

Speaking in negative terms, he described well what an internist should or should not know. He suggested that there is no need for general internists to specialize, that there was no need for them to have formal psychiatric training and he resisted the view that they should be trained in a non-university atmosphere.

The overall conclusions of this panel

with respect to postgraduate medical education were:

1. Postgraduate medical education should be at a university center.
2. Ways should be sought to shorten the postgraduate training period, but in such manner that the graduate will be able to cope with his changing environment.

PANEL V: INTERRELATION OF PARAMEDICAL PERSONNEL

Reporter - Lip Khai

CHAIRMAN: Dr. John Evans

PANELISTS: Dr. M. G. Fields
Dr. A. H. Shears
Dr. Gordon Thomas
Dr. Leonard Rubin
Miss Ruth Mey

Dr. Field who has made a study of the medical profession in Russia felt that with the expansion of medical knowledge and techniques and with an ever increasing demand by society for more and better medical services the inevitable trend in medical practice is towards greater specialization. As the physician limits the scope of his practice there is an increasing tendency for him to make use of allied personnel. This will free him from many routine tasks and enable him to spend more time with his patients.

Dr. Shears considered the role and responsibilities of the physician in this new set-up. The physician must be the captain of the team, and to make the team work he must acquire a core knowledge of each of the paramedical disciplines and thus know their strengths and weaknesses.

Dr. Estes spoke of an experimental program for the training of Physician's Assistants at Duke University. These individuals are highly selected and trained. Their day begins at seven thirty in the morning when they come to the hospital to collect samples for tests. They accompany the physician on

rounds and take notes. They do physical examinations on the patients (with the exception of rectal and pelvic examinations) and present the patient to the physician in a manner similar to that of the clinical clerk. Dr. Estes noted that the Physicians Assistants have been received well by the patients and they enable physicians to see up to 30 to 40% more patients daily.

Dr. Gordon Thomas spoke about the methods used to provide health care to Northern Newfoundland and Labrador where there is a small population scattered over thousands of miles of coastline. Up-to-date medical care is provided by having a center in Saint Anthony and outpost subcenters in the smaller communities. These are in contact with Saint Anthony by radiotelephone and staffed by specially trained nurses. Extensive use is made of aeroplanes to bring patients to the center for treatment.

In 1968 a course for Outpost Nurses was started at Dalhousie. Miss Ruth E. Mey who is directing the program explained that it was a two year course open to registered nurses. The course includes instruction in

basic clinical medicine, mid-wifery, and public health. It equips a nurse to evaluate and handle many situations which a course in an ordinary nursing school does not do.

Dr. Rubin told the audience how his group in California had used the services of technicians and paramedical personnel for

many years. Their program is set up so that by the time the patient gets to the physician he has with him a file containing an extensive amount of data such as electrocardiogram and lab tests. He emphasized that this has not led to depersonalization of services but has left the physician more time to devote to his patient.

PANEL VI: PATTERNS OF FUTURE PRACTICE

Reporter - KEE CHEAH

CHAIRMAN: Dr. Blishen

PANELIST: Dr. Rice
Dr. Wilbur
Dr. Leighton

Dr. Blishen: There are many forces in and outside of Medicine which will mould the changes in the future practice of medicine. The panel will try to portray these forces and foresee the changes.

- (1) Dr. Rice will look at two factors: population changes, and supply of medical manpower.
- (2) Dr. Wilbur will next consider the tremendous growth of medical knowledge, and the problem of specialization.
- (3) Dr. Leighton will try to show how Psychiatry is becoming more interested in Public Health.

Dr. Rice said he wished to focus on four changes at the present time which he thought would necessitate a re-thinking and a re-organization of medical services to serve the public better.

(a) **Demographic or population changes.** In the coming decades, the Canadian population will be increasing rapidly, and this will cause an increased need for medical services. But, care would have to be taken that the services should be equal and available to all. Three kinds of Health care would result - rural, urban, and metropolitan. The rural services would consist of satellite facilities visited by regional physicians. The urban and metropolitan services would see group practices and municipal clinics flourish, with primary health care being taken over by paramedical personnel.

(b) **Increased demand by Society for better Medical care.** Increased affluence and better mass media communications would result in increased demands for medical care. A more health conscious and perhaps hypochondriac public, together with third-party payment of medical schemes, might lead to a fall in medical care standards unless special plans were drawn up.

(c) **Shortage of Medical manpower:** Increases in the enrollment in medical schools seems to be offset by the increasing need for physicians in many fields. A solution would be to make more use of paramedical personnel, in handling the more technical side of medical practice.

(d) **Changes in medical education** must be suited to producing the correct type of physician needed by the populations of the future.

Dr. Wilbur spoke mainly of the U.S.A. Huge sums of money are being spent on health in the U.S.A. annually, but still medical care is not currently available to many groups of people there, probably the people who need it most.

Medical care can be likened to a four-legged stool, whose four legs are knowledge, finances, manpower, and facilities. The stool must be stable, i.e. the amount of money spent should be proportionate to the knowledge known, etc. Right now, the four legs of the stool seem to be growing independently of one another.