

Presidential Address

Our Opportunities

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OUR EFFORTS, OUR INTERESTS, AND OUR lives have been spent primarily on one subject—namely, the eternal feminine. To encompass it would provide a fascinating but endless endeavor.

As students of this subject, however, we are obligated to *attempt* to understand this wonderfully complicated mechanism. Before attempting this, we should examine ourselves and our capabilities.

We have been admonished not to be dishonest with others. Bad as such dishonesty may be—and I do not think it that bad—I do think it disastrous to be dishonest with ourselves. Therefore, we should examine ourselves with the purpose of determining whether we are qualified to attempt the task of understanding and advising a woman of today.

Woman today has not changed anatomically or physiologically to any appreciable extent. Our knowledge of this anatomy and physiology and of their functions has been increased at such a startling rate that it taxes our capacities to keep abreast. The great scientific and technological advances in every sphere have added to our knowledge, our comfort, and our problems.

Valuable as knowledge may be in promoting our way of life, it also adds to our problems. In attempting to stay near the front in the race, there has been a tendency to forget or neglect some qualities of man as

desirable as knowledge—qualities which we must cultivate and preserve if we are to be qualified for our task. I refer to wisdom, dignity, and faith.

Wisdom is a common word, but one seldom understood; for, to attain it requires an understanding that may be completely obscured by sophistication with which it is often confused.

In our discipline, we have chosen to watch over the health and life of others. Many are the qualities which will be required of us. By maintaining our knowledge and a dignity commensurate with our profession; by continuing our efforts to acquire wisdom; and by retaining faith in ourselves, our fellow man, and our God, we will be granted the respect of all men. Without these qualities we are not complete.

In looking at ourselves, two problems seem to stand out clearly; both involve us as individuals, and as a group.

The first problem is that of our personal relationship with those who seek our assistance. The second, closely related, concerns our approach to the patient as an individual, as well as to the treatment of her disease.

Medicine has not escaped the rapid changes of our times, and may be undergoing even more rapid socialistic changes than other phases of society. The medical profession as a whole has advocated more facilities for the benefit of the patient. Our controversies with well-meaning people have been concerned with how this might best be accomplished. Our controversies with less well-meaning people have forced us to oppose the exploita-

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tion of medical services for personal gain of individuals or groups. I believe there is complete agreement between the thoughtful public and the thoughtful medical group; both want better medical care within the ability of the patient to pay for it.

Obviously, it follows that, if we are to have better medical care, we must have better physicians, educated to concern themselves with the patient as a whole, as well as trained to carry out the many scientific procedures. As the well-meaning individual expects to receive these medical services within his ability to pay, he will expect the physician to receive adequate compensation for benefits received. I wonder if we realize the importance of this relationship, for it is our most valuable asset.

The importance and dignity of the individual is uniquely emphasized in western culture. It is inherent in the law and in politics, as well as in the traditional concept of medical care. Curiously, the doctor occupies a special position in this heritage. He alone is concerned with the total entity that is the human individual, and with the success or failure of the individual's adjustment to all the forces in his environment. This responsibility is a magnificent challenge; it can result in the highest expression of the basic drive which motivates each physician to serve his fellow man.

In making clear our professional concern with the dignity and best interest of the patient, whatever his circumstances, many problems are clarified. The specter of medicine as a commodity, the false image of an all-powerful medical science, and the deceptive attraction of many forms of collective medicine must be seen in truer perspective. Policies based upon fundamental truths need to be developed to guide professional activities in economics, politics, and education.

A not to be forgotten source of strength lies in the fact that the individual is not only our patient, but also the ultimate source of power in democracy—the voter. Thus, the future of medicine would appear to lie in this

heritage of concern with the patient. When this concern becomes a reality, the best in medical care will surely result and the profession will prosper because of the relationship established.*

In our special discipline, we have a decided advantage that derives from our relationship with the patient. Our relationship is confidential and a close one, for we are the priest as well as the doctor, and failing to recognize this, failing to satisfactorily discharge this responsibility should be our fear. There can be no greater reward than the fact itself of successfully meeting this great responsibility.

The steadily increasing number of people seeking medical care has increased the pressure of work on the doctor and, in many instances, has decreased the time which the doctor has to spend with the individual patient. This, in turn, has the tendency to robotize his plan of care and his relationship with the patient. It prevents him from becoming acquainted with the patient's environmental factors, as well as her attitudes and feelings, which in themselves may affect the various organs and systems.

To obtain the confidence of the patient and give her a feeling of satisfaction because her problems are sympathetically understood is a program more easily begun at the first interview. The time necessary for this cannot be judged accurately in advance and sometimes must be shared with other matters. If one gives the patient complete and undivided attention in a friendly manner, it will greatly lessen the expenditure of time. Explanation of all details lessens misunderstanding and permits easier understanding in a shorter time in subsequent visits. It is important to realize that, when we are questioning and examining the patient, the patient is also questioning and examining us. Sometimes

* I would like to express my thanks to Dr. Malcolm Watts for permission to use material from his reports as Chairman of the Public Relations Committee to the California Medical Association.

the patient passes her test; sometimes we do not and the patient departs with a feeling of dissatisfaction and frustration, to seek another physician who more nearly meets her needs. It is rewarding when we succeed.

The obstetrician has a decided advantage in that, in most instances, he may have 6-8 months to establish a good relationship with his patient. In addition, these patients are usually happy, well, young people. The explanations and preparations concerning the hospital afford added opportunities. When successful, the obstetrician is well aware of the well-known phrase: "The devotion of the patient to her obstetrician."

The gynecologist often has less time to establish his relationship, but it is of equal importance that he do so before the patient enters the hospital. Involved is a full explanation of the contemplated surgical procedures, what the patient is to expect when she enters the hospital, and what she will experience on awakening. If she has a good understanding of what is expected of her and has determined in her own mind what she is to do, it will be much easier for all.

Fortunately for most individuals, major surgery is a happy time, for they are relieved of all responsibilities, personal and otherwise. Furthermore, they are in the spotlight, they are the center of attention from relatives and friends, and even their enemies may speak less unkindly at this time. Because they have successfully undergone surgery, they have a sense of personal triumph, which they share with the surgeon. At this time he is important and what he says is important, is listened to, and usually accepted. If the surgeon is interested in his patient, in her personal problems, and if he has the interest and ability to help her, this close relationship, or rapport, will provide the opportunity. He will be well compensated for the time spent with the patient at this particular time by having a happier patient. He will also receive the gratitude of her husband if he succeeds.

Specialization is an evil, but an unavoid-

able one; its result is a tendency to learn more about the special field of interest and to neglect or avoid those fields of knowledge that put the human being ahead of this interest. If one is psychologically committed to a specific field, it is difficult to prevent being drawn into narrow specialization, instead of being concerned with breadth and over-all depth. This is important if we accept the thesis that the person as well as the body are the doctor's province.

To express it another way, we must avoid the easier method of treating the disease and neglecting the patient if we are to concern ourselves with the patient's happiness, as well as her health, for the two are inseparable. This does not imply that we must be everything to everybody, but that we must be conscious of many things other than our special interests and we must be prepared to help with common minor problems concerning the ordinary physiologic processes. A competent specialist is primarily a good doctor with special interest, special training, and special ability in one field.

Many of our patients have psychological disturbances which might be considered normal for the patient's age and for the time in which we live. Perhaps this accounts for the great upsurge in the demand for the psychiatrist; however, the psychiatrist is the first to emphasize that these problems can be better handled by the doctor who has understanding and an interest in his patient as a person.

After a visit to a district meeting, I received an anonymous letter from a gynecologist's wife, who was concerned with the problem of the menopause, and who indicted "gynecologists in general" for failure to recognize and treat as such the emotional aspects of the problem. She had completed the cycle of internist to gynecologist to psychiatrist, and back to the internist, and she was not happy. The question is: Is the climacteric our problem or does it belong to the internist? Is it a problem too minor for our interest? In my mind, the specialty of gynecology is

divided into four parts: (1) the medical problems; (2) surgery (where we may well boast, for gynecology is a specialty developed primarily in this country); (3) endocrinology; and (4) the psychological management of the patient, which constitutes at least 40 per cent of our patient's difficulties.

The climacteric is our problem and, as the gynecologist's wife stated, it is one whose solution is important to her happiness as well as to the happiness of her husband and, probably, her entire family. The need for psychological assistance appears to be as clear as the need to correct the "chemical imbalance." This requires understanding or, expressed in another way, it requires good clinical medicine.

With the great scientific advances in all fields, and especially in medicine, the medical student has been taxed with the need to familiarize himself with scientific procedures and laboratory tests in order to pass his examinations. Men primarily interested in experimental work have been assigned to the chairmanships of the medical departments in many instances. They are deeply committed to a specific field of scholarly, scientific endeavor, and literally immerse themselves in their subject matter, with the result that they give the student a rosy picture of what they themselves love and value. In some instances this may result in neglect of the broader aspect of the problem (namely, clinical medicine) and overemphasis on their special field of scientific interest. Laboratory procedures are invaluable, but they should be tools and not substitutes for brains. To express it another way, it is as important to look at the patient

as a whole as it is to review the laboratory reports. A good physician should be able to arrive at a good clinical impression, after which the laboratory procedures will serve a more useful purpose.

The climacteric exemplifies this point. At present there are too few tests to act as a guide or as a measure of the altering physiology in the individual patient. This common problem requires an understanding of all the changes creating the instability. Many correctly consider this a natural course of events and advise their patients to "put up with it until it is over." The patient's symptoms may not be our most important concern, for there are changes as well in calcification of the bone, in the nitrogen balance of the muscle (affecting energy), in the skin and appearance, and in the central nervous system (affecting outlook). In this transition period leading to old age, flushes and sweats are inconveniences that may be the patient's chief concern. We might easily permit her to "live through this" and hope the change will occur rapidly; the same cannot be said about the other changes mentioned, for none of us is in a hurry to enter the stage of old age.

I should like to emphasize that the future of the medical profession lies in our personal relationship with our patient. Our personal relationship is dependent on our accepting the patient as a total individual, and upon a good understanding of the bodily functions.

It is a great responsibility, a magnificent challenge; I have every confidence it will be successfully met.

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