# TO THE GRADUATING CLASS OF DALHOUSIE UNIVERSITY FACULTY OF MEDICINE, 1968

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To Dalhousie University's graduating class of 1968, greetings! You have done me the honour to ask me to write a few words for inclusion in the graduation issue of the Dalhousie Medical Journal. This I am happy indeed to do.

At this time it is interesting to reflect that you are embarking on your various careers in Medicine at the most stimulating, challenging and exciting period of all time. I make this statement in the face of the oft expressed opinion that the Golden Age of Medicine is passing and that the advent of Medicare will see its demise. In support of my statement let me draw attention to a few reasons.

There have been three great periods of intellectual upsurge in recorded history - the 5th Century B.C., the Renaissance and the Present.

In many ways the 5th Century B.C. is hardest to understand. When one thinks that interchange of ideas over the distances involved was quite impossible, it is truly amazing that in the same century we note that in Greece Pythagoras the mathematician was founding the Pythagorean Brotherhood - a group of philosopher mathematicians who began the Golden Age of Greece; that in India Buddha was propounding the philosophy which was to provide for the spiritual needs of millions and to persist to this day; that in China Lao Tse and later Confucius were beginning the development of the great Chinese civilization which we tend to forget was far in advance of our own for centuries.

The Renaissance is perhaps easier to understand. The fall of the Roman Empire under the onslaught of the barbarian invaders and its own internal decay together with the monastic system of the Church had successfully stifled clear thinking for 1,500 years, but when the awakening came there were still the accumulated Greek writings together with the not inconsiderable additions of the Arabic scholars, to make the resurgence of scholarly endeavour more rapid. Further, by this time travel between countries was becoming more common, and with it the new knowledge and learning tended to spread.

The present upsurge is the most exciting of all, and appears to be rather a gathering of momentum than due to a specific cause. It has been estimated that if we take as a starting point the year of the birth of Christ the first doubling of knowledge in the natural and social sciences was achieved by about 1750; the second by 1900; the third by 1950; the fourth by 1960, and the fifth by 1965. While these are estimates not easily supported by fact, there can be no doubt whatever of the increasing momentum of scientific advance. There are more scientists alive today than in the whole of recorded history prior to this century. It is unfortunate that social and political advance, though considerable, has not kept pace to the point of adequate control and direction of the mighty forces released by scientific discovery.

It is against this background and in this milieu, that you, the Class of 1968, will begin your post-graduate careers in Medicine.

Many of you will go into family practice. In doing so some at least will have feelings of trepidation and inadequacy. These will be lost rapidly - for you are better trained and prepared to care for your patients than any of your predecessors. It is true that today many who are interested deeply in medical education advocate two or three years of post-graduate training to fit a doctor for family practice. Would this really provide the answer? No doubt the doctor who finished a well planned post-graduate course would feel more confident. But the rate of advance being what it is, unless he keeps up-to-date - a difficult matter for a busy practitioner under

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the present prevalently solo system - he will lag behind just as rapidly as those who go into practice immediately after graduation. May not the answer lie in a much expanded scheme of continuing education, which would provide each practitioner the opportunity to undertake a year of graduate training every five to seven years? Such a scheme would be greatly facilitated by Group Practice. One member of a group could drop out for a year, and his place be taken by a new graduate who would himself continue his education by working with a group of more experienced confrères.

Dean C. B. Stewart, in his address to the Conference on Medical Manpower, held under the auspices of the Canadian Medical Association, drew attention to the likelihood that we can never expect to have enough Doctors to provide for the needs of the community. Hence one must look for new ways to fill the gap. It is evident that much greater use must be made of paramedical personnel. It is also evident to some - including the writer - that a new type of person is needed in the health team - the Medical Assistant. To some doctors the mere mention of this term is intolerable. They say we must provide enough doctors by shortening the course both in time and content. While most will agree that the curriculum will bear revision, it is hard to see that a reduction in the total learning period can be achieved in the light of ever expanding knowledge. Furthermore this would mean a downgrading of the profession - and there is no example in history of the successful downgrading of a profession. Need we really fear the introduction of the Medical Assistant? The "Felcher" as utilized in Soviet Russia, has not proved to be an unqualified success. But these were trained as substitutes for doctors. If, on the other hand, Medical Assistants were trained over a period of perhaps three years following Senior Matriculation, trained by doctors to work with doctors, and so licensed, then it would provide each first contact physician with an extra pair of eyes, ears, hands and legs. Would this not greatly increase the potential of every family doctor?

Without downgrading the profession or reducing the learning period of the student, it would be possible to shorten the medical course by one calendar year if the four-month yearly holiday could be reduced to one month. This would mean that each medical graduate would have one extra year of service to offer, and at this time in Canada this would mean approximately 1,000 doctor years per year. Such concentration of the medical course would necessitate subsidization of the students.

It would seem to this writer that the provision of widespread Group Practice, utilizing all paramedical services available, the concentration of the medical course by shortening holidays, the training of adequate numbers of Medical Assistants, and the provision of a continuing medical education plan, as mentioned before, would produce indeed a Golden Age of Family Practice.

A number of the members of this Class have elected to forego the many rewards of the first contact physician in favour of seeking greater depth of knowledge and skill in a narrower field. Such specialist training is necessary and desirable since it is beyond the ability of anyone to acquire the knowledge and skills necessary to provide the best medical care in all fields. Such specialists working in close co-operation with family doctors are not in competition with their colleagues but rather supplement their efforts and greatly raise the standard of care that can be offered to the community.

Some of you will elect to become teachers of Medicine. In many ways the teacher of the future will assume the most exacting role of all. It is most important that at this time we define our objectives and train our teachers to be capable of carrying through the curriculum that will be designed to achieve the objectives.

More thought and effort is being devoted to these matters than ever before, with general agreement that more problem solving exercises must be introduced into the undergraduate course. At the moment research is being stressed as the important method of providing such problem solving, particularly in some Medical Schools in the U.S.A. But it is interesting to note that at least one such school is beginning to have some doubts as to how much stress should be laid on research by undergraduate students. They find that they are producing excellent research scientists who have little interest in caring for the sick.

In the view of this writer, problem solving can be provided equally well by a patient orientated curriculum. Each patient provides physical, emotional and socio-economic problems of the very kind the physician will be

called upon to solve for the whole period of his active career. While it is important that most teachers be involved actively in research, it is neither necessary nor desirable that all students be so involved.

If we accept this plan, then the teacher of the future must be a teacher-physician-scientist, trained in depth in some aspect of medicine in both the clinical field and the basic science related thereto. He must combine his teaching with exemplary patient care and with active research. Finally, he must be highly motivated to aiding successive classes of medical students learn the art and science of this great calling. Truly it will be an exacting role but a most rewarding one.

Whether you choose one of these three great fields of endeavour, or decide on a career in Public Health, Industrial Medicine, Medical Administration, or one strictly limited to Research, the challenge is there, the potential boundless. I extend my congratulations and best wishes to you as you pick up the gauntlet.

*To each one of you the practice of medicine will be very much as you make it - to one a worry, a care, a perpetual annoyance; to another, a daily joy and a life of as much happiness and usefulness as can well fall to the lot of man. In the student spirit you can best fulfill the high mission of our noble calling - in his humility, conscious of weakness, while seeking strength; in his confidence, knowing the power, while recognizing the limitations of his art; in his pride in the glorious heritage from which the greatest gifts to man have been derived; and in his sure and certain hope that the future holds for us richer blessings than the past.*

*- Sir William Osler*