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President's Address

THE PROFESSION AND THE PUBLIC

BY

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In the first place I wish to thank you for the honour you have done me in electing me President of the B.M.A. Specially I wish to thank my colleagues in the Division who by nominating me have given me a token of friendship that I prize above most things. I consider this honour one of the greatest within the profession, and my sense of inadequacy is at its height at this moment when I am faced with the problem of delivering an address that will be worthy of the head of this great Association. Previous holders of my office have often been pre-eminent in one or other branch of medical science and they have made this address the vehicle of some valuable addition to or survey of medical knowledge. I can claim no such pre-eminence. For forty years I have been in practice both as a general family doctor and as a consulting physician. They have been eventful years in the development of medicine as a public service, using this expression in its widest sense. One might almost say that they cover the evolution of our work from a purely private affair between individuals to one of the vital public services of the community.

An Age of Planning

It is some aspects of this evolutionary process that I have chosen to form the subject of my address and to consider once again the relationship between us doctors and the public, for it is by those we cure, and even more by those we do not cure (so long as they are not dead), that we are ultimately judged. It was Mr. Bernard Shaw who proclaimed from the mouth of one of his characters that the medical profession was not a "profession" but a "conspiracy," though he hastened to add that all professions were a conspiracy against the laity.

This is rightly said to be an age of youth, but I still think that there is a lot of truth in the old Latin tag, "Experientia docet." I think that I can lay claim to that experience—experience, moreover, as a working member of the rank and file of the profession. The rank and file from their very nature are singularly "unvocal." For that reason if for no other I welcome the opportunity that your action in making me your President has given one of them to speak publicly on their behalf. I have said that this is an age of youth. It is also an age of

planning. *Laissez-faire*, that principle beloved of our fathers, has done great things but it has outlived its time. All the signs and symptoms point to the fact that, whether we wish it or not, in every field of human activity some form of control, of planning, is necessarily coming. We may not like the thought, but it is useless to kick against the pricks, and it rests largely with us what form that control is going to take.

Medicine as an Industry

I want you to look for a moment on medicine as a great industry: an industry whose product is the health, both physical and mental, of the community which it serves. I have a moment's hesitation in using this simile, as the word "industry" has come to have a meaning that throws the emphasis on the indirect product—money—rather than on the direct product of the labour involved. This emphasis is, and I hope always will be, foreign to our own work. As I see it this industry is one which is provided with a plant that is excellent, efficient, and up to date in practically every way. I do not think, however, that the best use is made of this plant. It has grown up haphazardly and piecemeal. There is great want of correlation, great duplication of effort.

General Practice

First look at what we may call the selling end of the industry. If you want to buy some unusual article you go to a retail shop and make use of their experience with wholesalers and the like to get what you want from the most appropriate source. Some such arrangement is necessary in medicine, and as things are at present this arrangement is not working smoothly. The fault is perhaps largely an administrative one, but I believe clear thinking on the exact nature and function of the medical practitioner is also lacking. The matter of health and its maintenance is so essentially a personal thing that the personnel of this (retail) division of our health industry must have a close personal relationship with the public as individuals. This relationship is only possible in a family doctor, either in his present form or in some altered, but essentially similar, form. At present there is a tendency for this branch of the profession to sink

lower and lower in the estimation both of the public and of the student body from which the profession itself is recruited.

The practice of medicine itself has been brought into disrepute by the indiscriminate administration of medicines. The faith of the public in a bottle of medicine is pathetic. I grant it may be used on account of the psychological effect, but often it is quite unnecessary and is only prescribed because the public expect and insist on it. On the other hand, there is even a section of the public which considers that the training, knowledge, and ability of even the best doctors in the land ought not to be used in helping the sick; that in fact their talents should be hidden in a napkin and reliance placed solely on prayer, and not to do what I believe the Almighty wishes and expects us to do ourselves. The principle which I have learned to follow is to avoid drugs if possible, but when necessary to give them in adequate doses—often in much bigger doses than those suggested in the textbooks—until a definite effect is produced. I possess a very interesting work on *The Practice of Physick* written by Dr. Willan 257 years ago, in which the author recommended all physicians to follow what he invariably did and take a dose himself of every medicine he prescribed for others. I imagine this is hardly practicable in these days—especially in the case of panel practitioners in the midst of an influenza epidemic!

A Family Doctor Service

The credit of the general practitioner I have said is sinking. A reaction from this attitude is inevitable. The more the public is educated and the more the health services extend and intrude into the lives of the people the more will there be required an active and an intelligent family doctor service. It will be no corps of clerks. It will require a wide professional training to ensure the early recognition of diseased states and the proper co-ordination of the specialist services, becoming daily more abundant.

A good general education will be essential, also personality and mental agility, so as effectively to inspire confidence and assist in the education of a public which is rapidly becoming more enlightened. Again, it is in this sphere that the Cinderella of the medical sciences, medical psychology, may well come into its own. The amount of minor and major functional nervous diseases in the community is admittedly very large. The earlier they are recognized and treated the more hopeful is the outlook, and owing to the lack of any obvious disability, except in the later stages, it is only the general practitioner who can lead the attack. His position as trusted counsellor and family friend lends itself admirably to the purpose, and it is true even now that all general practitioners are, to a greater or lesser extent, psychotherapists. They would be much more effectively so if their training included some instructions in the principles of medical psychology. This family doctor is the obvious connecting link for our medical industry. All direct contact with the public as individuals should be in the first instance through the family doctor. There should be no short-circuiting or duplication of his services.

Specialism

At the back of this family doctor service there must be a specialist service. Medicine has grown so enormously that it is quite impossible for any one person to be proficient in every branch. The specialist is concerned more with one branch of disease, but in these

days of specialism when the tendency is to dissever the various organs of the body it is wise to bear in mind the truth of the ancient saying, "If one member suffers all the members suffer with it." That great surgeon the late Lord Moynihan is reported to have said that he liked to consider himself a physician who had sometimes to employ surgery to cure some of his cases. There is, moreover, a lot of mistakenly loose thinking on the subject of specialism. The family doctor when all is said and done is also a specialist—a specialist in the recognition of disease in its early stages and in the helping of his fellow men in the many little ills and troubles that beset them; and these may be important, for a serious breakdown in health in later life may have its origin in trifling and unrecognized ailments of twenty to thirty years before. To take a case in point. The intensive research into the origin and development of cancer points to the probability that malignant growths rarely develop suddenly, but there is a precancerous stage usually lasting for years in which cancer has developed from minor ailments which might often have been rectified if their significance and possible danger were recognized.

I would like to see more attention paid to the treatment of the so-called "minor ailments." It has been estimated that 40 per cent. of all sickness is due to the patient's own action. If this be true (and from my own personal experience I have found it so) think what a vast amount of sickness and ill-health might be avoided; but this requires a willingness on the part of the patient to talk over his minor ailments with his doctor instead of going in for self-medication assisted by the chemist. Remember it is the general practitioner who sees the beginning of disease; the specialist mainly the end. There is no real reason why one branch should be from its nature more eminent than the other. They are essentially complementary, and each requires for its proper performance attainments of the highest order.

Now in order to get material for practising his art and facilities wherewith to treat them the consultant specialist is inevitably associated with a hospital. With the entry of the local authorities into the hospital field things are in a state of chaos in many areas. There are strong points in both voluntary and municipal systems and each can learn from the other. The one thing that is absolutely essential is the will for exponents of both sides to get together and work out for their own particular areas a scheme that will ensure this co-operation of both systems, taking the best points of each and not allowing one to swallow the other. It is this will "to get together" that is all too often lacking.

Public Health and Co-operation

Apart from the curative specialist services there is another specialist service which is necessary to the modern community—the medical officer of health service, or the specialist in social and legislative medicine. While the knowledge necessary for this branch is in many ways different from that necessary for the successful practice of individual Medicine, it is dependent on and very closely related to that branch. This correlation as things are at present is often extremely deficient, and for any smooth working of the medical services in a community more effective measures of amalgamation must be applied between the two branches. I believe that this can be supplied by the provision in each administrative locality of a Medical Advisory Board consisting of representatives of each branch of the medical services—administrative, specialist, and general practitioner. Even now in a small

way there are regulations which permit of some such council, and in the few neighbourhoods in which it has been tried it has been an unqualified success.

Financial Consideration

I have already said that the main emphasis in this industry of ours is rather on the results in the nature of the better health that it brings to its members. The real reward to the good doctor must always be the knowledge of having served the cause of humanity. Do we not all know how often the cases that give us most satisfaction are those that bring us least money?

The B.M.A. is an Empire-wide association of doctors for the advancement and dissemination of knowledge and the maintenance of a high standard of honour in the profession, and secondarily for a just and fair remuneration from Government and public bodies. This is where the difference is found between the medical profession and a trade. In the former the primary motive should be to help the public, with profit as a subsidiary factor. There are few indeed who could practise so time- and soul-consuming a work on a purely honorary basis. The vast majority of us must depend on our work for the expenses of living and the upbringing of our families.

I do not think I am wrong in saying that the whole subject of our remuneration is one that is more and more preoccupying members of every branch of the profession. The correspondence columns of our journals and the agenda papers of our Divisions, Branches, and Committees will bear me out. I do not presume to offer a solution for problems the complexity of which has taxed the brains of multitudes much more financially experienced than myself. There are, however, one or two principles which are to my mind fundamental.

Free Choice, and Other Principles

The first point, which is at the same time the least controversial, is what is known as the principle of "free choice" of doctor. You may say that this is hardly a question of remuneration. That is true, but indirectly it is of enormous importance because its acceptance makes extremely difficult the provision of any sort of salaried family doctor service. This I believe must be remunerated on a capitation basis as under the present National Health Insurance system. We as an Association have just prepared a revised version of our proposals for a General Medical Service for the Nation, in which the two vital principles of free choice of doctor and of payment on an insurance basis are reaffirmed and their wide extension advocated.

The first great extension we propose is the inclusion in the system of all members of all families within an income limit of £250 a year. We are seeking to double—no less—the number of individuals who receive medical service through N.H.I. The second extension we propose is that the service given should be medically complete—that is to say, that it should include all forms of specialist, consultant, and auxiliary service as well as that provided by the general practitioner. I should not like to say which of these changes can do most for the public health.

Such is our official policy, far-reaching in scope and well suited to secure the full co-ordination of each and all of the country's health services. Our proposals would bring three-quarters of the community within an official system of medical service. Illness is not a steady event from season to season or from year to year, and for this reason it lends itself particularly to treatment on an

insurance basis. Both patient and doctor must surely prefer regular to irregular outgoings and incomings.

Within the last six months the Association has been instrumental in forming a National Federation of Provident Associations, which extends the insurance method up to a maximum income of £500 according to the number of individuals in the family, or to a maximum of £550 in the case of London, also taking into account the family income. I suggest to you that the principle adopted is one which, in the future, may well be much more widely applied. It is, of course, the amount of the premium that is the difficulty. No man enters the profession of medicine with the idea of making a fortune. Equally no man can possibly fulfil the responsible and difficult role for which the family doctor of the future is surely cast without the possibility of sufficient remuneration not only to provide the necessities of life but also the cultural and social activities on which his full usefulness so much depend. Any capitation payment must provide this minimum, and provide it on a basis of a number of patients per doctor which is not too large to prevent his giving the necessary time to each. This time is becoming increasingly more as our knowledge of therapeutic and diagnostic methods increases.

Fees for Consultative Work

The remuneration of the consultative branches is subject to rather different conditions. Present consultative fees are high relative to those in the other branches. The reason for this is that the consultant has a relatively short earning period. He has to serve a long and practically unpaid apprenticeship. It is hard to justify this. I would prefer a system where the status of consultant depended on hospital and clinic appointments carrying a reasonable salary which would vary with their responsibility. Were this so the payments for outside consultative work could be considerably lowered and would allow the young consultant, while always assured of a livelihood, to look forward to an improvement in his circumstances as his reputation grew. These salaries would come from the funds of the hospitals, whether these were supported by the State or by "voluntary" contributory schemes. The days when the hospitals could be regarded as pure charities are gone. Very few hospital patients could not afford to join some sort of contributory scheme.

Publicity and Education

Let us return a moment to our simile. Every industry, apart from its productive side, always has in addition a public relations or publicity side. Hitherto it has always been a keystone of medical policy that publicity or advertising is in direct antithesis to the best interests of the profession and of the public alike. The truth of this in regard to advertising by individuals is, I think, still undisputed. I think, however, that some form of group advertising by the profession as a whole is seriously overdue. In fact, this publicity side of our industry, hitherto neglected, could be developed to the benefit both of the industry itself and of the public which it serves. Consider a moment this public. Taken as individuals and in times of sickness and stress, we all know that there can be nothing quite so touching as the almost blind trust which they repose in the science of medicine and in the particular practitioners that happen to be giving them the benefits of that science. This is true of the public as sick individuals, but the public taken in the mass and in health does not trust either medicine or the medical profession. Their attitude is an extraordinary blend of ignorance and

superstition, in which they have unbounded confidence. Everybody thinks he knows all about medicine, without training or instruction. Test it by telling a group of friends that you have a pain in your hip and at once you have it diagnosed and half a dozen different suggestions of treatment given, all of them "infallible," from carrying a potato in the pocket to wearing a ring of elephant's hair. Next day tell the same friends that you have trouble with your neighbour, whose apple tree has blown down across your wall, and as he will not remove it you propose to do so yourself. These same friends will at once advise you to do nothing rash, but to consult your lawyer first. Thus they think they know medicine, but are not ashamed to admit a complete ignorance of the law.

The public want the ailment or disease to be definitely named, and then ask why they cannot be cured by such-and-such a treatment which did so much good to their friends. "What is good for one is good for another," they say. This is where the greatest mistake is made—no two people are exactly the same. There is much truth in the old saying, "One man's meat is another man's poison." I remember the case of a man who took five grains of aspirin (a very common and useful remedy), but in this case it was followed in half an hour by acute swelling of the face, tongue, and throat, and he was in great danger of suffocation until relieved by the appropriate remedy.

Countering Credulity

What opportunity is there at present for the public to outgrow this ignorance and superstition? In the long run I suggest that education of the people must be the basis of any effective remedy. I think that this theme of public education in health is particularly apt at the moment. The health of the nation is very much in the public eye, and unless we guide the enormous enthusiasm that lies behind this campaign there is a real danger that it may do more harm than good. I think we should go further than that. I think that teaching in elementary biology, anatomy, and physiology should be an essential and important part of all education, however elementary. Surely, it is up to us and to no one else to see that it is included in the curricula of our schools? Similarly, courses of popular lectures could be arranged, if not officially, possibly by Branches and Divisions of our own Association. I have very little doubt that were they provided there would be no difficulty in finding audiences for them.

Secondly, I would suggest that there is a great opportunity awaiting both the Press and the B.B.C. to do more in the educational field. Members of the medical profession could do much to help them in that task. Surely it should be up to us to see that a supply of well-informed and informing articles is available to whatever papers wish to use them, and equally that the B.B.C. should be given all possible help in the provision of talks which would satisfy these two same conditions? Yet, I do not think that we must expect too much. We have to remember that both the Press and the B.B.C. are limited by the educational attainments of those they serve. They can help and to some extent anticipate improved education on these matters in the schools. They cannot, I am afraid, take its place. That is why I have given first place to education in what I have said.

Thirdly, I feel sure that it is only through education of the public that the public credulity in regard to advertised remedies can be removed. You all know what I mean when I speak of the evil of patent medicines. There are good proprietary medicines as well as bad.

Some we make use of ourselves, others we could on no account condone or recommend. What matters is that because of the superstitious ignorance of the public there has grown up an enormous mass of advertisement literature for remedies that are famed to cure not only every disease known to the profession, but also many diseases invented purely for the sake of being cured by some particular remedy. It may be true that many of these remedies are in themselves quite harmless or even beneficial when properly used. That is not the point. The advertisement is designed to create a demand, and the demand can only lie in ill-health, imagined or real, or (more insidiously) by the suggestion that a certain product is necessary for the maintenance of health. These advertisers know their job. Their writings are carefully couched in pseudo-scientific terms, and we see daily in our practices how enormously receptive and almost universal is their audience. It may be unreasonable to criticize unduly those who for their own profit play the tune which the public wants. As I have said, by no means all of these advertised remedies are intrinsically undesirable. It must be in the interests of the reputable manufacturers that the demand for their products should be based on sound knowledge and not on ignorance and fear. For the rest, the trade as it is now conducted could only flourish in a public which knows little or nothing of the true principles of health and healing. The schools can educate the public and we as a profession can tell the public. The more the public trusts us the more we are able to help and the sooner they will believe that we are truly endeavouring to protect them against themselves. It is by measures such as these, and not by restrictive legislation, that the true cure of the evils which I have mentioned will come.

Medicine in the World of Science

I believe further that there is another sphere of education in which our entry might be of incalculable value. I like to believe, and in doing so I do not think I am entirely governed by prejudice, that the scientific world as a whole is to a large extent free from most of the jealousies which poison the interrelation of humanity in the world to-day. Scientists as a body approach nearer to the ideal world community than any other large division of mankind. Who has ever heard of class warfare between workers in any field of science or of an embargo on the exchange of knowledge, whether intra- or international? Even when something of the latter kind has been imposed from some political sphere it has been met with prolonged and emphatic protests from the entire scientific world. The medical profession forms one of the most important divisions, both numerically and influentially, of the world of science. The profession as a whole is really working for the common good of the community and not with the idea of screwing the last penny out of them. It is a true brotherhood, and in ordinary practice the individual doctors continually assist one another and pool their knowledge and advice to an extent quite unknown to the patient and the public at large; but it is also unique in that world because of its close relationship with the lives of the non-scientific laity. Are we not, then, in an ideal position to bring the ways of life and thought of one world to the benefit of the other?

I do not presume to dictate a programme, but I humbly suggest that there are possibilities in the idea that at least merit our consideration, both as individuals and as an organized profession. I would like to suggest that as members of this great profession we have possibly an important missionary function in this cause.