

A POSITIVE APPROACH*

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In a developing world it is natural to expect that each year should show an improvement on the previous year. However, when assessing 1960 in its general and local contexts, it is difficult to know whether we are advancing or going backwards; whether we are heading for Utopia or dissolution. This seems to be the situation in considering the problem in both its broad and narrow aspects.

In the matter of world affairs there have been, as usual, amazing discoveries, particularly in the scientific field. In the moral field, however, there seems to be a continuous deterioration, and even the United Nations has left no doubt in the mind of most people that material advantage is considered all-important, and that moral values by themselves are of little consequence. In short, there seems to have been great technological improvements in both rockets and rackets.



Dr. Penn

In that august body, the United Nations, the World Health Organization has emerged with the cleanest record, and there is no doubt that medicine and the allied professions throughout the world can be very proud of their achievements; but, even here, the benefits to mankind are often subservient to the dogmas and prejudices of various sections of the world's community.

One of the most serious problems confronting us today is the population explosion indicated very clearly by people such as Sir Julian Huxley and Lord Bertrand Russell, who have warned repeatedly that unless cognisance is taken of this fact, over-population will reduce the world to a state which will create conflict and misery; and that if measures for reduction in the world's populations are not urgently taken by physiological and scientific means, only violence and chaos will result in the effort to secure a place in the sun. Whilst on the one hand the World Health Organization is compelled to disregard methods of birth control because of religious principles, it is found on the other hand that, because of the improvement in hygienic methods in the backward countries (so freely made available by the Western world), the maternity and infantile mortality rates have been reduced to a minimum.

The populations of these areas are increasing, and the general mortality is being reduced by virtue of the cure of innumerable illnesses that operated in the past as the 'normal' method of population control. Moreover, with the improvement of nutrition, the expectancy of life is becoming longer and will probably, within the next few years, be doubled.

This achievement on the part of the World Health Organization is admirable, but we must also be realistic and appreciate the fact that, in the Western world, families have to decrease their numbers in order to exist at all and to provide funds for the assistance of the other side of the world where families are increasing. Therefore, whereas we of the Western world have an average of two or three

children, we support families of twenty or more in Indonesia or other places because they cannot support themselves. As medical men we must realize that we have not only a short-term duty to the sick who are living today, but also a long-term responsibility to those who are yet unborn.

But in world affairs generally, no continent has loomed larger in focus, if not in importance, than Africa. 1960 has been described as Africa's year of destiny, and we are told that things can never be the same again anywhere on the African continent after the events of this past year. As Dr. de Kiewiet, the historian, has said: 'South Africa must reconcile itself to existence in a restless and turbulent Africa'. I do not need to recapitulate the events of the past year which have led to Dr. de Kiewiet's statement. Throughout the continent 1960 has been called the year of Africa's freedom. Freedom to do what? Can we expect primitive Africa to develop into a civilized state that has taken millenia of painful effort on the part of other peoples? There is no doubt that it might eventually take place, but is it reasonable to expect this change overnight? The hall-mark of civilized man is the fact of social consciousness — the idea that man does not live for himself alone but also for his fellow man.

We, in the medical profession, understand this full well because our lives are dedicated to just this purpose — serving our fellow man. So far the evidence is that the concepts of democracy and civilization in the new African States are developing painfully slowly. Being in the middle, and being uncommitted to either Eastern or Western blocks, they receive from both sides. What they have contributed to the march of civilization is infinitesimal, even though they form such a powerful block in the United Nations. What they will contribute to mankind in the future is still an unknown quantity. Whatever we think about it, however, it is plain that we who live in the southern tip of Africa have a grave responsibility to keep aloft the torches of science and moral understanding which have come down to us over the ages; and, by our behaviour to the less privileged people amongst us, enable them to enjoy the benefits of our civilization and encourage them to contribute to it. This is our position, and this, indeed, is our destiny. It seems that future generations of South Africans will live or die depending upon the decisions and the character of the people who exist now. We in the medical profession have a very important part to play in the shaping of South Africa's future, and it is essential, therefore, to put our house in order.

Are we satisfied with our achievements in the past, and if not, what are we going to do about it in the future?

The Present State of our Profession

In accordance with traditional valedictory addresses, I would prefer to give praise to the profession, but, in a desire to be sincere, I feel bound to ask the Association to ponder several questions, notably:

1. Is the quality and quantity of our doctors adequate, as befitting an established civilized community?
2. What have the hospitals of South Africa contributed to modern advances by way of original contributions to the science and practice of medicine?
3. Are we producing a sufficient number of good doctors for our own needs and for our neighbours?
4. What is happening to our younger generation of doctors?

*Valedictory address, Johannesburg, 21 February 1961.

5. Do we have sufficient courage and drive to play an important part in our own development and that of this continent?

At the risk of being attacked from various quarters, I would say that the quality and quantity of our doctors could, and should, be greatly improved. I would say that, with a few exceptions, the hospitals of South Africa have contributed very little indeed to the modern advances in medicine and surgery. As far as the production of doctors for our neighbours is concerned, we have not enough for ourselves and the situation is worsening by the day. To quote from the survey prepared by the National Bureau of Educational and Social Research of the Department of Education, Arts and Science, which was printed in *Medical Proceedings* of 13 August 1960: 'In the USA, 3% of the profession is engaged in research. In so far as a comparison is permissible, the South African figure is 0.6%'. 'The medical requirements of South Africa will only reasonably be met by something like 4,000 additional practitioners by 1965; whereas the estimated yield from our medical schools will be fewer than 2,000.'

Far from encouraging the furtherance of knowledge, the conservatism and staleness that permeates thought in the universities, the medical schools, the Federal Council and even the Medical Association, aggravates the present-day position.

The teaching schools are of paramount importance in the development of the profession, yet we find that only one in four applicants can possibly be taken into the University of the Witwatersrand, the only aptitude test being matriculation results which, as everybody knows, is a test of memory rather than intelligence. It is now being suggested that because of the shortage of teachers and facilities, the numbers be reduced by as much as 30%. The senior members of the teaching staffs of our local university will agree with me when I say that the entire future of the medical school is in jeopardy. We are short of doctors, but we do not produce sufficient for our needs because of the difficulties under which the teaching staff labours.

What happens after qualification? Doctors take up various fields of endeavour. Most of them go into general practice and would like to improve their knowledge from year to year. The universities cannot deal with this demand—they have not got the time, the equipment, or the staff, so that the more active members of the profession arrange colleges for general practitioners and post-graduate classes through postgraduate associations.

In the field of specialization, the country is befogged by unimaginative thinking on the part of its leaders. There are a number of examples of our failings in this regard, but let me mention only two or three that strike me.

We find that we cannot provide services in this country which are accepted as common practice in other countries. We have cobalt bombs but we cannot use them because we do not produce the personnel to work with them. There is no adequate system for the training of dermatologists. Not more than two or three dermatologists have been trained in Johannesburg in 30 years since the specialist register came into being. Reconstructive surgery is the basis of all future surgery, because the principles of modern advancements are concerned with repair rather than with elimination. Yet, in the last 20 years, only two reconstructive plastic surgeons have been trained in this country. The result is that there is a shortage of plastic surgeons, and that only a very small percentage of the population are able to obtain the benefits of this type of skilled treatment.

The result of all this is that not only are we creating shortages, but we are actually losing our best young men. Doctors with ambition and a will to get on in the profession, find fulfilment in other countries outside South Africa, since they become frustrated by the restrictions to their development arising from our own outworn

policies. This has not only occurred in the field of clinical medicine, but also in the scientific and laboratory fields, so that we are losing the very teachers that we need so badly. Instead of importing men, we are exporting them. I have no hesitation in saying that this unfortunate state of affairs is of our own making.

The Future

Do we have sufficient moral courage and drive to play an important part in our own development and in that of this continent? The answer at present is an emphatic *no*. The South African Medical Council is bogged down by its own regulations and the Federal Council and Branch Councils devote most of their time to the economics of the medical practice and the domestic politics of the profession. Very little time is spent on the improvements in the status of the medical profession in this country. When clinical meetings are held for this purpose, the attendances are very poor, even when distinguished overseas speakers are invited.

Are we going to allow this situation to drift or are we going to take up the challenge on behalf of our country and our own self-respect? This is something that must exercise the mind of every doctor in the country, particularly those representing us in the various councils and associations.

It would be wrong to examine and diagnose the illness that besets the medical profession without putting forward suggestions for its cure, but once an honest appraisal of the situation is made, the treatment should be obvious. What we need more than anything else is positive thinking, particularly on the part of our leaders. We need a new deal, for doctors and patients alike. As a rule, doctors dislike control by lay bodies, but cooperation with lay bodies is essential and our sphere of interest should be broadened to bring them within the general orbit of the welfare of the State. We should not focus our attention only on our own personal problems.

The most important suggestion that I have to make is to broaden the education of medical men—undergraduates, general practitioners, and specialists alike. I feel that the first year at the university should be a postmatriculation year under university conditions, available to every suitable matriculant who wishes to increase the breadth of his education. This would not only assist students and teachers towards the selection of careers, but tend to prevent the squeezing of square pegs into round holes. It would also allow every youngster who feels that he has a calling towards medicine to satisfy that urge for the benefit of himself, the profession, and his country. Every matriculant who feels that he has a call to medicine should be given an opportunity to answer it.

Teachers should not be confined to a closed shop. The entire profession would be glad to assist and, in fact, I can think of nothing better for the general practitioners and the specialists outside the university, than to allow them to teach within the orbit of the university. You have all the teachers you need if you wish to use them. By the same token, smaller hospitals in the country should be invited to supply teaching material and staff. In this regard, I would sincerely recommend the reversion to the honorary appointment system as befitting the dignity and independence of our profession. In point of fact, the best teachers for general practitioners are general practitioners, and the best teachers for specialists who are going to practise outside the walls of the university hospitals, are specialists who practise in this way.

I feel we must take a broad and unselfish view of our obligation to provide a sufficient number of qualified and able people who are willing to do their job, not only for the welfare of the State, but also for the greater weal of those living outside its borders—a factor which may be vital to our future, not only in the immediate future, but for generations to come.