

BOOKS AND REVIEWS

Reflexions on medicine of yesterday and tomorrow, by R. Villey,
Brussels — Médical, 1967, No. 25

. . . Like everything else, medicine has perpetually to adapt to scientific and social evolution. One may, if one wishes, consider that it is inadapted. It is easy to find room for criticism as things are at present and to say that everything must be changed and that everything would be better in a new structure.

The traditional organization based on the rights of the individual, the respect of his privacy and on freedom to prescribe in the absence of all constraint, might be challenged by the new concept, socialized and planned, based on the rational organization of detection techniques, industrial scale methods of diagnosis and treatment, to the detriment, if necessary, of individual liberty.

Like other activities, medicine can be stepped up to give higher output—at least in quantity. Flow production techniques can be introduced into medicine; attitudes can be converted; medical training, after following general lines, can concentrate on specialization for technicians in narrowly defined fields. Teams can be assigned official directives. Such organizational structure, conforming to technical priorities, could lead to a compulsory geographic distribution of treatment, under the control of a powerful administration wielding budgetary powers. We can more or less feel ourselves being carried forward into this current under the pressure of events and ideas.

But this is perhaps an illusion. These reforms conceived in terms only of technical and economic factors ignore the psychological aspects of medicine and also, we believe, the nature of things. It is to be feared that the outcome will be the loss of the human touch.

That structural reform is the easy way out is demonstrated by a series of contradictions which come readily to mind; they are convincing because they give a picture of a complex situation of which all the aspects are beyond all but a few people.

The laboratory is compared to the clinic: it is not difficult to give the impression that medical science yesterday was founded on the clinic and that that of tomorrow must be founded on biological techniques; yesterday's medicine depended on the doctor, tomorrow's will depend on equipment. What is to be done, indeed, against anuresis, without an artificial kidney? How is one to cope with anaemia, without hematological laboratories?

The general practitioner is compared to the specialist, and it can be seen that the scope for the former is diminishing: medicine is becoming so complex that it is not possible to know everything and do everything.

Private medical treatment is compared to "socialized" organized medicine, it being implied that the choice is between one and the other: and it is an easy matter to make it understood that the former cannot satisfy every need.

But these contrasts, which do of course contain no little truth, are much more artificial than would appear. They reflect a single point of view and neglect essential but less obvious factors. The laboratory and the clinic? It is pointless to compare the two, to take them as standards characteristic of one medical era or another or of medical ideas: they are and have always been interdependent; the laboratory is a complement to the clinic and often gives it guidance, the clinic collocates data from the laboratory and subjects its findings to analyses. The general practitioner and the specialist? But the specialist is incomplete and may even be dangerous if he has not a good knowledge of general medicine; the good general practitioner is aware of the resources available with each specialist. They too are interdependent and in a manner which is the more productive the better each understands the other and the more similar their professional team spirit. Individual medicine and "social" medicine? But is the ideal not to make medicine available to all who are sick? Are we not trying to "humanize" hospitals and ensure that they provide a welcome, and the understanding and respect for the individual which the patient appreciates from his own doctor? In medicine "output" is a matter of quality. The desired aim will be achieved when the gap between individual and collective medicine will have been bridged.

Les prisonniers de guerre et leurs médecins, by J. Mathieu, *Annales de droit international médical*, Monaco, 1965, No. 13.

. . . The problem of relations between doctors of enemy powers has legal, technical, and ethical aspects. These are interdependent and inseparable from the medical profession.

The jurist defines rights and his role is important in deciding issues at dispute. Conventions which are not respected may be the subject of derision. The function of law is not only passively to record facts; more positively it can create new attitudes. In any case, it postulates a theory to which reference can be made, and any theory influences future action.

Technology opens up perspectives previously unrecognized. It extends co-operation among doctors for the utilization of civilian and military techniques available to the Detaining Powers. Law must define the doctor's rights in this technical field.