ON BECOMING A GOOD DOCTOR

BY

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We print below a slightly shortened version of the inaugural address at King's College Hospital on September 30.

Our medical world is in a state of rapid change. On the one hand we have the National Health Service, which is faced with the stupendous task of providing not only doctors and nurses but also sufficient hospital beds and good equipment to meet the needs of the nation's sick. On the other hand we have the changes wrought by medical research and discoveries in the basic sciences, and these changes have become more numerous and more important in the last 30 years than they used to be. Think only of the effect of the discovery of insulin and penicillin and of the modern treatment of anaemia. That is not all, for looming close ahead are substances which will be effective in treatment of the various types of rheumatism and cancer. You might suppose from this conjunction of changes, and from what has been said about social medicine and health centres, that the majority of the doctors of the future will spend their time in preventing disease, in keeping people well. I do not think that things will turn out that way. So far from reducing the hospital population these life-saving discoveries seem to increase the need for yet more hospital beds. Beds are required often for long periods to treat patients who would have died but for the new remedies. And more often than not these patients survive to get ill again on some future occasion. Undoubtedly there is a big field to be developed in prevention of disease and ill-health, but the fact remains that for most of us the main task of the future will be, as it has been in the past, the care of sick people. Our main objective is to become good doctors.

A Good Doctor

How does one become a good doctor? When one doctor says of another, "He is a good doctor," there is a particular meaning. You will hear the expression used not only about some general practitioners but also about some specialists. As I understand it a good doctor is one who is shrewd in diagnosis and wise in treatment; but more than that, he is a person who never spares himself in the interests of his patients; and in addition he is a man who studies the patient not only as a case but also as an individual.

Diagnosis and treatment are of course the basis of our work with patients. We learn these subjects day in and day out as we walk the hospitals, and we have to pass examinations in them. I do not propose to discuss them except to emphasize that after graduation none of us is infallible; if we accept this fact and are prepared to go on learning, our mistakes will tend to become less frequent and less serious.

How does one learn to devote oneself unsparingly to one's patients? You cannot get this from books or from formal clinical instruction. It is something which is passed on from one generation of doctors to the next, and the easiest way to acquire it is to work with a doctor who already has it in his blood. Lister, for example, was a good doctor: he used to visit his patients in King's every day, including Sundays, and his eminence and his preoccupation with research did not prevent him from showing great understanding and consideration of their feelings.

Your patients need from you more than diagnostic and therapeutic efficiency. They do not come to you to be cured; they come to be relieved of their pains and other symptoms and to be comforted. Given the choice, they would usually prefer a kind doctor to an efficient one. Never forget that the patient and his relations are usually frightened and anxious—upset in their normal life to such an extent that they are prepared to call you into their lives and to tell you the most intimate facts about themselves, though you may be unknown to them except as a member of an honourable profession. In their anxiety, especially when things are not going well for

them, they may on rare occasions be rude to you and offend your dignity. This may be hard to bear, especially in the early days of one's medical life before one has lost one's self-consciousness at the bedside and has become wholly familiar with clinical technique. Under such trials you must humble yourself and continue to treat your patient with consideration and kindness, never forgetting for one moment that he is an anxious and overwrought individual, and that in seeking your advice he has paid you the compliment of admitting you to his life and confidence.

A Sense of Urgency

Emergencies teach you how to devote yourself unsparingly to your patients and give that sense of urgency which all good doctors have. To have a share in saving the life of a patient who is dying from haemorrhage, peritonitis, respiratory obstruction, or meningitis is an essential part of the doctor's education. You learn then to observe quickly, to pick out the essential points of the illness, to apply first principles of therapy promptly, and to think clearly even when you are wracked with anxiety about the patient's welfare and your own responsibility for it. This anxiety which an emergency arouses in you is an inevitable and normal reaction—enough to numb all thought but for your training. Don't run away from it, or seek to hide it beneath swagger and pomposity. Instead, familiarize yourself with it by staying with the patient at his bedside, by helping to nurse him, and by making accurate record of the events as they occur. Student nurses seem to assume their responsibilities in such cases more easily than do medical students; it is the difference between the practical and the theoretical approach to the problem of saving human life.

The good doctor, whether general practitioner or specialist, is also a man who studies the patient's personality as well as his disease. In the past this was done by the light of nature: the good doctor started by being interested in his patients as individuals, and eventually his experience taught him to size up quickly most types of mankind and to know the reaction of each type to disease. This was instinctive unformulated knowledge. But now the position has changed, thanks largely to the medical work during the recent war, when we were fighting for our lives and it was realized that the adjustment of each individual to the conditions of war, and his capacity to work and fight, depended as much upon his personality as on his physique.

The manifestations of an illness are much coloured by the personality of the patient. What you are studying at the bedside is not disease but disease in a patient. When you are asked to stitch up a cut finger it may not seem to matter very much what type of personality the patient has; though it is rather fun to try to find out without taking too much time about it. But if the patient has broken his leg, or has to undergo any prolonged illness, his subsequent successful return to his work, and his happiness at home, will largely depend on what type of man he is and the particular measures which are taken to deal with his reactions to illness. Of the people who are suddenly removed from their normal life by breaking a leg, some may be perfectly philosophical and sensible, with assured jobs to which they promptly return when the leg is mended; but others may be so constituted or circumstanced that they are consumed by genuine or imagined worries which will produce strange symptoms, symptoms which are not in the textbooks. And if not treated these symptoms will interfere with the patient's return to normal life.

The study of personality of patients is not a matter for the psychiatrists: it can be formulated on systematic common-sense lines, and it is something which all doctors can do themselves. And it can be learned by the medical student. What it amounts to in essence is that in addition to studying the patient's disease you find out about his life and work and family background. If you are prepared to give the time to listening to what he has to tell you of himself you will be richly rewarded not only by rapidly acquiring a knowledge of human nature but also by increasing your effectiveness in treatment. And the patient will have much more confidence in you than if you merely regard him as a case.

Science and Research

So far I have talked about the art of medicine, and now I must say something about the science and its relations with the other sciences. It must already be clear to you that progress in clinical medicine is largely dependent on advances in the basic and biological sciences. In my student days when we passed our examinations in physics and chemistry, and even in the pre-clinical subjects, we often said to ourselves: "Thank goodness that's over and done with." This was a short-sighted policy, and with each new application of science to medicine—such subjects as electronics, modern statistical methods, radioactive isotopes, and the application of plastics in surgery and dentistry—I find myself regretting my lack of basic scientific knowledge.

No one can hope to keep up with more than a fraction of the work which is going on, but, such is the pace and power of scientific progress, it is essential for your competence and your intellectual comfort as doctors that you should maintain a general interest in scientific matters. This sounds a tall order, but it is surprising how much you can glean from the popular scientific journals and from talking to your scientific friends. Never forget that there is so very much in medical science which is still unknown. Beyond the established knowledge that is set out in your textbooks there are many things which will be discovered in your lifetime, often with profound influence on your medical practice.

What part can the clinician himself play in research? There is scarcely a disease in which a thorough and sustained clinical investigation will not add new facts, and occasionally discoveries of outstanding importance can be made by clinicians who keep good records and are alert to observe the unusual. A recent example is the discovery by Gregg, an Australian ophthalmologist, that German measles in the early months of pregnancy may seriously damage the organs of sight or hearing of the foetus. The application of scientific discoveries in the clinical field—for example, the application of new remedies—also requires careful clinical research; and the whole clinical field is full of problems which can be worked out by a combined attack in the wards and laboratories.

Lister's Inaugural Address

One must be prepared to approach one's clinical problems on the broadest possible basis. In the last 50 years, with the growth of specialization there has been a dangerous narrowing of medical activities. I can best illustrate this trend by reminding you that when Lister was appointed as professor of surgery to this hospital his inaugural lecture was mainly on the fermentation of milk. What would people think to-day if a professor of surgery gave a lecture about milk? They would say that he was neglecting surgery and encroaching on the field of the bacteriologist or hygienist. But to Lister it was a perfectly natural thing to do. Bacteriology was a young subject to which surgeons as well as others were making important contributions. Lister owed his discovery of antiseptics to two things: first, to his thorough and persistent study, at the bedside and in the laboratory, of the healing of wounds; and, secondly, to his broad approach to the problem. When his colleague Thomas Anderson, the professor of chemistry at Glasgow, said to him one day: "By the way, have you read the papers of a French chemist Pasteur on fermentation?" Lister read these papers, and with his prepared mind at once realized that it might be the living germs described by Pasteur and not the oxygen of the air which caused wounds to putrefy. And so began his use of carbolic acid. In the lecture on milk Lister was proving again for the sceptics that there was no such thing as spontaneous generation and that the bacteria in the wound came in from the air. This principle was essential for his antiseptic system. Also in this work with the *Bacterium lactis* Lister developed a successful technique for obtaining a pure culture of a bacterium; this was the first time it had been done. Thus Lister approached his problem not only as a practising surgeon but also as a pathologist, as a bacteriologist, and as an experimenter; and, as I have advised you to do, he cultivated his scientific friends. The chemist Thomas Anderson,

I have been told, not only drew Lister's attention to Pasteur's papers but also told him about carbolic acid as a possible disinfectant.

One Investigation

You may be thinking that I have been holding out to you ideals which are impossible of attainment. I have been urging you to become good doctors, to keep up with scientific progress, and to undertake research. How can one man do all these things? The answer is that no one can excel in all fields. You will evolve in different ways. Most of you should become good doctors, some will take readily to research, while others, and they will include many good doctors, will have no aptitude for it. But I do think that nearly every young doctor should try his hand at one investigation—should try to carry knowledge of some disease or symptom or function, or the effect of some form of treatment, a stage further than it has been carried before. Otherwise he will not find out what he is good for, nor will he appreciate the difficulties and labours involved in discovering new things.

I have not said anything about material objectives—careers, salaries, and so on. In medicine direct pursuit of these not unimportant aspects of life is apt to prove disappointing, and the greatest personal success is usually incidental to a life spent in service to patients or in research. That is one of the dignities of our profession. We are still, I am thankful to say, a guild, and in the course of your careers you will receive much help from your seniors which you cannot hope to repay, except by passing it on to the next generation. It remains for me only to wish you all a fruitful and happy life, and to express the hope that you will successfully maintain the fame and tradition of this great hospital.

CO-ORDINATION OF TUBERCULOSIS SCHEMES

ADDRESS BY SIR ANDREW DAVIDSON*

Sir Andrew Davidson began by saying that notwithstanding the limitations of health statistics, there was enough evidence to support the view that Scotland's health was being well maintained and, in many directions, further improved. Such a sensitive index of social health, for example, as infantile mortality was in 1948 the lowest ever recorded; and that record should be broken by the current year's figure. Yet while the prevailing trends gave reason for optimism there was no room for complacency, and there were many problems still to be solved. The most immediate one was the control of tuberculosis, which remained the black spot on Scotland's health record.

During the last war the death rate from tuberculosis rose quite steeply in Scotland; but, while in most countries the rate began to decline soon after the war was over, in Scotland it remained high, especially in the West Central area of the country and to a less extent in the Lothians and East Central area. The reason—or more likely the combination of reasons—had not been elucidated. In regard to respiratory tuberculosis, the overall Scottish position could be expressed in round numbers: there were about 30,000 names on the tuberculosis registers; 8,000 new notifications during the year 1948, when there were 3,400 deaths; some 2,500 patients awaiting admission to hospital; and nearly 5,500 beds available for treatment and isolation, of which nearly 600 were empty and unstaffed. This was the background against which schemes for controlling tuberculosis should be considered.

Development of Tuberculosis Services

Measures to control the disease did not really begin until Sir Robert Philip in 1887 established in Edinburgh the first tuberculosis dispensary in the world. Other dispensaries followed, and in 1912 pulmonary tuberculosis was made

*This address by the Chief Medical Officer of the Department of Health for Scotland was given at a refresher course on tuberculosis under the auspices of the National Association for the Prevention of Tuberculosis in Edinburgh on September 20.