FAMILY DOCTOR

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TIME and again the question is discussed whether the age of the Family Doctor, as our forebears knew him, has passed. Many seem to think it has. Many blame the National Health Service, under which, they hold, this relationship of the patient to the doctor—as to the friend, philosopher and medical adviser to the family—is no longer possible. Others seem to think that the progress of science has brought a progress in medical treatment which does away with this approach to doctoring, which they consider outmoded. 'Make available to each and all the latest discoveries, under the most scientific control and in the most hygienic surroundings' is their slogan. The sponsors of this approach cry out for health centres, for group practices with rotas based on them, and for all the trimmings of a miniature hospital to be provided in all such little units. 'The Doctors say', no longer 'My Doctor says', is what one can hear more and more when patients discuss their ailments with others. Depersonalization of medical practice is a direct result of this tendency, praised by some and deplored by others.

To my mind there is much good in both ideas. We need both the personal and the scientific approach in the Family Doctor. Happily I feel certain that they do not exclude each other, that a synthesis of all that is best in each is possible and is even now on its way.

The swing of the pendulum has become proverbial. It is something of this that we are witnessing at this present time. The period in which medicine was regarded as a more or less pure science, when patients wished to consult directly specialists in the various fields and either ignored the general practitioner or made use of him simply as a sort of traffic policeman to direct them to the various out-patients departments, is swiftly passing as more and more people realize that there is always a border country between the fields of the different specialists which would become a no-man's land but for the general practitioner. A Spanish proverb, quoted by Albert Niedermeyer,[1] runs: 'If you

1 *Medical Ethics*, by Albert Niedermeyer (Herder, Vienna, 1954), p. 170.

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have one doctor you have a whole one. If you have two doctors you have two half-doctors. If you have more than two then you have none.' This expresses only the negative aspect of what is lost to the patient when the general practitioner is left out. Something much more than this is coming to the fore now. Today a new conception of the importance of the general practitioner is appearing or, rather, an old conception is being revived.

The psychosomatic character of disease was taken for granted in the old days as a matter of course. Later this concept was submerged and forgotten in the mechanistic era of medicine until psychosomatic diseases were re-discovered as a matter of science by psychiatrists of the more modern school. Their treatment by psychiatrists became the modern trend, the fashion, of the last years of the nineteenth and the first half of the twentieth century. This was the first step towards the re-discovery of the body-soul unity of man, which gradually but steadily led to the realization that there is not one group of psychosomatic illnesses, but that all health and all disease are necessarily psychosomatic. This being so, only selected cases are found to belong to the realm of the specialist, who has often been defined humorously but correctly as 'one who knows more and more about less and less', a definition which applies as much to the psychiatrist as to any other specialist. The general practitioner now comes into his own once more as the one who looks after the whole man and his worries. Once more the medical practitioner has to be the friend, philosopher and medical adviser to his patients if he is to fulfil his task. He has regained his importance on a plane even higher than before. With the advances in medical science he must more than ever be conversant with the scientific aspect of medicine. Moreover, the excessive materialism of our age has weakened the contact of most patients with the supernatural. The general practitioner must seek to re-establish this contact by using his influence, the influence of his own philosophy. He becomes once again the kindly friend who knows the patient and his family background; but now he has to be the friend to the many as he was in the old days to the few. Naturally he is again the sole judge when—if at all—a specialist should be called in.

Can this be done under the conditions created by the National

Health Service? I feel that this can be answered by an unqualified 'Yes'. It can be, even if it has not always been done.

With many others and for many reasons I believe that it would be an advantage to the patients themselves if they were obliged to pay a proportion of the doctor's fee instead of all their responsibilities falling upon the impersonal State. But the fact that not a single service is paid for directly by the patient should by no means cause the doctor's services to be undervalued. After all, it was but a couple of generations back that many family doctors in many countries were drawing a yearly honorarium from the families they attended. On occasions this was augmented by a special gift, as a sign of particular appreciation for service given in cases of major illness during the year, but this gift was not part of the contract. In some ways the National Health Service has revived this relationship. The doctor who receives an adequate income can, free from care and without financial considerations, give of his best to his patients. This in my opinion can be all to the good if the main question still to be considered can be satisfactorily answered. This question is: 'Can the doctor give sufficient care to the large number of patients that he must accept for his list if he is to draw an income comparable with that of the older days?' Again I would say 'Yes'.[2]

My reply is based on an experience of more than twenty years in general medical practice of three kinds: (i) before the last war in a fashionable private practice, when about six patients in the waiting room and an equal number of visits during the day, together with some surgical work—partly as honorary junior surgeon to hospitals and partly in private practice—was a full day's work and gave an adequate income; (ii) during and after the war in a mixed private and National Health Insurance practice in a suburban and semi-rural area; (iii) since 1948 in a National Health Service practice with a full list and a few private patients. Looking at all three kinds of medical practice I can say with confidence that they can be equally satisfying for both patients and doctors, and that looking after large numbers of patients is by no means impossible but is a question of organization and of the doctor's hobbies, outside interests and so on.

2 Recent economic developments have caused the income of all doctors to fall so far behind anything comparable to former days that adjustments have become urgently necessary if doctors are to retain their place in the social scale. This however is not considered here as it does not affect the general argument with which we are concerned.

When the doctor's main interests outside his routine work are in human relationships and in philosophical questions concerning life which would be necessarily linked to the spiritual plane under whatever name, he soon finds that patients come to him for all sorts of advice. He will be able to watch his patients and guard and help them from the founding of a family to the time when the next generation, and possibly yet another, reaches the same stage of beginning a family. In every period of life his advice will be asked for. Problems of many kinds he will have to face, but in their very variety he will find his greatest reward. It is this variety which will make general medical practice for him the real thrill that it can be and ought to be. Disease as such, diagnosis, pathology, research, are all fascinating. The general practitioner's work, mainly made up of illnesses which repeat themselves, might in contrast be considered humdrum. But the infinite variety of individual problems and of personalities met in general practice precludes boredom.

The one great danger that I see in the National Health Service system is that under this system—admirable as it is in so many ways—young doctors will not be encouraged to develop a field of special interests within general practice as the older generation of doctors was wont to do. Here again the danger has now been widely recognized and the hope that it may be averted is therefore justified. The psychosomatic conception of health and disease now so generally accepted has led to pronouncements in the World Health Organization such as the following in an article by Professor Kraus of Gröningen, Holland:

> 'The medical students lack the opportunity to see the patients in their home environment and it would appear at times as if everything has been done to make it impossible for the students to detect the emotional components which play their part in the illness of every patient.
>
> It is almost impossible for them to learn to see the patient as a unit of mind and body, and as a part of his family, each one with the social background of the community to which he belongs. The human relations, and the entity of the whole, do not even exist in the eyes of the medical students, who have been blinded by the delusion of disease entities. It has been truly said: "The clinical picture is not just a photograph of a man who is in bed; it is an impressionistic painting of the

patient surrounded by his home, his work, his relations, his friends, joys, sorrows, hopes and fears." '[3]

The College of General Practitioners is trying to remedy this state of affairs and under its influence most of the Medical Schools have now arranged to give senior students some insight into general practice and to arouse their interest in the special human problems which confront the general practitioner. The best way —and in my opinion, the only satisfactory way—is for the student to stay two or three weeks in a doctor's house, when he would be with his tutor all the time, joining him on every visit day and night, being with him in the surgery during all consulting hours, attending every accident and every interview with patients and even sharing the doctor's leisure as much as possible. I have found that patients do not object to the presence of the student-doctor and I have had no difficulty in getting patients to discuss personal problems with me in the presence of a student as freely as if I were alone with them. Over meals, or driving on my rounds I then discuss with the student my patients, their illnesses and problems and I find it stimulating to be ready to answer any question, medical or otherwise. From the students—who at that stage have their examination facts at their fingertips—I, in turn, learn something of the latest trends in hospital practice, which benefits me. Above all, however, I find it most satisfying to hand on to the younger generation what experience of many years has taught me, to instil into them something of my own ideas and ideals and to be their friend, philosopher and medical teacher.

There is one more problem I want to discuss here. It presented itself to me very unexpectedly through a question asked by a girl in the top form of a school where I had given a talk on 'Mind and Body': 'Does what you have said imply that the doctor who guides his patients and his students as you suggest must live himself as he teaches, that he must practise every virtue and himself experience all the happiness that he wishes to impart? If so—is it not rather much to expect of a doctor?'

I agree. It would be rather much to expect. It would mean that only saints could be good doctors and teachers of medicine. We all ought to be saints, I know, and there can be no doubt that nobody could be a better doctor than a saint, who would impart his knowledge and teaching by word and deed and by the very

3 *World Health Organization Newsletter*, December 1954, Vol. VII, No. 12.

happiness emanating from him. He would have the soundest knowledge and philosophy, and at the same time would be aware of his limitations; thus he would act consciously as an instrument of God and his grace rather than trust to his own wisdom. Yet there is no doubt that sinners and materialists too can be good doctors and good teachers. The same principle applies here as that formulated by the Pope with regard to research, reported in the *Catholic Herald*, January 13, 1956: 'Even a materialistic researcher can make a real and valid scientific discovery; but this contribution does not in any way constitute an argument in favour of his materialistic ideas. . . .' Christ has said: 'Do what they tell you, then, continue to observe what they tell you, but do not imitate their actions, for they tell you one thing and do another.' (Matthew xxiii.) Our Lord was referring to Pharisees.

Now I do not suggest that a doctor is necessarily a hypocrite if he teaches what he himself either has no opportunity, or finds beyond his strength, to practise in his own life. Such an argument reminds me of one on a different plane—frequently directed against priests giving advice in questions of marriage: 'They don't know what they are talking about' or 'It is easy for them to talk—they don't have to do it or suffer it themselves'. I have not the slightest doubt that we can well advise on matters which we have not ourselves experienced or lived, if we have studied them, have observed them in others and have our own ideas and ideals quite clear. One can even advise out of one's own failure and unhappiness. A doctor with a handicapped child or with an invalid wife unable to lead a normal family life might still talk and teach competently on family problems—and in helping others he could be a help to himself. Here I am reminded of an experience I had one day on a flooded road. A car had got stuck in a flood with water in the distributor, and the driver gave me a signal that I should pass where the water was less deep. I was then able to stop and offer assistance and in the end the other car was again ahead of me. Nothing, however, I believe, can improve on the definition that Amiel gave in 1873 in the words: 'The model doctor should be at once a genius, a saint, a man of God'.[4] How do we get such doctors? We must pray for vocations to the medical profession as for those to the priesthood.

4 *Unpublished Fragments from the Journal of Henri Frédéric Amiel*, translated by V. W. Brooks, 1933.

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