Letter from . . . Brisbane

A new Cecil: or assessment assessed

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In literary circles it is considered bad form for a critic to review a book which he has not read right through, worse to base his comments on the contents of the dust jacket, and worse still to do so after looking at no more than the cover picture. I could go one step further and review *Review of General Internal Medicine: A Self-assessment Manual* after reading no more than the first question. This asks: "Filariasis due to *Wuchereria bancrofti* causes all of the following *except*: (a) Calabar swellings; (b) lymphangitis, (c) chronic lymphadenopathy, (d) epididymitis, and (e) chyluria."

What visions this simple question conjures up. Palm trees waving on the shore, a brilliant tropical sunset, a gaff-rigged schooner tying up at a rickety wooden pier, bronzed faces under pith helmets, gin-sodden remittance men, shady deals in gold and ivory, and the buzz and drone of mosquitoes seeking their blood meal. And what magnificent association of ideas. The great Bancroft himself, Queensland's renowned medical scientist; the canefields behind Mackay where filariasis used to be so common; the Greek Kondeleon and his operation for the relief of chronic swelling; the wheelbarrow. Associations go on. The waiter at the "best" hotel in Athens, giving a shine to the knife blades by rubbing them in the armpit of his greasy white jacket; my early schooldays studying Greek, and the difficulties of conjugating the verb to carry; the remarkable fact that after Athens the second biggest collection of Greeks in the world is to be found in Melbourne.

To return to the question. The thoughtful compiler gives a clue. "Filariasis due to *Wuchereria bancrofti*." Here is an implication that filariasis may be caused by some other parasite, and this is indeed the case, as the calabar swelling may also be an effect of the parasites *Loa loa* and *Dipetalonema perstans*, otherwise known as *Acanthocheilonema perstans*. How do I know? I have just looked it up; and having done so, and written about it, will be condemned to carry this piece of knowledge around with me for the term of my natural life. To what end? Filariasis, for reasons unknown, no longer occurs in Queensland. I am unlikely to work in places where calabar swellings occur, and sufferers from this form of filariasis are unlikely migrants to Australia. The only help this item can be to me is to give an answer to a question in a *BMJ* Christmas quiz, and as these are much too hard I never do them anyway. So here is just one more piece of evidence that, as a friend once unkindly remarked, my mind is a veritable storehouse of useless information.

Self-assessment

None of this should be taken as disparagement of the *Review*. Like the 15th edition of Cecil's *Textbook of Medicine*, to which

it is a companion volume, it is a very attractive book, presented in the same orange, gold, and black, but in soft cover. It could be read comfortably in bed, though if the reader wished to mark his answer sheet a desk would be more convenient. The two editors of the *Review*, Drs Smith and Wyngaarden, are contributors to the textbook, of which the latter is an editor and the former an editor designate. Strangely, none of the compilers of the questions is a contributor to Cecil. The 11 parts contain 1607 questions. Infectious diseases and gastrointestinal disease both have 204, respiratory disease a modest 96, while dermatology, about which few general physicians would know very much, has 50. There are 312 pages of text. The answer to each question ends with a reference, mostly to Cecil (referred to as Beeson), though for additional reading, there are liberal directions to other sources, and these are appended in the bibliography at the end of each part.

There is no accounting for taste. Notwithstanding the fact that half the people in the world are female and among them there are singers with admirable voices, people still pay real money to look at female impersonators and listen to counter tenors. So it is with self-assessment. Some people seem to like it, but for others there is a nagging question. There are many ways of gaining knowledge about progress in medical practice, and self-assessment is only one. Most doctors buy a new textbook now and then, and subscribe to medical journals. The great majority have access to libraries. It is possible to read systematically, to read journals as they arrive, to skim tables of contents and go back to read the articles later, or to read extensively about patients whose management presents a difficult problem. The latter of course may be shared with a consultant in the appropriate specialty, cross-examination of whom will provide instant education. The doctor who wishes to add self-assessment to these activities must find time to do it, and this can only come from other reading, or from other activities. To do justice to this particular book would take, at a conservative estimate, an hour a night most nights of the week for some months—and what must be given up to fit this time in?

Apart from the few soft options, such as well-baby clinics, the practice of medicine is, at best, difficult and onerous. (Admittedly it is also challenging and enjoyable.) When colleagues who should be helping tend to make life harder, the practitioner has a right to seek to counteract their well-intentioned efforts. Two activities capable of generating good or harm are peer review and clinical audit in all their forms, and the allied fields of assessment, recertification, and relicensure. Only the latter need concern us here.

Professionals are expected to set high standards and keep as near to them as practicable. While every occupation has a few rogues it has been assumed, until recent times, that members of the medical profession have taken it upon themselves to continue education on a life-long basis, and by reading, attendance at meetings, and discussion with colleagues keep reasonably abreast of progress. An impression is gaining ground that doctors should not only do all this but be seen to do it and even be certified as having done it. Thus an organisation such as a

continuing education centre, which should help doctors find the best means of educating themselves, may become an agency for awarding points for the various forms of study undertaken by the doctor, who then presents a report of his activities, with a points tally, to an appropriate board, which will issue a recertification document.

The American College of Physicians has offered its fellows self-assessment for the past 12 years. The medical knowledge self-assessment programme is now available in several countries, and in Australia has been vigorously promoted by both the American and Australasian colleges, using methods similar to those employed with such success by the publishers of *Reader's Digest* and *Time-Life* books. The fifth such programme is under way this year. For \$A150, or \$A100 for fellows of the Australasian college, the postgraduate student receives a syllabus containing advances in medicine since the last programme in 1977, a set of questions, answer sheets, and a series of deadlines by which his answers should reach the computer centre in the United States if he wishes to take an examination. His result will be known only to himself and the computer. Later he will receive a list of correct answers and a commentary on each question. The course is designed to last a whole year.

Even if he remembered many of the hundreds or thousands of new facts encountered, it could hardly be expected that a cardiologist, for example, on completing MKSAP would have turned himself into a competent endocrinologist or vice versa; and how long these new facts would be remembered, in the absence of repetition and reinforcement, must be a matter of some doubt. None the less MKSAP, which perhaps has a captive market, enjoys large sales. Whether it shows a profit for the American college I do not know. Perhaps the *Review*, which is remarkably similar to MKSAP, will make the already well-regarded Cecil even more popular, so that one wonders if the

desire to advance standards of medical practice is allied to the profit motive. And if so, why not?

I still remain to be convinced that self-assessment is as good an educational method as the sort of reading I have done up until now, and am certainly not convinced that fragments from the basic sciences, such as the nature of the biochemical abnormalities in collagen in the different types of Ehlers-Danlos syndrome (*Review*, part 10, question 131), of which I have actually seen one case in 30 years, will be of much importance to me and my patients.

Professional freedom

A final thought. Like our civil liberties, our professional freedom should be jealously guarded. From voluntary self-assessment it is a short step to compulsory self-assessment, and another could lead to compulsory relicensure. Where is the proof that our professional standards are unacceptably low? Where is the evidence that use of this *Review* or MKSAP (both of which entirely ignore the social and emotional content of illness) will make us better doctors? If a government in its wisdom insists that we be assessed and relicensed, then let the government pay. Let us by all means be treated like airline pilots with regular tests of competency, but also with restrictions on how many hours we may work every day, week, month, and year, with all our postgraduate material provided, with salary and all expenses paid for attendance at courses, with opportunities to have two jobs at once, and with a golden handshake on retirement. Meanwhile, let those who enjoy self-assessment continue to do it, but, until its value as an educational method is proved beyond doubt, let the organised profession look on it as just another form of postgraduate activity.

Reading for Pleasure

An alfresco choice

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Few medical students have time to read for pleasure—one drawback of so intense a period of study. Any leisure time that they have is probably spent as far away from books as possible, hence they lose the habit of extracurricular reading. Textbooks and journals are still devoured after one enters practice (the newspapers, too, perhaps), but, in my case, it was several years before I started to read regularly again. Incidentally, I suspect that study of some of the great novels or biographies might well be of more use to future doctors than many of those dry and detailed textbooks, whose facts are soon forgotten.

Many games and sports give pleasure to participant and spectator alike, but of them all cricket, I believe, has by far the finest literature. Dross exists none the less. The scandals of a

tour, the shortcomings of the captain, why Joe Bloggs was never picked for England—every year sees the publication of many variations on these sad themes. Few sports, however, can boast of writers like Neville Cardus, Ray Robinson, J H Fingleton, John Arlott, or Alan Gibson.

Cricket by the hearth

Two or three recent books have given me immense pleasure. *The Cricket Captains of England* by Alan Gibson leads the way. A scholarly account of every man who has led England's first eleven makes perfect bedtime reading because of its simple but precise English, and because of its fund of fascinating stories of the way that men behave under stress. Did you know, for example, that Robertson-Glasgow once wrote of D R Jardine, captain of England during the notorious body-line tour, that for all his taciturnity "his cursing, at its best, was