

“ POUR UNE POLITIQUE DE LA SANTÉ ”<sup>1</sup>

This yearbook contains contributions from various Swiss doctors, nurses, public health administrators and hospital directors on the achievements and objectives of a Swiss policy for health. The articles are noteworthy for the competence of the authors and for the ideas they defend. We quote below from one of general interest, by Dr. Pierre Rentchnick, which analyses “ the evolution of medical thinking ” and concludes as follows:<sup>2</sup>

... It must be admitted that the University has lost the monopoly in medical training and information. It must divide its teachings in terms of the student's future, that is to say for the practitioners, the theorists and the research workers. The same old medicine and the same old diplomas are valid no longer. Universities must launch out into pedagogic research, they must study modern management methods, and they must transfer some of their privileges to regional hospitals—state and private enterprise—which have perhaps more realistic ideas of competition, management, efficiency, profitability and the value of time. Indifference to the value of time is a serious flaw in official medical and hospital organization. The growing interest in data processing will, it seems likely, enable the notion of time to be taught. If so, we shall realize that there are practitioners who have not donned the cap and gown who prove remarkable teachers of future colleagues.

The general practitioner, when better informed, better equipped, will no longer be doomed to perpetual isolation. Thanks to computer terminals he will be constantly informed and will participate in the compilation of a unique medical file linking him permanently to the hospital. The general practitioner's standing will be enhanced and this will contribute to the progressive elimination of the outmoded system of medical grading, for every doctor—be he general practitioner or specialist—has vital responsibilities. The general practitioner working with a group will thus have an important role to play in medicine of the future, and it may be expected that doctors will once again be attracted by a form of medicine that is more complete than that of the specialist.

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<sup>1</sup> Published by the “ Nouvelle Société helvétique ”, Berne 1971, 280 pp.

<sup>2</sup> Our translation.

If doctors use imagination to set up new structures based on modern techniques of intellectual and material organization in their profession, if they can make their views prevail when efforts are made to draw up a general health policy, then they will be able to move from the archaic and craft era of medicine—imperfect in spite of its achievements since the last war—to the era of technology and effectiveness in medical science. As Professor Hamburger said two years ago, “the function of the doctor is not to produce medical data but to receive them in order to translate them into effective action; whether he acquires them from a computer or from any other source has no bearing on the nature and ethics of his mission”.

...Humanitarianism and technology in medicine are not mutually exclusive: they are complementary. To believe that the “bedside manner” is the main asset in medicine is totally archaic. Medicine is fortunately becoming highly technical, but the doctor must, by his personality, compassion and psychological gifts, humanize this scientific approach to the patient and his illness. In this respect, the evolution of modern medical thinking is not in contradiction with recognized traditions.

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**The Socio-Psychological Aspects of Rehabilitation, Studied by Researchers,**  
*International Rehabilitation Review*, New York, 4th Quarter, 1970.

Comparative research on the social and socio-psychological aspects of disability and rehabilitation can make outstanding contributions to the development of a universally valid theory. It is equally of value to the testing of different types of social policies about the disabled or about the social status of physicians and other rehabilitation professionals that have a very significant effect upon the rehabilitation process and the outcome of rehabilitation of different types of disabled people.

An example of such an extremely useful comparative research is the one undertaken by the European Coal and Steel Community (European Communities Commission) in Belgium, Holland, France and West Germany. In this study recent legislation passed in these countries in order to facilitate the employment and re-employment of handicapped workers was studied and evaluated in order to determine the most helpful types of policies for the employment of the handicapped. Comparative evaluation of different types of social policies enacted in countries with varying or similar socio-cultural conditions would be extremely useful to social policy-makers since it could provide them with concrete and tested information about the nature of the policies that