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Put Not New Wine into Old Bottles

Rajakumar MK. Put not new wine into old bottles. Family Practitioner. 1974;1(4):15-7.

There is an old general practice and a new general practice reflecting different levels of development of medical science and society.

A profession comes into existence to satisfy the needs of society at a particular level of development. Unless, however, the profession continues to change and adapt itself to new circumstances and new needs, it will in time become outmoded. Such a profession then clings itself to its traditional rights and privileges to maintain its position rather than confidently rely on its value to contemporary society.

When a profession adapts, grows and evolves, it then requires new institutions and new learning to enable it to fulfil its new function.

“And no one puts a piece of unshrunk cloth on an old garment, for the patch tears away from the garment and a worse tear is made. Neither is new wine put into old wineskins; if it is, the skins burst, and the new wine is spilled, and the skins are destroyed; but new wine is put into fresh wineskins and so both are preserved.”

Matthew 9.14 R.S.V.

The effervescence of new ideas cannot be contained in outmoded institutions. The profession of General Practice as we recognise it today is a new one. It is possible to trace a long heritage that goes back to the earliest physicians; but they were in fact practitioners in multiple specialities, rather than general practitioners. Great names of medical history from China, from India and from

Greece were general practitioners in this different sense of the term. The more recent tradition that we can identify goes back to Edward Jenner who discovered vaccination against smallpox, William Budd who discovered the mode of infection of typhoid, and James Mackenzie who made major contributions to cardiology.

The modern discipline of the new General Practice that is our concern today is in the early decades of its establishment and is developing institutions for its new functions. The question now has arisen as to the proper training of the general practitioner. In forming a College of General Practitioners, practising general practitioners are accepting their responsibility to identify the appropriate training of the general practitioner in this country.

A major responsibility continues to rest with the medical schools to train undergraduates that are fit to undertake a career in the discipline of their choice. The foundation of good general practice is laid in medical schools and medical schools should produce doctors of broad learning, culture and humanity. This may be an impossible task in the age of hurried ambitions in search of quick rewards, yet it is an endeavour not to be abandoned.

After medical school, the hospitals become the training grounds. The period as an intern and the two years hereafter should be the period for completing the professional training of the young doctor and to produce not the all-rounder but the well-rounded practitioner of medicine. During this period, the choice of speciality should be made and we should hope our College will attract a good proportion of the good and the clever.

The training beyond this period is the prime concern of our College. Nevertheless, we cannot fulfil our responsibilities adequately unless General Practice is adequately provided for by the creation of departments of general practice in medical schools and by the establishment of the grade of general practitioners in the Health Services. This is necessary so that the discipline of general practice appears as a career choice at the formative period of a young doctor's professional life and he can see and experience for himself general practice functioning as a critical and vital department of medical care.

The responsibility of the College lies in determining appropriate professional training for general practice in this country. We have several models of syllabuses

for examinations in general practice as well as vocational training programmes, but the task of our College lies in determining a programme appropriate to the conditions of practice in this country.

The universal characteristics of medicine produce many common features in general practitioner training all over the world and without doubt our own curriculum and educational programme will reflect these common features. It is worthwhile to pause a moment to consider the advances of medicine that have produced the need for the new general practitioner.

The past two decades have seen the accelerated fragmentation of medical science into very highly specialised divisions with elaborate and expensive instrumentation and technology. At the same time, these developments in medical science have brought within the reach of the general practitioner, potent drugs, sophisticated screening methods and precise diagnostic tests, all available as office procedures on a scale and efficiency exceeding what was available just twenty years ago even in a hospital. These new possibilities have given rise to the new general practitioner to meet the needs of comprehensive care of the whole patient, taking advantage particularly of the new possibilities in preventive medicine and early diagnosis.

The general practitioner provides comprehensive care for the whole patient to which organ-specialised medicine is a supplement. The general practitioner provides continuous care to which the episodic therapy of the acute illness is a supplement. Finally, the general practitioner sees his patient as a person functioning in a family and community and regards the maintenance of his health as the continuous underlay of his work and play.

You might say that this is in fact what traditionally good medicine is all about. That is so and the new general practitioner is the inheritor of this tradition. By this, I mean that the role of the doctor as a person of broad human concerns has devolved as the general practitioner and the new general practice continues that tradition. The organ specialities do already and will increasingly provide highly specialised and intensive therapy and diagnosis. The new general practitioner will have available to him this highly specialised expertise with elaborate instrumentation and his training must enable him to take full advantage of it in

fulfilling his responsibility to provide continuous and comprehensive care to the whole person.

There are other aspects of general practice that differ from nation to nation varying with climate and culture with different histories and standards of living. The situation of the general practitioner in this country as regards to the organisation of his practice and his relations with the patient is a peculiar one. In addition we have different patterns of diseases as well as different customs and temperaments of the multiplicity of communities that inhabit this land. Finally there are the problems of poverty that overwhelm the general practitioner, determining access to him and distorting the quality of care to those who most need it.