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Education of the Physician

At the time of the origin of The American Proctologic Society in 1899, Proctology as a specialty was practically non-existent and some of it was in the hands of irregular practitioners. The original founders practised by their own efforts and were perforce mostly self-trained in their specialty.

Since the founding of the Society, it has grown into one of the great national specialty organizations. Through constant changes in requirements, incentive has been furnished toward the formation and maintenance of high standards, which have increased as our knowledge has increased. The educational aims of the Society have been partially fulfilled by the annual meetings, reviews of the literature and publication of scientific papers in the Transactions. The Society and its members have been of assistance in forming the Section on Proctology of The American Medical Association and The Southern Medical Association. The formation and accreditation of The American Board of Proctology is due directly to the efforts of several past presidents, supported by the Society as a whole. Preceptorships and residencies, rather than grants of money, have been organized and the advanced training of future proctologists is being accomplished by these means largely by members of the Society. This much has been and is being performed.

A cursory examination of the history of Proctology and of The American Proctologic Society immediately brings to light the rapid and profound progress which has now been steadily maintained for many years. At the present time we do not appear to need a special stimulus toward scientific progress.

I should like, however, to call your attention to the most basic portion of the education of a specialist. We are physicians before we are specialists and our primary function is to heal the sick. But a patient is more than a body of protoplasm whose physical and chemical balances have become deranged. He has a mind and emotions, and the benefit which he should receive from our ministrations is dependent not only upon his confidence in the technical ability of his physician but also upon his feeling that he is under the care of a wise and understanding fellow being. I believe that it is possible to improve these qualities by means of proper educational background.

The educated man of preceding generations received in his formal schooling a large admixture of the so-called humanities, so that he appeared—and was—more of a learned man. He had studied the philosophies, thoughts and achievements of the thinkers of the past, thus adding to his theoretic understanding. In the case of the physician, his contact with the daily problems of living of his patients in the course of his practice increased his practical understanding and to that he added the scientific understanding available in his day. The purpose of all education is understanding and if we should like to plan our advance in all three fields, it will be necessary to revive in some degree and in some manner the background of liberal arts education which we have tended to minimize for the past few decades.

If our educational institutions are to focus their efforts principally on the imparting of facts designed to enable the student to earn a living, then they are trade schools and their

graduates will have the thinking habits of artisans. Knowledge does not create wisdom and, in particular, knowledge of a trade is insufficient equipment for solving the problems of ailing humanity.

Philip E. Dobson, President of Canisius College, said recently, "To a very large extent educational authorities forgot that education does not consist in the mere assimilation of facts. They failed to realize that a specialist without the foundation of a broad liberal education is an incomplete person, who is incapable of taking his place in society as a balanced, mature, level-headed citizen whose scale of values, powers of perception and ability to see issues contributes to the common-weal."

In 1953 the Sub-Committee on Preparation for Medical Education in the Liberal Arts College, in its report, stated that "vocationally and technologically we are the wonder of the world, but if measured by the demand for high character, political fitness and acquaintance with the past, broad sympathies and a disinterested understanding of the springs of human action, we have fallen far short of our potentialities. The social, political and esthetic incapacities of the person without a balanced education, and trained only in the technics of his work or profession is likely to be appalling."*

Even the hard-headed business corporations have begun to comprehend some of these truths. At least one is sending its younger executives back to school for full-time study, not of business methods or scientific technics, but of literature, art, history and philosophy. It has been discovered that men trained only as craftsmen are "single-minded, unimaginative and lack breadth, vision and grasp to meet great challenges." Clear thinking can hardly be better cultivated than by the exercise of discussion and criticism of the world's great thinkers and the differences among them. A mental struggle to comprehend and weigh the utterances which are the results of a lifetime of thought by the greatest minds the world has known, can hardly fail to improve the thinking habits of the student, and must compel at least an effort toward lucid mental habits and expression.

* By permission from "Preparation for Medical Education in the Liberal Arts College" by Severinghaus, Carman and Cadbury. Copyright 1953, McGraw-Hill Book Co., Inc.

Even a study of the works of the political and social scientists (Machiavelli, Sorel, Michel, Mosca, Pareto) tends to give an understanding, not necessarily of the manner in which society should function, but certainly of the manner in which it does function. Who will say that such understanding is not of benefit to the physician?

I would not decry the importance of a mastery of technic; it is a *sine qua non*. I would suggest, however, that this is properly the concern of postgraduate training in internships and residencies. The time spent in medical school should be utilized in the assimilation of the great body of scientific knowledge necessary for the student in these times, and the technics of specialty practice left for formal residency training.

Such a program takes into account the basic education necessary to a theoretical understanding as well as the technical training necessary to a scientific understanding, but omits consideration of training in the practical understanding of human problems and living. It is doubtful whether any better training in such practical understanding has ever been devised than that received by the general practitioner in his daily work. His unrivalled, intimate contact with the lives, troubles, living conditions and psychologic reactions of his patients in their homes appears to provide an almost ideal training ground.

Theoretically, the problem is simple enough. Merely enlarge the undergraduate curriculum to compel the more advanced study of philosophy, history, literature, the arts and the ancient languages upon which ours is based. To this add adequate scientific medical studies, several years of general practice, and several years of specialty training and experience. While the life span of man is still approximately three score years and ten, the impracticality of such an ideal program is manifest. Rather than abandon the ideal, however, it should be possible to compromise, although only to the extent necessary. It may be possible, for example, to abrogate the last six months of medical school in favor of an organized preceptorship with a general practitioner able and willing to teach. Such a preceptorship could be continued for an additional six months following a one year rotating internship and prior to starting specialty training. By such a plan, only six months

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would actually be added to the training period and I am convinced that a more than commensurate benefit would be obtained.

I am not so naïve as to believe that this address will by itself accomplish any alteration in the present curricula of our universities nor in the higher training of specialists. It is my hope, however, that the views expressed here

may come, probably in modified form, to be held by enough physicians so that in the fullness of time some progress may be made, and the modern physician and specialist can again be looked upon not only as a superior dispensing scientist but as an educated man.

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