

Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad : South African Medical and Dental Council*

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Vergun my om by hierdie eerste gewone vergadering van die opnuut saamgestelde Raad 'n paar grondliggende uitgangspunte te beklemtoon t.o.v. die Raad se hoofopdrag en die wyse waarop hy dit probeer nakom.

Dié hoofopdrag is beliggaam in die beginsel: bevoegdheid om die beroepe in die openbare belang te mag beoefen. Die Raad is dus daarvoor verantwoordelik om ons gemeenskap teen onbevoegde persone te beskerm. Hiervoor het die gemeenskap deur sy opperste liggaam die wetlike beheer aan hierdie Raad oorgedra om, volgens ons selfopgestelde vereistes vir bevoegdheid, persone tot die professionele registers, en daarmee tot die reg van praktyk, toe te laat of daarvan te verwyder. Hierdie professionele bevoegdheid meet die Raad aan twee kardinale norme, naamlik van opleiding en van optrede. Die norme belig twee aspekte van 'n enkele entiteit as professionele persoon, en behoort onderling steeds daarop ingestel te wees om 'n gesonde ewewig te bereik deur die geneeskunde en geneeskuns enersyds te paar met eerbare optrede as beroepsman andersyds.

Oorsien ons die Raad se taak en die verskeidenheid van sy werksaamhede, dan blyk uit talle voorbeelde dat hulle uiteindelik tog tot een of ander van hierdie hoekstene van opleiding en gedrag herlei kan word. Fyn betrag blyk verder dat daar 'n gesonde en bevrugtende wisselwerking hieruit vir die mens as pasiënt en vir die mens as beroepsman kan ontstaan. Die gemeenskap enersyds bekom 'n persoonlike diens van gehalte, gelewer deur 'n eerbare beroepsman, waardeur andersyds die vertroue en die aansien van homself en van sy beroep sal styg. Met hierdie kosbare vertroue en aansien tot sy beskikking word sy taak as beroepsman oneindig verlig, sy professionele vermoëns beter benut en sy gehele lewenswyse verdiep en verryk.

For the practice of medicine and dentistry need not only be an interesting way of earning a living; it may be something far more comprehensive, namely a way of life. This, in truth, is what the great professions have always been, as long as they remained great. The ultimate goal of all education is not accumulated knowledge or merely technical expertise, but the development of wisdom. Wisdom is knowledge which through disciplined experience is transmuted into understanding. In medical education, as in other kinds of education of which Plato spoke long ago, what matters most is not the knowledge, and I would add professional expertise, imparted to a man, but what

the man himself becomes in the course of acquiring the knowledge and expertise.

In the face of the modern flood of scientific facts Goethe's Faust would want more than ever to make an unholy alliance with Mephistopheles; but not because of boredom. Quite the contrary—he would want to master these facts and not be flooded by them. It is a sad thought that with these great achievements and their glittering attraction we seem to be in danger of neglecting our other basic obligation, namely to do our utmost to bring to students and practitioners some awareness of the essential transcendental nature of our professions. For this awareness must act as the beneficent moderator to the challenges and responsibilities imposed in the application of our burgeoning science. For we are educating professional people, physicians and dentists, whose life will be spent in the care of the sick and also the healthy. We are not training a bedside dialectician who, because he has not acquired knowledge imaginatively and with insight, will confuse the transient 'scientific fact' with truth. It is not enough to be well trained—he must be well educated too. He has to know the full meaning—not just the chemical, physical or anatomical meaning—of belonging to the human race. As so eloquently put by the head of a high school when commenting on the role of medicine: 'We shall never have as healers in this much wounded world an oversupply of broad-minded, large souled, and deeply human men.' This, I stress, is the type of man to whom the philosopher-author Seneca in old Rome felt such deep obligation, as a friend and not just as a doctor.

Dit verg meer as die aflegging van die gebruikelike eed of belofte om te kan groei tot daardie ruim-denkende en grootmoedige toewyding aan die welsyn van die mensdom wat die kenmerk van die wêreld se groot artse was. Dit verg begrip, insig, aanvoeling, en 'n instelling op 'n grootse uitdaging wat die lewe glans en waarde verleen.

In hierdie bondige beskouing is bepleit dat ons in die opleiding en opvoeding, sowel as in die praktyk, 'n gesonde ewewig nastreef en bewaar tussen aan die een kant eerbare professionele gedrag en aan die ander kant professionele kundigheid en vaardigheid. Hierin kan setel 'n lewenswyse met lewensblyheid en lewensvervulling; hieruit kan bron 'n wyse uitnemendheid as die hoogste beloning wat 'n toegewyde beroepsman ooit kon wens om te bereik.

Laat ons 'n wyle vertoef by 'n paar gegewens i.v.m. die opleiding in ons land.

* Openingsrede by die Vergadering van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, gehou in Kaapstad op 27 Mei 1974.

Op versoek van die owerhede, en in landsbelang, het ons fakulteite oor die afgelope dekade meer en meer studente toegelaat, soms selfs tot by versadigingspunt. Die syfers toon die geweldige spronge sedert 1953. Oor die eerste 10 jaar daarna het die geneeskundige studente met 25% toegeneem; in die tweede 10 jaar tot 1973 met feitlik 100%, met 'n totaal van bykans 3 000 geregistreerde studente aan ons 6 fakulteite. Vir die tandheekkundige studente oor die eerste 10 jaar sedert 1953 was daar eers 'n effense teruggang; oor die 10 jaar daarna tot 1973 was daar 'n 100% toename tot byna 500 as totaal aan ons 3 fakulteite. In die afgelope jaar het ons fakulteite hiermee byna 600 interns en 66 tandartse aan die land kon lewer. Dié Blanke groep bereken ek op nagenoeg 150 per miljoen van die Blanke bevolking. Dit is geweldig hoog. As vergelyking gee ek die jongste syfers vir die VSA (1972) met 'n eie opleiding van nagenoeg 40 per miljoen. Naas die 7 800 wat hulle self opgelei het, was daar 6 500 buitelandse medici geregistreer.

Onder die Wetgewing oor Aanvullende Gesondheidsdienste het ons reeds so ver gevorder dat ons by hierdie sitting verslag sal ontvang van 7 beroepsrade, oor die samestelling van die agtste sal besluit word en die negende word in die vooruitsig gestel. Die bevordering van die gewenste goeie samewerking en verstandhouding verg geduld en grootmoedigheid in ons benadering.

Council has before it 12 disciplinary inquiries where the serious penalties of suspension and erasure require your considered opinion and decision. I have stressed that to safeguard the trust the public has in the professions and the intimately related image of the professions, we have a high and exacting duty with regard to professional conduct. In this we must be fair but firm.

Die hedendaagse gevorderde gemeenskap steun in 'n belangrike mate op die gehalte van sy geleerde beroepe

wat dit dien: die staatsmanne, die regsberoep, teoloë, onderwysers en artse. Die gehalte van beroepsopleiding is dus van die grootste betekenis en miskien die belangrikste openbare diens van die universiteite.

Medical education of quality is thus in the public interest, for we benefit collectively as the beneficiaries of a society of higher quality. The new minimum curricula were so devised that present and future faculties may train with the most flexible patterns in terms both of quality and of the varied needs of our heterogeneous community. Within this framework a pruned-core curriculum and relevant electives, with incentive to self-study by continuing evaluation and continued postgraduate study, with clinical training extramurally, in the communities as well as in the teaching hospitals, with internships adapted for a variety of purposes, could promote a training adapted to the varied needs of our developing societies. Our faculties have responded wonderfully to this challenge.

In this over-all approach I would stress one particular need, namely that of primary care physicians and dentists. The unavailability of primary physicians to large sections of the population is one of the principal causes of public dissatisfaction in many countries, with their health care systems and with their high cost. The maintenance of this important front, or the closing of the potential gap, must be seen as high on the priority list. In the USA the ratio of primary care physicians per 100 000 of the population dropped from 59 in 1963 to 44 in 1968 and to the low of 41 in 1969. Since then it has remained static, possibly indicating that the trend has reached its nadir. According to a report by the AMA Council on Medical Education, more than half of the medical faculties in the USA now have, or are developing, family medicine programmes; more than 65% of them having been established in the last 3 years.