

## EDITORIAL : VAN DIE REDAKSIE

## THE DEBUNKING CRUSADE

It has become fashionable to doubt time-honoured and often hallowed beliefs. This tendency has not passed the scientific world by, and lately it has become increasingly noticeable in the field of medicine. A critical and objective reassessment of facts is a good thing and should be encouraged. Far too much research which is done, and unfortunately published, is based on assumptions which have never been critically challenged. The malignancy of melanomas and their tendency to cause metastases are good examples of this automatic conviction to which some of our colleagues are prone. That a malignant melanoma, once it is diagnosed, should be widely excised and a block resection of the glands done is axiom to most surgeons, and yet there does exist good evidence that such a routine approach might not be the correct one. It is not our intention to embark on a highly controversial argument on this subject, nor do we even suggest that the new doubts about the advisability of surgery for these cases can be scientifically defended, but willingness to bring new and objective thought to bear is what we plead for.

It is surprising how frequently even the most hard-headed researcher is trapped into believing that the phrase 'it is a well-known fact' is synonymous with 'it is true'. Merely because everybody believes something to be a fact does not necessarily make it so, and, as has so often been pointed out, the claim of a doctor that he has had 20 years' experience might mean no more than that he has been making the same mistakes for 20 years. There is hardly a physician in the world who has not frequently prescribed expectorant cough mixtures; yet there is no shred of evidence to support the belief that something taken by mouth will lower the viscosity of the mucus excreted by the bronchi. At a recent congress a paper was presented in which it was proved that certain generally accepted and well-established physiotherapy routines are all but useless to the patient and may in fact do some temporary harm; indeed there is an increasing feeling that we should take a second look at many of these traditional therapeutic disciplines. We are not for a moment suggesting that

physiotherapy as a whole should be shelved, but a careful re-evaluation of certain of its techniques is definitely needed.

Examples of debunked beliefs or of beliefs in need of reappraisal are endless, and the enquiring scientific approach will gradually ferret them out and banish them to the history books and museums where they belong; but it is time to sound a warning.

Some years ago an eminent professor, doing research in England on the common cold, made the following very important statement: 'I do not say that one cannot catch a cold as a result of exposure, but I do say that if somebody claims this to be so he must prove it'. Let us examine this very erudite viewpoint. What it in fact means is that the debunking crusader must make his choice between one of two attitudes of mind. Either he says 'It is not true unless I can prove it', or he says 'It is true unless I can disprove it'. This is a serious dilemma. If disbelief until proof is found becomes the accepted scientific norm it will mean that truth does not exist until such time as man has progressed far enough to understand it—an attitude of mind which is patently absurd. On the other hand, if we blindly accept a new theory until we are able to prove it wrong we might in the meantime be doing a host of patients irreparable harm. We will therefore have to leave the either/or choice to the philosophers while we adopt a comprising middle course. If something appears to be reasonably correct we will have to believe it to be so until further examination brings new facts to light. This compromise forms the substance of our warning.

Time-honoured methods of treatment must be accepted as good and true until we are *quite sure* that they are not; otherwise every junior, self-styled researcher will be able to upset the applecart, often on the most slender evidence. In fact his debunking cry might merely be the expression of his own ignorance or sloppy techniques. We must keep an open mind, for otherwise we will never progress towards finding the correct answers, but we must also be prepared to accept that '20 million people may well be right'.

## ONNODIGE VOORSKRIFTE

'n Groot gedeelte van die publiek, en ongelukkig ook van ons kollegas, is onder die indruk dat die voorskrifboekie 'n onontbeerlike deel van die geneesheer se professionele armamentarium uitmaak. Die boekie word bykans refleksief aan die begin van 'n konsultasie uitgehaal saam met die stetoskoop en die keelligie asof daar in sowel die pasiënt as die dokter se gedagtes geen oomblik van twyfel bestaan dat 'n voorskrif vir medisyne die eindresultaat van die ondersoek gaan wees nie. Die enigste aksie wat 'n enkele keer dreig om die magiese waarde van die voorskrifboekie te oorskadu is die toedien van 'n inspuiting, wat dikwels, net soos die voorskrif, as 'n outomatiese voortvloeiende uit die konsultasie beskou word.

'n Versigtige en objektiewe analiese van die konsultasies in 'n geneesheer se spreekkamer sal gou aan die lig bring dat, veral in die geval van die algemene praktisyn, hierdie

onnadenkende medisyne uitdelery alte dikwels op blote gewoonte berus en die pasiënt beslis nie tot voordeel strek nie. Trouens, mens wonder soms of die aangebode pille nie veronderstel is om die plek te neem van die verduideliking waarvoor die geneesheer nie lus is nie en waarna die pasiënt nie die tyd het om te luister nie. Dit is eenvoudiger om antibiotika te drink as om versigtig te probeer begryp en onthou dat die dokter voorstel dat die pasiënt maar eers 'n dag of wat wag om te kyk of die keel nie sal verbeter nie, te meer nog as 'n herhaal-konsultasie om die kontrole te bewerkstellig heelwat besloommernis gaan meebring. 'n Susmiddel is makliker hanteerbaar as die tranedal wat met 'n behoorlike psigiatriese konsultasie gepaard gaan en 'n krepverband is 'n *sine qua non* vir die behandeling van enige seer gewrig, al is pasiënt en dokter hulle daarvan half bewus dat dit meestal volkome nuttelos is.

Waarom gee ons nog sulke voorskrifte? Waarom skryf ons steeds preparate uit die ou *materia medica* voor wat deur die betere begrip van die geneeskunde tog nou reeds lank bewys is as totaal waardeloos te wees? Die antwoord, moet ons erken, strek ons nie tot eer nie. Ons gebruik steeds die oumodiese preparate, of ons verskaf onnodige medisyne, omdat ons nie die geestesenergie besit om onself objektief af te vra of die voorskrif wel geregverdig is nie. Die weg van die minste weerstand is om die pen op papier te sit en een of ander middel te bestel.

Mens moet toegee dat in baie gevalle die blote drink van medisyne 'n heilsame sielkundige werking op die pasiënt het, maar hierdie tipe terapie is 'n gevaarlike tweesnydende swaard. In ieder geval moet ons, veral in die geval van siekefondse, darem probeer om die koste van hierdie onnodige voorskrifte in gedagte te hou, maar selfs wanneer sulke finansiële oorwegings nie ter sprake is nie moet ons besef dat die pasiënt wat met 'n bottel troosmedisyne weggestuur word bes moontlik slegs in die sloot in gehelp word deur aan hom of haar te probeer voorgee dat huislike probleme of neuroses deur middel van pille uit 'n bottel opgelos kan word.

Selfs wanneer dit wel nodig en reg is om 'n geneesmiddel voor te skryf is ons alte dikwels geneig om maar nog 'n ietsie by te sit. Net een botteltjie pilletjies lyk darem so karig—ons gee liefs nog 'n flessie met drinkgoed by—skud die bottel. Dit is opvallend hoe selde 'n pasiënt by 'n apteek opdaag met 'n resep waarop net een item verskyn, en hoe dikwels gebeur dit nie dat daar 'n ellelange lys van verskillende middels opgeskryf is nie, dikwels eendersoortig. By die aanskou van so 'n mengelmoes van pille wonder mens onwillekeurig of die arme gefrustreerde dokter nie maar aangehou het met skryf in 'n gemoedstemming van 'mog het treffe' nie. Sommige kombinasies is al so ingewortel dat dit feitlik as kettery beskou word indien die twee items nie tesame op die voorskrif verskyn nie. Ons dink byvoorbeeld aan die hoesmiddel wat outomaties saam met die penisillien of sulfa-middel vir 'n kind met 'n hoesie gegee word, dikwels heeltemal onnodig. Het die urolôë wat so gereeld die ou geliefde Mist. Pot. Cit. uitdeel al ooit die moeite gedoen om die pasiënte se urine pH na te gaan om te sien of dit teen die gewone buitepasiënte dosis

van een eetlepel drie keer per dag wel die minste uitwerking het? Het 'n pasiënt op 'n kort, tweedaagse kursus antibiotika werklik vitamien B nodig? Kan sy liggaamsvoorraad van die vitamien deur die twee dae se inneem van die antibiotikum só skade ly dat bykomende terapie nodig is? Ons wil nie didakties sê nee nie, maar ons wil graag weet of die voorskrywers van die vitamien B en van die Mist. Pot. Cit. en die magdom van ander tradisionele middels ooit stilstaan en nugter oor hul aksies dink.

Nog ernstiger is die gewoonte wat al hoe meer begin posvat om kalmeermiddels vir jong kinders te gee, en dan nog boonop die voorskrifte 'herhaalbaar' te merk. Afgesien van die werklike gevaar van verslawing, hetsy fisies of as 'n psigiese afhanklikheid, skep dit 'n moraliteitsgebrek by die kinders wat veel ernstiger is as die toestand waarvoor die middels gewoonlik oorspronklik gegee is. Ons is skynbaar hedendaags tevrede om aan die skoolseun of -dogter te sê: 'Nee wat, waarom jou bekommer oor jou ongedane huiswerk of jou slegte jaarpunt—drink 'n pilletjie'. Vir 'n skoolkind om gespanne te wees voor 'n eksamen is normaal en goed. Die lewe is nie 'n bed van rose nie en mens moet van vroeg af leer dat dit soms moed en deurstetting verg om die paal te haal, en daardie moed hoef nie uit 'n botteltjie te kom nie. Dit het ons ter ore gekom dat suurmiddels selfs aan kindertjies gegee word wat Standaard 3 eksamen moet gaan skryf omdat die hele gedagte ma en kind se senuwees op hol het. *Ons wil dit graag onomwonde stel dat so 'n toegeeflikheid van die kant van die dokter as krimineel nalatig beskou behoort te word.* Die kind sal vir die res van sy of haar lewe die gevolge van so 'n pildrinkery voel en die kans dat die neiging om na 'n kalmeermiddel te gryp, in stede van die lewe die hoof te bied, mettertyd sal verdwyn is hoogs onwaarskynlik.

Ons was nog altyd teen die maak van wette om iedere aspek van die gemeenskapsmoraliteit te regimenteer, en ons beskou dit ook as onwenslik om in hierdie opsig regulasies te gaan instel om die uitgawe van onnodige medisyne te beheer. Maar dan moet die hele mediese professie hul verantwoordelikhede besef en uitoeven om sowel hul eie paadjie skoon te hou as die pasiënte die nodige leiding te gee om nie nodelose voorskrifte te verlang en dan nukkerig te wees as dit geweier word nie.

### MEDICAL CERTIFICATION OF RELATIVES

Most doctors are reticent about treating close relatives. There is no ethical rule to this effect, written or unwritten, and in fact many doctors are quite prepared to assume responsibility for the health of even their immediate family. Nevertheless, in the majority of cases close relatives are referred to colleagues for treatment. This is a laudable habit, because no doctor can truthfully claim that he will remain objective when confronted with a serious diagnosis in a member of his family. Depending upon individual differences in personality he will either be inclined to take too serious a view of trivial matters, or he will make light of symptoms until it might be too late. It would be wrong to attempt to inaugurate any kind of hard and fast rule. It must be left to the preference and the judgement of each doctor to decide whether he wants to assume this responsibility or not.

To issue a medical certificate to a close relation is a different matter, and here we do think some regulation

would be in order. The high esteem in which medical certificates are held is due to the integrity of the profession and, with few exceptions, employees know that a certificate from a doctor is a reliable document stating the true facts of the case. We must therefore make doubly sure that there can be no reason for changing this attitude of trust. A certificate is often of great importance to the interested party because it might involve considerable expense, or it might necessitate the recalling of a staff member from a well-earned holiday, and we are not of opinion that the judgement of any doctor will be sufficiently objective where a family member is concerned. Until such time as a definite ruling on this matter can be obtained we would like to urge all doctors not to issue medical certificates of any kind to their children or other close relations but rather to make use of the readily available services of a colleague for such documents.