Editorial

Autumn; mellow fruitfulness or the scent of decay. It’s all according to mood. The depressed physician is likely to be downcast by stumbling yet again over the same blocks. The fruitfulness comes from doing the job for which he has been trained. Decay of an institution is diagnosed when the ability to care for patients is frustrated. Lack of adequate premises, absence of secretarial help, arguments over appointments and notes rot away the day. Time for clinical action and thought is nibbled up by administrative ducks. Over-organised and over-advised as we are, the daily irritations of unproductive work make us scratch. Administrators may suffer from us but they have their own problems in providing adequate services when hedged in by every form of restriction. It is all the more unfortunate when doctors and administrators seem to be perpetual counter-irritants instead of agreeing on the common aim of improving the health of their patients. To be cosseted would be a luxury we could not claim, but to be looked after is a matter of common sense. Doctors, trained to the pitch suggested by modern criteria, are scarce. Their time should be occupied by exercise of their talents. Without asking for special privilege the doctor’s path should be smoothed if he is to devote his energies to the health of the people. His managerial function should also be in this context. The efficient use of facilities is his province, a duty not always well performed. To be saddled with minor clerical duties at any stage in his career is stupid; a fact that has escaped the notice of many hospital administrations.

Between the organisation and the end-product of health lie the doctor’s concept of his role and the patient’s view of his care. The former is now expressed in a much argued career structure, the latter by government. A most uneasy antithesis. Those practising or entering medicine have individual but firm ideas on job satisfaction. Clearly it would be impossible to organise medicine solely for the self-satisfaction of those who practise it. The nature and number of jobs available must depend on the medical needs of the community. Competitive appointments or a change of direction for the individual go a long way to solving this problem. The difficulty lies with medical advances creating a new demand that cannot easily be satisfied by a rigid career structure based on the medicine of yesterday.

The nature of the jobs currently offered may not suit the majority of prospective candidates. The public, or the government acting officially on their behalf, may want something that not enough people are willing to provide. For instance, there appears to be a demand for each and every hospital to
have a casualty department open at all times to deal with any complaint however trivial or chronic. The prospective casualty officer sees a job, often neglected by his seniors, very liable to litigation and dominated by the minor complaints that prevent the adequate care of the medical or surgical emergency. This just will not do. It is apparent that the profession will not operate a system that is of no real benefit to health, and it is foolish for administrators to attempt to run a type of department that lost its viability some time ago.

Medicine is still a vocation. The present uncertainty is focused on the vexed question of who does the calling. Acknowledging the obvious motives of status and reward the doctor wishes to be of service, and thinks he knows the nature of that service, for the benefit of the community. The community’s requirements are more difficult to define. The demand for medicine is boundless, but that is another question. Those who do require a great deal, the old and the mentally subnormal, cannot express their needs. Perhaps the community physician, the future wonder-man, will properly interpret the needs of the community to those who wish to satisfy them. The various schemes of training now being discussed do try to combine the claims of patients and doctors for the mutual satisfaction of both. Practical progress towards these goals is slow. Huge institutions like hospitals have the inertia of size and tradition. New attitudes take root very gradually and the vast expense of radical change is always quoted to defend inaction. Their present service to medicine is spectacular in certain fields and they still hold positions in which the doctor can find professional challenge and satisfaction. But the creaks get louder.

In the end, maybe, people get the medicine they want and doctors will be found with the appropriate skills and attitudes. However, Dr Clark-Kennedy highlights the problems that could arise from differences between a patient’s demand and a doctor’s response. The practice of gynaecology has been changed by those who make the prevention and termination of pregnancy of paramount importance. Anyone considering a future in this specialty must take such views into account. Fortunately, value judgements in medicine are likely to be made with pragmatic wisdom but, given no agreed ground for the ethics of conduct, there are bound to be times when the patient claims as a right the service that the doctor does not consider proper. Doctors would be placed in a most invidious position if ever the government, charged with the medical care of the people, should attempt to impose a solution to these ethical problems.