

# Specialism in Medicine

NZMJ, 1925

It is a common saying that to-day is the day of the specialist, and in the present state of public opinion there is no doubt that anyone who puts himself forward as a "specialist," whether it be in the realm of medical practice or in the more humble pursuit of applying cosmetics or "shingling" the hair, is sure of a certain prestige, which he may or may not maintain, depending upon the discernment of the public, which is an uncertain and varying quantity. It was Bacon who said that the practice of medicine is more open to chicanery than any other calling, and a patient may be between Scylla and Charybdis on the one hand, a specialist who may have too restricted a view of the case, and on the other, a general practitioner who may be willing to undertake what is beyond his powers. The patient's safety depends upon a proper perspective on the part of both the specialist and of the general practitioner, and loyal co-operation between the representatives of the two classes of practitioner, for the good of the patient and for the good of the patient alone.

It falls to the lot of every specialist to act as a consultant at times, and in such cases the responsibility would appear to rest equally on the shoulders of the family doctor who invokes the aid of the consultant, and on the shoulders of the consultant. The race of consultants, even in England, who only see patients when asked so to do by the family doctor, is becoming rapidly extinct.

We have said that in a consultation the responsibility would appear to be evenly divided, but a writer in the Educational Number of the *British Medical Journal* states that the general practitioner should be "capable, not only of selecting the specialist suitable for a particular case, but also of criticizing, in the light of his knowledge of the patient and his surroundings, the opinion of the specialist, and of advising the patient whether he shall adopt the specialist's advice or not." As an instance of the advice that may come from

specialists, the case may be cited of a gentleman, the subject of occasional attacks of asthma, who went from New Zealand to London to consult specialists, believing that he would obtain the best advice without an introduction and outline of his case supplied by his regular medical adviser. He paid a fee of three guinea four times in one day, and the first specialist advised liquid paraffin, the second dental extraction, the third an operation on the nose, and the fourth vaccine treatment. In each instance the patient was assured by his adviser that no other treatment than the particular one specified would cure the disease. The result of these consultations was that the victim concluded that medical practice differed little from ordinary humbug. It was unfortunate that this patient, a very intelligent man, was not informed that his case was not ripe for dogmatic assertion. The writer we have already quoted says that special practice is rightly regarded as a higher grade than general practice, and its practitioners should be doctors of high intellectual capacity. It might also be added that they should have wide experience. Edmund Burke said that the only safe rule of conduct is experience, and generally it is advisable that a doctor should have some years of experience in general practice before he restricts his practice to a branch for which he feels he has special aptitude. There are always senior practitioners who cannot be more than almost specialists who drop gradually work for which they have no special liking or aptitude and concentrate on special branches, and this is wholly for the good of the public. Specialism raises enormously the standard of medical service given to the public by the medical profession, and it is desirable that specialism should increase as the sum total of medical knowledge increases, because the conscientious general practitioner has a herculean task in trying to keep his knowledge as near as possible abreast of the time.