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COPY

Magnanimitas

by Professor T.R.C. Boyde

Does any of you read William Osler these days? If not, you jolly well should! If you have read his works you will realise that my title is in imitation of one of his essays; but it may not even be a real Latin word, because I just made it up.

Osler was a great physician, perhaps the best known of his generation all over the world. The important thing from my point of view just now, and from yours, is not that he was so remarkable a practitioner in his own narrow field within the profession, but that he was a man of such breadth of knowledge, vision and interests. Look through the whole of his works and I bet you will not find the word 'relevance' mentioned even once, in fact, I'll bet you a dollar. Anyone who can find the word in his published books, please come to me to collect your prize!

I'll go even further. If you can point me to Osler using the word 'relevance' in respect of medical education, the prize is up to ten dollars. Osler was not only the best known, perhaps even the best, practical physician of his generation; he was also a very great medical educator and innovator, who knew that good practice can only be based upon a liberally broad foundation of knowledge and interests.

My colleagues who are themselves physicians will quite likely resent my provocative comment about the narrow range of Osler's professional practice. I would certainly sympathise with if not vigorously support the view that among all medical 'specialities', Internal Medicine is the broadest. But if I say that, someone else will be upset. Is the surgeon really more narrow than the physician? Is General Practice not a speciality? I apologise for being provocative but it was deliberately intended, to show that the work of any one of us is in a narrow field when viewed against the whole breadth and scope of the profession of Medicine.

We doctors must train in depth in some special area or other to be of any use at all in the present day world. Yet we are not entitled to neglect other aspects of the practice or the science of Medicine completely. Nor are we permitted ever to derogate the work of a brother in the profession, just because of the area in which he chooses to work; only in respect of the quality of what he does.

Osler did not merely practise as a physician. He spent years in fundamental research before falling, almost by accident, into the speciality which became his life's work. He encouraged basic scientists wherever they were; helped and stimulated them; never sought to dominate. His own scientific work was not of first rank, but it was at least of the second, and that is more than most of us can say. He collected books for their own sake, not for their monetary value, and talked of "sanctifying" his fee for a private consultation by turning it into books. His advice to an audience of general practitioners was "books, bairns and balances" - study, family and research. The point is not so much that your study and your research will lead anywhere; it may or it may not. But the preservation of an enquiring mind and of care for the future of the profession and of one's fellow-men, these are the things which distinguish us from mere money-grubbers, who think only of what profit can be obtained from their special knowledge.

This leads me back to that bogey word, "relevance", and a story about my time in Uganda, more than twenty years ago. Some visiting American clowns came round to Makerere University with a message from The World Health Organization about "mission-oriented" medical education. The idea was that we should change the curriculum at the Makerere Medical School, so as to train doctors for the job they were going to do when they left the medical school (as if we weren't doing that already!). But those guys didn't know, of course, that Uganda was about to be hit by revolution, civil war, economic dislocation, and then to cap it all, by an epidemic of a brand new disease, AIDS. All their assumptions and prejudices about the way Medicine could and should be organized in that country, were blown away. Their prescriptions for how medical education should be organized would have been a disaster, if ever implemented. It proved in the event, that what the medical students of Uganda needed was a broader, more scientific, more general education and not a narrow, mission-oriented indoctrination, because more and more, those doctors were going to be left on their own to deal with medical and public health problems, training and directing the work of ancillary personnel, educating the next generation, organising governmental response, advising politicians, campaigning for funds, and conducting research.

You cannot prescribe in detail what a technician should be taught unless you know in detail what he is going to do. Therefore, a narrow, technical kind of education can only serve for a period of perhaps 5 or 10 years ahead, even if there are no surprises in store from the political side. Is that what you want? Do you want to be regarded as and paid as technicians?

So, what we need is breadth of education, breadth of interests and greatness of soul. It is not a quality which Hong Kong has been famous for, from past history, but it is a quality which Hong Kong will need for the future.