

EDITORIAL

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To Intervene or not to Intervene?

The recent banning of cyclamates in many countries and the possible banning of saccharin¹ (already effected in Japan according to one press report), brings to the fore the problem of adjudicating which practices of public health importance are allowable or disallowable. How dangerous does a situation have to become before the State or other authority ought to intervene or make a recommendation?

The heavy smoker at 35 years of age has an expectation of life roughly 8 years less than that of the non-smoker.² The State warns and discourages, but does not intervene. At 40 years of age, those with even mild hypertension (135/90 mmHg) have an expectation of life 4 years less than those with lower blood pressures.³ Although a high intake of salt is known to be a contributory factor to hypertension, no public health recommendation is made on this score.

To obtain potable water of satisfactory bacteriological standard, authorities insist on chlorination, and no protest is raised by the public, nor indeed would it be countenanced even were it raised. But the fluoridation of water, of proven value in reducing the development of dental caries, is not insisted upon by the State, and is vehemently opposed by a minority of the population for reasons not based on scientific evidence.

The use of the Pill is associated with a small but definite morbidity and mortality. Neither medical nor State authorities have commented authoritatively.

What of the safety of pharmacological remedies? Even with the simplest the situation is more complex than would be imagined. To illustrate this Sir John McMichael⁴ recently narrated the following story. He was referring to the volunteer, who should be given the fullest explanation for every possible

risk which could ensue from a clinical trial. A professor of clinical pathology (USA) said to a patient, 'I wish to give you a drug, and observe its effects, and I must explain to you the risks.'

'Yes doctor'.

'It has been known to produce a severe form of anaemia, and also cause gastro-intestinal bleeding from ulceration of the stomach. It can produce asthma if you are in any way inclined to develop this disorder, and sometimes along with asthma it brings on skin eruptions. It may also interfere with the formation of some important elements in your blood, diminishing your leucocytes, and it might even precipitate a bleeding disease. Combined with other substances, and taken over a long time, it has been recorded as causing damage to the kidneys.'

'Doctor, I do not think I would be willing to take this drug.'

'The drug I am talking about is aspirin.'

'Oh doctor, if that is all, certainly. Let me have whatever you like in the way of tablets.'

The situations described differ, of course, from one another. But they all touch on the question—at what stage of peril to the individual or to the community, is it mandatory for authority to warn, to intervene, or to ban? At what stage of danger or of potential danger to the mental or physical well-being of the individual may his rights be set aside or ignored?

For clarification, what is required is one of those fascinating imagined discussions on the subject between Socrates and his physician, Democedes, such as are published from time to time in the *Lancet*.⁵

1. Leading Article (1973): *Brit. Med. J.*, **3**, 185.
2. Hammond, E. C. (1969): *J. Nat. Cancer Inst.*, **43**, 951.
3. Gill, A. (1963): *N. Y. St. J. Med.*, **63**, 1718.
4. McMichael, J. (1973): *Postgrad. Med. J.*, **49**, 441.
5. Dunea, G. (1973): *Lancet*, **2**, 493.

Die Dokter en sy Persoonlikheid

Een van die eienskappe wat die grootste bydrae lewer tot suksesvolle praktykvoering is die persoonlikheid van die geneesheer en hoe hy dit aanwend. Dit gaan nie nou oor sy vermoë om hom aan sy pasiënte te 'verkoop' nie — hierdie vermoë geld in die verhouding tussen enige persoon en diegene met wie hy onderhandel, of hy nou tapyte of mediese dienste verskaf.

Die aspek van persoonlikheid ter sprake gaan oor die aanwending daarvan en in hoe 'n mate 'n dokter homself behoort te laat geld. Almal ken kollegas wat met mindere kennis en vaardighede baie groot praktyke opbou; en ook die geval waar een met al die denkbare kennis en vaardigheid in pag, nie gebore in staat is om 'n sukses te maak van sy praktyk nie. Sulke gevalle verteenwoordig die uiterste voorbeelde van wat weer eens waar is op die meeste gebiede. Wat hier eintlik ter sprake is, is wanneer en in hoe 'n mate behoort 'n geneesheer persoonlikheidsdruk op 'n pasiënt uit te oefen. Enersyds kan hy deur saam te werk en deur vrees te help omseil 'n moeilike bevalling heelwat vergemaklik — dit is dan 'n essensiële deel van sy werk. Andersyds mag hy, omdat hy bekend of bemind is of deur sy hipnotiese houvas op sy pasiënt, hom oorreed om hom te onderwerp aan 'n operasie of prosedure wat nie allerweë noodwendig geag mag word nie, of die pasiënt verwys na 'n ander kollega as die een wat die pasiënt self nomineer — meesal met reg, maar nie altyd nie.

Die manier waarop die dokter sy vermoëns aanwend en al sy vaardighede en karaktereenskappe toepas is van wesenlike belang in praktykvoering.

Een mag die vermoë hê om net deur die 'hande op te lê' 'n hoofpyn te verlig, terwyl die ander se koue, sweterige hande 'n skeelhoofpyn mag aanbring. Die een kan deur semihipnotiese staring in die oë die pyn van 'n spastiese kolon ophef en deur suggestie selfs vir 'n paar dae genees sonder medikamente; die ander mag weer, niestandaard die aanwending van 'n korrekte en spesifieke middel, die psigosomatiese element van die etiologiese sneller-meganisme so ontketen, deur 'n terloopse verwysing na 'n moontlike toekomstige komplikasie, dat 'n asma-aanval gepresipiteer word elke slag as die pasiënt terugdink aan sy onderhoud.

Almal ken die storie van die Röntgenplate wat omgeruil geraak het, en nadat die omgekeerde diagnoses en prognoses met die onderskeie pasiënte bespreek is, is hulle huistoe; en dat die een met die peptiese ulkus ses maande later oorlede is terwyl die een met die maagkarsinoom drie jaar later nog spekvet was. Oordrewe natuurlik, maar illustrerend weer hoe belangrik dit is om jou woorde te tel wanneer jy met 'n pasiënt praat en, as jy effens twyfel of nie 'n weldeurdagte aanmerking kan maak nie, om dan maar liever bekend te staan as die 'nors' dokter wat weer 'niks' gesê het nie.

Dokters moet ten alle tye die besondere en uitersonderlike vertrouensposisie wat hulle in die samelewing beklee in gedagte hou. Deur hul voorbeeld, handeling of segswyse kan hulle die hele lewensverloop van 'n medemens beïnvloed. Elkeen van ons besef dit gewoonlik maar sommige van ons vergeet dit soms.