

EDITORIAL : VAN DIE REDAKSIE

MEDICINE BY PROXY

It is a curious fact that the average patient will be inclined to have more faith in an anonymous adviser about his health and illnesses than in a flesh-and-blood practitioner who is prepared to face him across a desk. The reason for this is difficult to understand. We can only surmise that it is a relic from the days of mystical and magical medicine and in some way recalls in the subconscious of the patient a race remembrance of oracles who muttered from the Stygian depths of caves. For a large section of the public the mould on the jam jar still holds a greater fascination than Sir Alexander Fleming's penicillin, and copper rings dangling from arthritic wrists can be seen even in the most august company. Curious panaceas advertised in magazines are still bought by an ever-hopeful and painfully gullible public. We are constantly being told that the doctors must climb down from their Olympian heights and must accept the fact that the average citizen today is no longer the total ignoramus about matters medical that he was some twenty years ago. We would like to believe this, but then we find it impossible to understand how anybody with a self-professed working knowledge of physiology can believe that a remedy which is supposed to cure dandruff will also sooth tired nerves.

We may safely assume that the oracle of Delphi at least saw to it that he, or she, remained an awe-inspiring phenomenon and that the advice which was dispensed was—in the light of the knowledge available at that time—not too far off the mark. Alas, it is not possible to say the same of our modern oracles who, under cover of pseudonyms such as 'Family Doctor' or 'Physician', dispense quasi-medical wisdom in many of the lay magazines,

answering questions from a trusting public which they should know perfectly well cannot be answered without a proper examination.

It is truly lamentable that a number of our colleagues—and we must assume that they are indeed colleagues—are prepared to sell their services in this undignified manner. It is the more to be regretted because, as pointed out above, the average patient today still has a child-like belief in these hocus-pocus, Fu-Manchu efforts at healing. If advice given in the columns of a magazine is at variance with the opinion of the *bona fide* doctor who went to the orthodox trouble of actually examining his patient, it is in most cases certain that the opinion of the invisible sage will be preferred, often with disastrous consequences. It is true that many of the questions submitted deal with trivialities and that the patient is often merely trying to get his name or at least his complaint into print, but nevertheless, even under such circumstances, we find it impossible to absolve the doctor from the responsibility he holds by virtue of his medical training and his Hippocratic oath.

The entire profession frowns upon this practice and the Medical Council is no exception, but one cannot fight a pseudonym. We once again appeal to our colleagues not to make themselves available for such columns which cannot but lower the good name of the profession and certainly cannot be interpreted as being in accordance with the sentence of the Hippocratic oath which commands that into whichever house we enter we shall do so for the good of our patients only and for no other reason.

REGISTER VAN GEWOONTEVORMENDE MIDDELS

Laat ons nou maar eerlik wees. Daar is seker min reëls van die Geneeskundige Raad wat meer gereeld verontagsaam word as die bepaling dat iedere geneesheer 'n register van die gewoontevormende middels moet hou wat hy vir doeleindes van sy praktyk aankoop en voorskryf. Trouens, mens moet ruterlik erken dat 'n statistiese opname in dié verband aan die lig sal bring dat 'n baie groot persentasie van die dokters in die praktyk nie slegs nie 'n sodanige boek aanhou nie, maar dat hulle dit nog nooit in die verlede selfs probeer doen het nie. 'n Grootskaalse ondersoek en vervolging van die oortreders sal 'n ernstige ontvolking van die geneeskundige professie tot gevolg hê.

Hierdie verontagsaming van die wetsbepaling is nie kwaadwillig nie. Dit is ook nie bewys dat meeste dokters gewoontevormende middels misbruik nie. Intendeel, die oorgrote meerderheid van die dokters is uiters versigtig met die voorskryf van die gevaarlike preparate. Die rede vir die oortredings is slegs dat die aanhou van die register vir die besige praktisyen 'n beslommernis is, en dit is natuurlik grotendeels die huisartse wat die sondaars is omdat hulle die meeste van die verdowingsmiddels self gee en dit nie

deur 'n verpleegster in 'n hospitaal laat toedien soos die geval by spesialiste gewoonlik is nie. Daarbenewens word morfiene of petidien selde by die spreekkamers ingespuut. Die pasiënt wat siek genoeg is om sulke sterk medisyne te verdien kan gewoonlik nie na die dokter toe kom nie. Hy word tuis besoek en dit is juis op hierdie tuisbesoeke dat die aantekening in die boek agterweë bly. Om gedurende die vroeë môre ure, wanneer meeste ander landsburgers hul nagrus geniet, te moet rondry is al swaar genoeg, maar om dan nog te moet onthou om 'n inspuiting aan te teken is baie moeilik. En boonop vereis die wet dat die aantekening in die korrekte daarvoor-voorgeskrewe boek gemaak moet word en nie sommer in enige sakboekie wat byderhand is nie.

Om teen die prikkels te skop is egter nutteloos en sal ook verkeerd wees want iedere dokter, hoe traag hy ook mag wees om die bepaling na te kom, sal moet erken dat die opteken van gewoontevormende middels 'n noodsaaklikheid is as enige sentrale kontrole oor die invoer en verbruik uitgeoefen wil word. En dat die middels gekontroleer moet wees ly geen twyfel nie. Die wêreld literatuur

is tot oorlopens toe vol van die gevare wat onoordeelkundige gebruik meebring.

Daar is dus twee positiewe voorstelle wat ons wil maak: Die mediese student en die intern moet van meet af geleer word om as't ware refleksief die gebruik van hierdie preparate aan te teken. Ons weet almal dat sulke gekondisioneerde refleksie aangeleer kan word. Dit is nie 'n bewuste voorsorg teen infeksie wat die dokter noodsaak om die vel voor 'n inspuiting met 'n alkohol-deurweekte wattetjie af te vee nie; hy doen dit feitlik onbewus en indien dit noodgedwonge uit die roetine weggelaat word, voel die geneesheer asof hy 'n lewensgevaarlike waagstuk aangevang het. Dit is hierdie tipe roetining wat ons vir die voltooi van die register wil bepleit, want dit is haas die enigste manier waarmee verseker kan word dat hierdie belangrike saak nie agterweë bly nie. Ander reëlins sal natuurlik ook in 'n mate slaag, bv. om die ontvangsdame aan te sê om daagliks ondersoek in te stel na die beskikbare voorraad, maar vroeër of later sal die laatnag inspuiting vergete bly, tensy dit as 'n outomatiese aksie ten tyde van die konsultasie deur die dokter opgeskryf word.

Die ander voorstel wat ons wil maak is ten opsigte van

die formaat van die register. Ons wil graag vra of die boek nie in 'n meer hanteerbare vorm gedruk kan word nie sodat dit, indien moontlik, in die dokter se tas of baadjiesak sal pas. Dit sal verseker dat dit altyd byderhand sal wees. Die boek wat op die oomblik in gebruik is is veel te groot om gedurig saam te dra en gevolglik word die uitgifte, indien hulle wel opgeteken word, eers in 'n sakboekie geskryf om dan later oorgedra te word. Dit veroorsaak dubbele werk en sulke oorskryfery is uiteraard geneig om foute in die hand te werk.

Ons wil egter 'n dringende beroep op al ons lesers doen om hierdie wetsbepaling ten strengste na te kom, in die eerste plek omdat ons as verantwoordelike lede van 'n belangrike beroep dit as 'n goeie maatreël moet erken en in die tweede plek omdat ons as wetsgehoorsame burgers ons by die bepalinge van die owerhede moet neerlê. Tot dusver was die toesig oor die hou van hierdie registers nog taamlik kasueel, maar daar is rede om te verwag dat dit binnekort baie meer intensief onderneem gaan word en dit sal goed wees dat ons liefs dadelik aan die werk spring om onaangenaamheid te voorkom, as om te wag totdat dit te laat is.

THE MEDICAL NEWS REPORTING CONFERENCE

In the *Journal* of 8 March we published an application form for members who wish to attend the Medical News Reporting Conference to be held in the Department of Extramural Studies of the University of Pretoria on 4 and 5 July 1969.

In two previous editorials^{1,2} we have stressed the need for the press and the medical profession to discuss their aims and needs and, if possible, to come to some arrangement in connection with the reporting of medical news. At the moment there is constant friction through repeated misunderstandings, and we have no doubt that a meeting between senior members of the two professions will prove fruitful and will help to remove many of the misconceptions which are at present the cause of much irritation.

We are happy to be able to report that the general reaction to our proposed Conference has been more than gratifying, and the arrangements have reached an advanced stage. It is intended that the first day be devoted to a plenary session of the various press and radio and television groups as well as the medical and paramedical professions. Mr Justice J. F. Marais, of the Transvaal Bench, has kindly consented to act as chairman at this session, when 6 speakers will read papers illuminating different aspects of the problems pertaining to medical news reporting.

From America we will be able to hear the views of Dr Charles G. Roland, at present Editor of the *Journal of the American Medical Association*, and soon to become the Editor of the Mayo Clinic's publications. Dr Roland is also the President-elect of the American Medical Writers Association. Mr Peter Bruce, of BBC Television Services, will present his views on medical documentary films and the dissemination of medical news. He has, for some time, been responsible for the well-known programme called 'Tomorrow's World', featuring scientific advances from all over the world.

Dr S. S. B. Gilder, the Editor of the *World Medical*

Journal, will also read a paper and will specifically highlight the approach of the medical man to the release of news.

From South Africa Prof. Christiaan Barnard will tell about his experiences with the press over the 18 months following the first heart transplant. We have no doubt that his views will be worth hearing. The journalists will have the opportunity to put their point of view when Mr René de Villiers, Editor of *The Star*, a daily newspaper, and Mr Schalk Pienaar, Editor of *Die Beeld*, a weekly paper, take the floor.

Ample time will be allowed for discussion, for at such a symposium this is of prime importance, and delegates from the press, radio and television and the medical and paramedical professions will be given sufficient opportunity to put questions and to make suggestions.

At the end of the first plenary session Mr Justice Marais will summarize the day's discussions in order to give guidance to the two main subgroups of the news media—the news-in-depth and the daily press—which will assist them in discussing their specific problems at the round-table conferences which will take place between them and members of the medical profession during the next morning. It is hoped that these discussions will result in constructive recommendations to the second plenary session during the afternoon of the second day.

Let us hope that some acceptable code for medical news reporting will be drawn up at this meeting. This can only happen if members of the professions concerned are prepared to come to the Conference with an open mind and to put forward practical suggestions.

Application forms for intending delegates may be obtained from this office and early registration will be appreciated in order to facilitate the work of the organizing committee.

1. Editorial (1968): *S. Afr. Med. J.*, **42**, 853.
2. *Idem* (1968): *Ibid.*, **42**, 1061.