

THE CHANGING FACE OF MEDICINE*

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My address deals chiefly with my own observations, thoughts, and impressions in regard to the 'changing face of medicine'. I have divided them into 3 periods, viz. (1) the past, up to the last world war, (2) the period between the two world wars, and (3) the present and the future. If I refer more often to the general practitioner, it is because I belong to that group—the labourers of the profession, on call 24 hours a day and 7 days a week.



Dr. L. L. Alexander

The doctor in the period before the Great War was general practitioner, specialist, and consultant, and was there to do anything and everything. He consulted, operated, and visited. When he was called to see a patient, he invariably went, whether during the day or at night, in wind, rain or hail, on foot, horseback, bicycle or cart, and later in luxury by car, and never did he dream of saying 'I can't' or 'I won't come'. He was the family doctor in all senses of the word—friend, confidant and adviser, beloved, respected and esteemed by all. He knew his patients and their families, and participated in all their joys and sorrows. The familiar black bag of that time indicated a confinement on the go somewhere or other. His first consideration was medicine; his profits came after. There were not many directions to which he could turn for assistance in diagnosis; the laboratories, X-rays, etc. began to come into being after the first world war. The drugs at his disposal were limited to a few recognized cures and placebos and he often had to use his own initiative in treating cases. Many cases were lost undiagnosed. Nevertheless, without the aids that are now available, he did a good job of work. Competition was possibly not so keen, and there was no such thing as unethical conduct. This serpent reared its ugly head in the years between the two world wars, and has kept on wagging it ever since, despite ethical laws.

In those days there was very little exploitation of the doctor by the public or *vice versa*—medical aid societies were things never even dreamt of, and benefit societies were few and far between.

Between the two wars things changed quite a lot. More facilities were available to the doctors—laboratories were springing up, and X-rays aiding the doctors in their diagnosis and treatment. The specialist and the consultant began to put in an appearance at the bigger centres, and doctors were specializing in more and more branches. However, the majority of those specializing returned to general practice. In the thirties the doctors were becoming more money-minded. The family doctor still existed, but competition became keener. Medicines and treatment improved and diseases which hitherto were considered incurable were being treated successfully. More doctors were taking a scientific interest in medicine, with the result that research was now going on in all branches. Medicine and surgery now became divided into general medicine, general surgery, and the specialities, and the ancillary services began to come into the picture. The 'quacks' and their counterparts began their decline but, to my regret, they were never completely eradicated and still exist to-day, though in decreasing numbers as the public became more educated in the right and the wrong approach to the treatment of illness and disease.

With the last world war came a marked change in everything, not least in medicine. A large number of medical men joined the services, and for them medicine took on a new outlook. The general practitioner became the regimental medical officer—family doctor to a regiment of men; others worked in field ambulances, casualty stations, field hospitals, and the lucky ones in the hospitals at the base or at home, seeing all kinds of cases, learning new techniques, and improving themselves all round. Here

then started the change over to jealousies, envy, exploitation, lack of ethics, even bribery and corruption.

What of those who stayed at home—someone after all had to attend to those who stayed behind. Work was trebled for these doctors, and they found they were working full time. In some cases, it was a godsend to the doctor who stayed behind and was able to pick up the patients left by the others who had gone on service, and so improved his earnings beyond his wildest dreams. This is where practice became a profit-making business first, and medicine as such took a secondary place. True, it is necessary to make a profit out of doctoring—we all must live—but it brings in all the evils possible when money becomes the be-all and end-all of everything.

Many began clamouring to become doctors. There was more money in medicine than in any other profession or business. But there was one snag—to be a general practitioner meant hard work, and plenty of it, and many of the newer men did not fancy this—rather specialize and earn more and do less seemed to be their motto. What was the result? More specialists than ever before, and the number of specialists is ever increasing; so much so that in the bigger centres there now appear to be more specialists than general practitioners. I am not against specialists; on the contrary, I am very much in favour of good specialists. For the good of medicine, and of the patient, it is necessary to have specialists; but too many specialists in anything is never a good thing.

After the war, there started a big change in the general practitioner, and this has become more and more marked. The family doctor, as such, has almost completely gone; in fact, I think in the larger centres he does not exist. The house doctor has now replaced the family doctor. The closer bonds—the patient's confidence and respect—are not as before between the family and the doctor. In many cases he is still considered a friend of the family and his help will be sought in need or stress; but sometimes a doctor cannot even be certain that he is the only man treating the case. If a patient is not getting well as rapidly as he thinks he should, or if he is in any way dissatisfied, it is common practice for him to call in someone else, without consulting the first man. There is an Ethical Code in existence, but this is not something that appears in every doctor's make-up and there is more exploitation than formerly, both by the doctors and the public, and also a great deal of 'farming out' despite the efforts of the Medical Association to eradicate it. So keen is the competition in medicine today, that some doctors will stoop to unethical practices to feather their own nests, usually at the expense of their colleagues, but in the long run to the detriment of medicine and of the public. To-day there exists various groups in all branches of medicine. It is my opinion that it is a good thing to have these specialist groups, but for scientific purposes only, and *not* as bodies to dictate the rules, etc. of the Association, which has to deal with every medical man.

Owing to the ever-growing number of specialists, a large number of these men with higher degrees are reverting to general practice.

Advantages of Modern Medicine

During the war years, introduction of the sulpha drugs initiated the revolution of chemotherapy, the effect of which increased in the years that followed. Then came the greatest boon to general practitioners, the penicillin injection, soon to be followed by the oral antibiotics and others. The doctor of today has great advantages over his forbears, and the numerous new germ killers and advanced laboratory techniques and X-ray services are a wonderful aid. We travel in luxury to-day, covering long distances by car or quicker still by plane, which makes it possible to reach other centres to attend lectures, revision courses, etc. The ancillary services have also improved, and today have become a part of medicine.

Medical Aid and Benefit Societies. These are growing like mushrooms, and have given rise to the biggest controversy in the profession—one on which the Association is split into various camps—those who are against them, those who favour them unreservedly, and those who favour them when they prove their *bona fides* and comply with the rules of the Association. I belong to the third group. I feel that these societies play an important

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part in medicine today, in that they are filling the needs of many people who without them would not be able to afford the treatment they need, or who would find themselves crippled in meeting their medical expenses or would have joined the ranks of the free patients at hospitals. The societies also help to cut down the doctor's bad debts. Nevertheless, as in everything, there are the black sheep in the medical aid and benefit societies who try to exploit the doctors and, if given half a chance, would dictate their own policy to the medical profession. Some societies promise their members the moon and in reality give the smallest stars; and others are so afraid of parting with their funds that they delay the payment of the doctors, and quibble over the fees. These are the points that have to be eradicated and I am sure that it can be done without going to the extreme measures as envisaged by the Southern Transvaal Branch, who are prepared to do without any medical aid or benefit societies. Where an approved medical aid society contravenes the rules of the Medical Association, they should be shown where they are at fault, and if no attempt is made to amend their faults they should lose their recognition, just as at present new applicants are not accepted unless they are prepared to act in accordance with our rules. The cooperation between the Medical Association and the ruling

bodies of the medical aid societies has reached a very high standard, and only good can come of the friendly spirit at present prevailing. Provided that the renegades amongst their ranks, and those doctors who in turn exploit medical aid societies, can be made to see the real light, both the doctors and the members will benefit considerably.

While on the subject of medical aid and benefit societies, I would stress once again the harm that is being done to the medical profession by those who put everything in monetary gain, to the exclusion of humanity and the welfare of medicine generally.

Many will not agree with what I have said, but my views are the result of many years of mixing with all types of doctors, and others, and listening to what they say. Everything I have said applies to the Border as well as elsewhere, though possibly to a lesser degree. But one thing I am very pleased to record is the wonderful friendly spirit that exists in East London and the Border between the medical men. Faults there are—but we cannot all be perfect.

Finally I would say that the underlying thought in my address is 'Live and let live'. I ask you to apply this to yourselves, your colleagues, and your patients.