Once upon a time there was a physician who had an acute attack of honesty in a public place. ‘I don’t know’, he said to his colleagues, ‘what my public face does to you but it often troubles me. I admit that it disguises my prejudices and feeds my pride. In persuading you, I have already persuaded myself of power rightly used. When I talk of my patients there is a note of possessiveness like the pride of a collector in his collection. That successful doctor-patient relationship satisfies me, however it rewards the patient. I had thought that if you were like me, all would be amicable progress. But because you are like me, we each sit in the corner, nursing our differences. Please remove your self-built images. Forget the politician’s remark and walk naked to the conference table.’

That’s one way to start a fable. It becomes too diffuse a comment applicable to any group of men. Besides, it is pompous. Preaching what one finds so difficult to practise comes out like suet pudding. But there is a point to the story. A doctor’s skill in understanding other people is not often used on himself, and personal attitudes are to be examined, not struck. It is idle to suppose that differences of opinion would disappear if all the facts behind a problem could be known. Facts do not speak for themselves; they are presented by another’s voice. Perhaps it is because one secretly acknowledges one’s own rigidity of attitude that the persuasive voice of another opinion may be regarded with suspicion. Let’s be frank. All of us have attended committees simply to ensure that the other man does not carry the day. The exercise of power becomes a time-wasting blockade. People who do a good job tend to invest the way they do it with a unique rightness. Inflexible attitudes in medicine echo a long history of rugged individualism and an authoritarianism that bolsters a special claim for the doctor in society. The laudable intention of caring for the patient gets transposed to sweeping statements such as ‘My beds’ or ‘My type of doctor (be it general physician or practitioner) is the only one capable of taking that care’. It is not clear why a detailed knowledge of, say, cardiology should automatically kill a physician’s humane abilities. Accepting another’s talents requires a modicum of self-criticism. A little more of the human comedy and perhaps we should not take ourselves so seriously. Many must have lamented the recent death of Slagthorpe medicine, Dr O’Donnell’s irreverent creation in the pages of World Medicine. Maybe every
meeting in the more august portals of medicine should be prefaced by a reading from the Slagthorpe saga.

It is different when men are drawn together in recognition of a common purpose. Sir David Smithers gives a clear account of how changing concepts of cancer have led to a pooling of expertise in the creation of special units. This lesson of successful team work can be profitably learned in many fields of medicine. Indeed such co-operation is already practised with happy results by several groups who have mutual interests and complementary skills. The administrative keys to such team effort seem to be flexibility of organisation to meet a real situation, and a neglect of status problems.

Such work brings into question the modern relevance of professional distinctions. The medical profession itself has a long history of acrimonious dispute among every group attempting to heal the sick. Lambasting of apothecaries by physicians has an antique ring and modern equivalents. It has been customary for those looking for a career in human physiology or chemistry to take a medical qualification. The very letters after their name appeared to be an essential passport for advancement. Yet the contribution they made to medicine rested solely on their skill in their chosen subjects. More and more we rely on the work of physical and behavioural scientists, technicians and, most especially, nurses. Doctors can lay little claim to have been champions of their colleagues in allied branches of medicine. In the interests of genuine co-operation and support we might all become iconoclasts, starting with our own image.

Of course, it is not a popular idea to denigrate the public image. In affairs of state great trouble and expense surrounds the building of that charismatic personality so beloved of political commentators. The attitude designed for universal consumption can persuade its purveyor that it is a personal glimpse of absolute truth. As Eliot observed, ‘Human kind cannot bear very much reality’. If we are to detect both folly and wisdom in others we should regard our own prejudices more lightly. In this lies the importance of not being earnest.