

GENERAL PRACTICE

One of the most striking features of contemporary life is the rapidity with which progress is being made. As the economist Kenneth Boulding put it: "I was born in the middle of human history . . . : almost as much has happened since I was born as happened before". It matters little in what area our activity lies we see that change is so swift and relentless that the most highly skilled and intelligent members of society admit difficulty in keeping up with the deluge of new knowledge even in extremely narrow fields. We must relearn to-day what we thought we knew yesterday. This ever rising tide of new knowledge forces us into ever narrower specialization. Our average "half-life" seems to be getting shorter and shorter and it becomes necessary to maintain an attitude of perpetual up-dating. As new challenges arise the field of knowledge changes and new concepts have to be mastered. We must in fact try to come to terms with a future that we all know will have arrived too soon.

Every member of the medical profession is concerned in some way with providing the best possible state of health for the individual patient. The World Health Organisation has given two definitions of health: (a) "A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" and (b) "a quality of the human organism which expresses adequate functioning under given genetic and environmental conditions". These definitions imply great expectations from medical services which are being asked to deliver the best possible quality of life to the patient. Health problems change and progress in medicine is one of the chief aspects of the technological revolution. If we consider drugs alone we see that more have been discovered in the last 30 years than in all the time prior to that.

However, imbued we may be with the importance of the indivisibility of medicine, it is unthinkable that the "doctor" who in the past did practically everything and was often responsible for the bulk of treatment of a nation's ills could be expected to do the same to-day. Then, procedures involving the use of specialised apparatus were rare. Now, medicine is so vast that several dozen sub-divisions or special fields exist — each requiring specific training. The definitions of many of these specialties are often vague, the borders blurred and some degree of overlap naturally inevitable. This rapid trend towards specialisation has been accompanied by a tendency to fragmentation of medical care. The practice of medicine was becoming disease orientated rather than people orientated. Recent surveys in many countries have indicated the need again for a general manager of the patient's health - the General Practitioner.

One of the many much debated questions to-day is the role of the General Practitioner. Indeed his very title is under discussion. Should he be called a Family Physician, a Primary Care Doctor, A Community Physician, Doctor of First Contact, Family Practitioner or some other? But:—

"What's in a name? That which we call a rose
By any other name would smell as sweet"

And so until the controversy is over we suggest to continue with the familiar designation of General Practitioner. Whatever his appellation we are all referring to the physician who is the first to be consulted by the patient and who is responsible for diagnosing the illness and prescribing treatment either by himself or with the assistance of other members of the profession.

The Royal Australian College of General Practitioners defines general practice as:—

“The provision of primary, comprehensive and continuing total patient care to individuals, families and those with whom they interact”.

They add by way of explanation:—

“Primary Care involves the ability to take responsible action on any problem the patient presents.

Comprehensive Care means the ability to make decisions about health problems in all age groups.

Continuing Care means the maintenance of the patient's health, the management of his problems and the application of the principles of prevention.

Total Patient Care means whole person orientation with simultaneous consideration of physical, psychological, social and environmental aspects.”

This of course is what the General Practitioner in fact does. In the past he has not had readily available to him the facilities for keeping up-to-date that his colleagues in other disciplines have had provided for them. To-day most young graduates seek an opportunity to advance their professional career. The vast majority of graduates become general practitioners and it is equally important for them as it is for those working in other specialties to be able to continue their medical education throughout their professional life — necessary both for patient care and for career satisfaction.

The role of the general practitioner will vary depending on whether he works alone and in an isolated rural area out of reach of any facility and probably cut off from development in medicine, or in a highly sophisticated capital city where expertise in any branch is there for the asking. His training will therefore need to be tailored accordingly but it by no means suggests a superficial knowledge of all other branches of medicine. It implies a very deep knowledge of the psychological and social aspects of health and disease in addition to a very sound and high standard of basic clinical medicine. The vast majority of patients is treated satisfactorily in general practice and admission to hospital is indicated in only a very small percentage.

A little over 50 years ago an address on "General Practice, a Vanishing Specialty" was given to the Winnipeg Medical Society, and for some decades following it did in fact appear as if the General Practitioner might die out in the North American continent and elsewhere. But to-day all over the world we are witnessing a renaissance of General Practice.

In 1964 the First World Conference on General Practice was held in Montreal and in 1976 the Seventh World Conference on General Practice is being held in Toronto. Other World Conferences in recent years were held in Melbourne (1972) and Mexico (1974).

About twenty countries already have Colleges of General Practitioners:— the first to be founded was the American Academy of General Practice in 1948. In 1952 the Royal College of General Practitioners in the U.K. was established and this was followed by similar Colleges in Canada, Australia and many other countries.

Hong Kong is now venturing along the lines of these countries by founding a College of General Practitioners. Its purpose, like that of the others, is to provide continuing education for doctors in general practice. To quote just two of the objectives from the Memorandum of the College:—

"To establish and maintain high standards of learning, skill and conduct in the general practice of medicine" and

"To provide, endow or support scholarships, lecturerships and professorships in subjects appertaining to or associated with the general practice of medicine"

Every new start is to a certain extent a plunge into the unknown and we realise that many obstacles and uphill work lie ahead. However, with cooperation from all sections of the medical profession, we hope that each year will be an improvement on the preceding one and that the general practice of medicine and therefore the health of the community will benefit thereby.

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