MEDICAL PRACTICE

Contemporary Themes

The next 30 years

On 5 and 6 May the BMJ held a conference in Oxford to discuss the next 30 years. By invitation, five of the participants prepared working papers, which were circulated beforehand; we print these below, together with an edited version of the discussion. A sixth paper, also prepared for the conference by Professor Rudolf Klein, appears on p 73. The sessions were chaired by Professor Klein and members of the BMJ editorial staff.

Working papers

Priests or engineers?

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British Medical Journal, 1978, 2, 22-27

It is perhaps better to talk of doctors not as priests *or* engineers but as priests *and* engineers, and then to ask: How much of each? The disparate states of health and non-health make any single answer impossible. If we accept that an appropriate goal of medicine and society is eliminating infection, parasitic disease, and malnutrition—the social illnesses that have largely passed out of Western life—then engineers in public health drawn from the ranks of medicine, civil and other engineering, and perhaps from sociology are going to be needed well into the 21st century to devise and administer immunisation programmes, install water supplies and closed drainage systems, and, above all, persuade people that these things are important and culturally right. Probably in the last function they will have to use techniques derived more from the priesthood than from science.

Doctor as engineer

If we limit ourselves to the developed world, the last 20 to 30 years have seen both doctor and patient cast the former more and more as an engineer. Particularly, but not exclusively, in surgery the changes are such that increasingly our task seems to be technical. This trend is bound to continue as we inevitably, though slowly, unravel the complexities of the material side of man. The doctor will increasingly act as if he were an engineer and the well-informed patient will increasingly perceive him as one.

Yet undoubtedly the patient loses much by our so doing if deep down he needs reassurance, support, and counsel. As it is largely cultural change that conditions medical practice rather than the other way round, it will be the social patterns of the 21st century that write the recipe for the mix of priest and engineer. Perhaps they will look back at us with pity for our failure to get it right now.

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Recently medicine has undergone a reformation, and its rituals and beliefs have come under attack. A religion is weakened if its rituals lose their symbolic power but it is not shaken until its beliefs are shown to be myths. This exposure took place in the 1960s, when the technical component of medicine came under the critical scientific scrutiny of the epidemiologists. Medical care was shown to be an insignificant factor in the improvement of the public health,¹ screening was shown to be of limited use,² and the effectiveness and efficiency of clinical medicine were found to be less than had been believed.³ The result was that many doctors became more critical, honest, and open.

Patients are now told that treatment for minor illnesses is unnecessary and that treatment for major illnesses—stroke,