedictory address.

(i) They watch us fight in public for more money. They read about what seem to them to be exorbitant fees for setting a broken arm—with no explanation from us.

(ii) They are inhibited by our refusal to allow photography in the operating theatre in case the surgeon's hands are recognized; or we equivocate because the broadcasting surgeon's voice might be recognizable.

(iii) They know we castigate our young men for new ideas or discoveries which are inadvertently or incorrectly reported in the press.

(iv) They are confused (and so are we) between the responsibilities of the Medical Association and those of the Medical Council. The press carries the headline: 'Doctor couldn't come—child died', and the Association appears totally indifferent because it responds with an 'unable to comment'.

(v) They are dismayed by our attitude towards private practitioners speaking in public. In this very building, we are telephoned frequently by our colleagues requesting if they may give such and such an opinion in public.

(vi) And we ascend to heights of absurdity, by going to ludicrous ends to prevent the press from taking photographs of newly-qualified graduates.

In short, we are terrified by Section 94 (subsection 4) of the Medical, Dental and Pharmacy Act which forbids us to advertise when speaking to or writing for the public, but it does not define clearly for us what it is that constitutes advertising. It fails to define the word 'academic', which is crucial to the whole argument. It lets the full-timer off fairly lightly, provided it is part of his official duties, but then goes on to say that any practitioner (and here the threat is clearly against the private practitioner) may speak or write in public under his own name, on matters, among others, of an *academic* nature.

It leaves us guessing as to the meaning of the word 'academic'. The Medical Council then leaves the door slightly ajar by intimating that we shall *probably* be exonerated if we seek the blessing of the local Branch Council before speaking in public, but finally bangs it in our face, by stating in the ultimate analysis, that the individual must bear the full responsibility for his own actions. What 'Alice in Wonderland' language is this, and how absurd can we be made to look in the eyes of the public?

Positive Steps

In the past we have upheld our dignity and integrity and have protected the individual from his own weaknesses. We have done our work fearlessly according to our best intentions. But has not the time come for a reappraisal? It is surprising, to say the least, that a young country which has had the courage, vigour and the forthrightness to challenge the world and its current trends has not been able to produce new opinions and new leaders who will challenge the existing order in our profession.

In these days of rapid advances in technology, pharmacology and biochemistry, the layman is equally fascinated and is avid for information about his body and his disease, his diagnosis and his drug treatment—he is better educated and will not be treated in a 'horse-and-buggy' fashion, with a pat on the back and a condescending nod of the head. He insists

that we come down from our ivory towers and treat him as an adult with an intelligence at least equal to our own. He insists that we begin to communicate with him and at least endeavour to learn his language. The reason is perhaps that over the years, thanks to the press, the radio, and television, people have become so much better informed, and in many ways this is a good thing, although much still remains to be done.

But, are we taking advantage of these media to disseminate health propaganda and so indirectly improve our own image? It is my contention that we are not. At our own Branch level we have a press liaison committee with wonderful potential, but inexhaustible inertia. It waits till the damage is done and only then refutes wild claims but the refutation is no longer newsworthy. It does nothing positive—it never gets in first. The recently retired Medical Officer of Health for Pretoria has said:

'We as full-time health officers, could in many ways have made much better use of cooperative efforts between ourselves and private practitioners. Several types of health information, when backed up by private practitioners, would become much more effective. However, because we may not publish the names of private practitioners, we should have had much closer cooperation with interested groups of the Medical Association—in fact there should be special public health education liaison committees.'

What a wonderful medium for the positive promotion of health we have in our hands, but we have not yet grasped the nettle properly.

How can we best remedy this situation? How can we find a *via media* between America which has perhaps gone overboard and is attempting to rescue its situation and Great Britain which is searching its soul and questioning its ultra-conservatism?

How can we overcome our initial distaste at hearing the intimate details of President Eisenhower's illness? What could the description of his urine content have meant to the public? And yet, it was clearly done with the President's approval and his purpose was accomplished. The nation felt it knew exactly where it stood, and should they not have been told on a previous occasion about a sick and failing President, who represented them at Yalta, and perhaps how far his affliction conditioned his outlook?

Professor Witts, Nuffield Professor of Clinical Medicine at Oxford, writes on the subject of 'Anonymity in broadcasting': 'Scripts are censored by the BBC and anything savouring of personal advertising would stand small chance of getting through. Medical men are not invited to broadcast at the expense of their colleagues but for the education of the public'.

He points out that the State subsidizes medical education and the taxpayer therefore is entitled to be well informed about medicine. He goes on to say that an anonymous broadcast loses personality and authority, and that the motivation for the anonymity is wrong—that envy of our colleagues is a vice under whatever name it is disguised, and is numbered among the 7 deadly sins.

May I ask which of you would read a scientific article written anonymously in a medical journal? Surely in conjunction with the title and summary you are quickly able to assess the standing of the author.

Sir William Haley, editor of the London *Times*, addressed the BMA at some length on 'Problems of medical publicity', three years ago. On the subject of broadcasting and television he asks:

'Why the concern about the involuntary advertisement of individual doctors?' And he goes on—'Is it that false values may be created in the public mind and thus supplant the profession's own invisible but nonetheless powerful assessments.'

You have there two eminent men who ascribe two widely differing reasons to the profession's desire for anonymity in the eye of the public—the one says we are envious of our colleague who catches the eye of the public, and we are committing a deadly sin, the other, the layman mark you, dares to imply that we may not always be right in our assessment of who should give the public what it wants.

Why do we discourage popular discussion of medical issues; more articles in the popular papers; uninhibited broadcast discussions? Is it because the public may endanger our profession's efficacy by undermining our authority? Or is it that we are just plainly scared of being accused of advertising?

In a lighter vein, one last quote—the editor of the *Manchester News* to Mr. George Bernard Shaw—

'Have we lost faith?' Shaw in reply—'Certainly not, but we have transferred it from God to the British Medical Council'.

To return to the problem of how much the public should know, it is not inappropriate to say that at this very time many of the laity are pressing for a bigger say in the affairs of the Church, and there has been an increasing demand for public representation on the Press Council of Great Britain. In the world of information, parliament has never been prepared to leave broadcasting in the hands of the broadcasting profession. When is our turn coming, and shall we be prepared for it when it does?

Sir William Haley does not advocate a public relations officer for the profession:

'On the contrary,' he says, 'every doctor is his own best public relations expert. If what you are doing is right, if what you are selling is alright, if you have the right kind of people in your profession, then no matter what your activity is, you need no public-relations experts. What you are doing or selling or saying will speak for itself.'

I like best the opinion of a very senior member of this Branch Council itself who says:

'My conscience and my conscience alone will be the guide to what I do and say in public'.

To return to the matter of improving our image at local level, your Branch is attempting with the university, to set up a series of public lectures; to disseminate this information which the public is eager to have. I fear this will be shouldered almost totally by the full-time branch of our profession, whose members may not at all times be the best persons to present it, and it will be shirked by the private practitioner, for fear of advertising. However, this type of public education has been enthusiastically received in the Cape and I should like to leave the Branch as President, with a word of encouragement to please put your shoulders to the wheel and push this venture a little further along.

I offer no easy solution to the question of advertising but I ask you to search yourselves and your consciences. I hope I have said enough to cause some controversy of thought, for out of self-examination and argument comes progress.