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**The learned and grave in medicine
Kingston, Jamaica***

First let me thank you for the invitation to attend this dinner and speak. I accepted to be the patron of the Association when it was formed a few years ago and I feel rather guilty that this is the first formal function that I am attending. But I take comfort from the notion that a patron as one who supports, champions someone or something such as an institution, may serve best when his presence and support is felt at a distance.

When I accepted the invitation to be your patron, I cast my mind back to the first attempt to form an Association of Physicians sometime in the 1970's and I recall very well that Sir Max-later Lord Rosenheim was asked to be Patron and he accepted, making the comment that he did not know the nature or the future of the Association, but he had boundless faith in the reputation of those who had asked him. In his remarks that afternoon, he referred to the Royal College of Physicians of London of which he was or about to become President and I found it interesting to look at your constitution and see whether the aims you have established are in any way similar to those of that body established some 500 years ago. You have set out to advance the knowledge of disease among physicians, to improve health care in Jamaica and to encourage and promote research.

Of course the Royal College of Physicians of London was established under rather difficult circumstances at a time when medical practice was totally unregulated and I will read to you an excerpt from the charter given to the College by King Henry the Eighth in 1518.

“Whereas we consider it the duty of our Royal office by all means to consult the happiness of the people under our rule, we have thought it to be chiefly and before all things necessary to withstand in good time the attempts of the wicked, and to curb the audacity of those wicked men who shall profess medicine more for the sake of their avarice than from the assurance of any good conscience, whereby

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many inconveniences may ensue to the rude and incredulous populace. We will command to be instituted a perpetual College of learned and grave men who shall publicly exercise medicine in our City of London and the suburbs and within seven miles from that city on every side: whose care it will be, as we hope both for their honour and in the name of the public benefit, as well as to discourage the unskilfulness and temerity of the knavish men whom we have mentioned, by their own example and gravity, as to punish the same by our laws lately enacted and by the constitutions to be ordained by the same College.”

I believe that there is great similarity between the original objectives for this Association and the major reasons behind the founding of the Royal College although you may tell me that in Jamaica there are no wicked men or women who profess medicine for the sake of their avarice. But I am sure that you will still find the rude and incredulous among the populace. Of course your Association does not serve the quantity of wine served by the College at their dinners and as patron, let me apologize to the guests that no port has been offered –at least not yet.

The Royal College was established by a group of learned and grave men. I would be sure that the men and women who belong to your Association would fit the bill of being learned and grave and the three you have selected to be honored this evening must be of that ilk. I know them all well and there is no doubt that they learned well at the beginning of their careers and must surely be considered as learned now. Their impressive curricula vitae show a long and continuing dedication to service and scholarship and I confess a certain deep, personal pride and vicarious pleasure in saying that I knew them as students, or interns and residents. They were good students, among the brightest and best but not always grave then. I recall Peter Figueroa being an exceptionally competent intern and the bane of our hospital services as he and the junior doctors exhibited militancy under his leadership that led me to predict that he would one day be Prime Minister or at least leader of the Opposition. I recall Rainford Wilks when he was no more than a second year student absolutely destroying in debate a senior academic in a formal meeting of the University Academic Board and have continued to be impressed by his capacity for logical and reasoned thought. He and Peter Figueroa caused much reflection as to whether there should not be a statute of limitations on how long one could continue to be a junior doctor. I hope that the junior doctors of today provide the same headaches to them as they gave us. That would be just retribution. I do not recall Terrence Forester engaging in politics, but I remember him being grave before he was learned. I believe that Peter and Rainford devoted their spare time to politics, but I never quite found out what Terrence did in his spare time. I suppose he will say that he spent it in the laboratory as he impressed me with his scientific maturity before he even qualified.

The careers of your honorees have caused me to reflect as to whether your first objective which is to advance the knowledge of disease should not be modified to refer rather to both health and disease, as more and more often the personal care physician has

to concern himself or herself with the with the health and wellbeing of individuals as well as populations. I do not need to tell an audience like this that some 80% of chronic non-communicable diseases can be prevented or onset considerably delayed. A major part of the onus lies in changing the enabling environment, but there is also a responsibility to be assumed by the personal care physicians. It is interesting to see wellness clinics in other parts of the world being run by specialists in Internal Medicine.

Your objectives do include your concern for health care in Jamaica and perhaps you may be contemplating an ancient Chinese approach. Legend has it that the first Chinese emperor Qin Shi Huang ordered all the healing secrets of the day to be collected in the Emperor's Doctor Book to be used by a cadre of health workers known as the Imperial Healing Warriors. These worked throughout the country and were not paid if the patients were ill, but only when they were well. Of course this was a bit before the Cochrane collections and medical insurance! But the legend is often used to emphasize the role of the physician in maintaining a healthy population. The argument has its flaws of course, as much of wellness is in the hands of the individual.

We are seeing a blurring of the lines of responsibility among physicians. Our pediatric colleagues are assuming the care of young people into adulthood and in some circles it is not unusual to see the young mother and her child in the same pediatric clinic. I suppose they will be making a case for the treatment of the elderly soon, for as a pediatrician said to me that there is little difference except in size between Pampers and Depends. But of course the elderly bring special challenges and I hope that geriatrics will soon become one of the subspecialties developed here in the Caribbean. At my age, I hear many stories about the elderly and often I only pretend to be amused as some of them hit rather close to home.

I was attracted to the objective of the Association which spoke to the maintenance of the proper standards of medical and ethical practice. There is general agreement that as in the days of Henry the Eighth, it is critical that the profession be seen to be engaged in sound ethical practice. There are formal legal mechanisms for ensuring that medical practice, not only of Physicians is ethical and the law and the professional bodies have the means of imposing sanctions when necessary.

But my major message to you this evening is to convey my perplexity as to why there has been no concerted move in the Caribbean to enforce recertification of all categories of doctors and I wonder if the Physicians and your Association might not take the lead in arguing for and instituting it in some form. The need for it is impatient of debate. The growth of medical knowledge is such that few if any professionals can remain current over a lifetime of practice and voluntary, continuing medical education is not the answer as we all know. The growth of information is staggering and in spite of the availability of PDAs and access to computers, this is no substitute for ensuring a certain level of currency.

The interaction between physician and patient is the classic example of the asymmetry of information which if abused can lead to poor practice and the availability

of information in cyberspace does not eliminate the asymmetry. Even if every patient had access to and did use the Cochrane collection the asymmetry would still exist, as the discriminatory capacity which is part of the physician's armamentarium still provides an almost insuperable advantage.

As John Benson of the American Board of Internal medicine pointed out many years ago:

“The goals of recertification are to improve the care of patients, to set standards for the practice of medicine, to encourage continued learning and to reassure patients and the public that doctors remain competent throughout their careers.”

There is general agreement that the ideal program for recertification should have three elements. There must be an assessment of patient outcomes, the physicians should demonstrate knowledge of the relevant advances in the specialty and finally there must be evidence of professionalism as evidenced by credentials and perhaps by evidence from patients and peers. The UK is also moving rapidly towards what is known as medical revalidation which is:

- a) To confirm that licensed doctors practice in accordance with the GMC's generic standards
- b) To confirm that doctors on the specialist register meet the standards appropriate to their specialty (specialist recertification)
- c) To identify and further investigate poor practice and to provide appropriate remediation.

It is good to know that the Royal College of Physicians of London has been working assiduously to develop the standards for the recertification and has just completed a consultation of Members and Fellows on its proposals.

In my discussions elsewhere, I have encountered the expected resistance of those already in practice. This is natural. The solution is to grandfather those already in practice and make a start with those entering practice. There was a time when I urged that if the profession did not address the issue, it would find that the solution would be imposed upon it by the state. But it is an indication of the level of faith in the propriety of the profession and the mystique that perhaps still surrounds it that there has been no public call for a system of recertification. One of the difficulties to be faced is to establish the body which will be responsible for the recertification. The University grants a Specialist qualification that is recognized by the Caribbean governments and there will have to be discussion as to whether it will be the University or a special body in which the professional association has meaningful participation.

I am pleased to see that so many of your members are graduates of the University's postgraduate program. Their presence is a vindication of the initial decision to establish postgraduate training within the University, and I am also pleased to see the

training sites extended beyond Mona and include the Bahamas as well. I have been told that to date there have been 103 graduates of the program at Mona and they can be found all over the Caribbean. By all accounts they have done themselves and the University proud.

I can never forget the debt we owe to Project Hope which supplied many of the Faculty initially and gave considerable guidance in structuring and patterning the training along the North American model at a time when training in the UK under the aegis of the Royal College was not as organized as it is today. One of my clearest memories was the introduction of a more structured examination which focused on determining the ability of the young physician to analyze and propose solutions to real problems rather than depending on rote answers and regurgitation of sterile and often unrelated facts. I also recall coming to the conclusion after a very painful experience that examiners often needed as much training as did the students. It did not always go down well when I would sit the examiners down and tell them how the examination would be conducted and what kinds of questions would or would not be permitted. We also are deeply indebted to the Government of Jamaica which was persuaded to make training positions available and to the governments of the Caribbean who had faith in the quality of the products of the program.

Mr. President, Ladies and gentlemen, let me thank you for your kind attention. Let me wish you and the Association well and hope that it continues to grow and flourish; constant to the ideals and objectives you have set for yourself. Let me wish that you keep ever before you the dictum about the practice of medicine of that great physician, William Osler—a dictum that might apply to all doctors, but one that I think has a special appeal to our specialty.

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish.”

However, I will not encourage you with equal force to take to heart another one of Osler’s sayings as you commit yourselves to constant study, as he says about students:

“What is the student but a lover courting a fickle mistress who ever eludes his grasp?”

But I am sure none of you know anything about mistresses!

Good luck!