

EDITORIAL

FURTHER POINTS ON POSTGRADUATE MEDICAL EDUCATION

Postgraduate work involves specialisation which for medicine implies new and added facilities, new designations for staff and new team work. Developing countries are invariably faced with the problem of decision as to the direction of specialisation, for understandably each intending specialist will have his own case to make, and will be obsessed with the particular importance of his own discipline. The lack of coordination amongst them will mean that there will be many conflicting ideas and plans, and although the most ready solution is to give everybody what he wants, the cost of specialisation is such that in this field more than any others, wastage must be minimised.

Common faults seen in the development of specialisation may be categorised under two groups: faulty outlook and faulty planning. It is not sufficiently appreciated that a specialised man is narrow in his outlook, for in fact such an outlook is necessary to ensure dedication to the degree of fanaticism. A cardiologist who cannot forget the allures of endocrinology and neurology will remain a cardiologist in name, and a general physician in practice. Unfortunately the narrow outlook lends itself easily to empire building in which the planner loses sight of the wood for the trees. He is apt to think that the ideal development of postgraduate medicine would be cardiology alone, and it is a familiar sight for an intending cardiologist to produce endless lists of cardiac ailments all awaiting relief, and to make out a case that cardiology should be developed to the exclusion of everything else. The position is, without the empire builders, special disciplines would lose their dedication, but with them, the direction of development can easily become a game of tug-of-war where the most persuasive man takes the lot and the devil bags the hindmost. Clearly, from a general planning point of view, empire builders must be accepted with caution, the minute lobbying is attempted.

Faulty planning has its root in many misconceptions and can take many forms of appearance. A common misguided attitude is to have a look at everybody else around, and arbitrarily says that what is being successfully done at a certain place must be also applicable to us. Obviously, a successful medical venture depends on many local factors such as personnel and equipment available, and the materials in the way of disease entities. Further, the need of the community, and the demands of the individual case must be taken into account, or else one will come across the ridiculous picture of a country with manifest substandard nutrition engaging in doing research on overfeeding!

Looking around locally, there would seem little dispute that in Singapore itself, there is sufficiency of men and material to develop disciplines in neurology and cardiology, and what is needed is only just doctors who are dedicated enough to these disciplines to want to do them full time, and give up other duties and institutions who are ready to set aside teams and facilities for such specialisations. The point to remember would appear to be that one neurologist alone does not mean that a department of neurology is needed, nor just a single neurosurgeon warrants the set up of a neuro-surgical unit, for the presence of one man alone does not make the prerequisites of a department, and in fact a single-man-department is in principle objectionable, as even a trivial thing like personal dispute or change of interest can cripple such a department.

Viewed in this light, the many recent advocacies would appear flamboyant, to say the least, but others would appear to merit real support. Postgraduate medical activity must come sooner or later, but whether it is going to be orderly, effective, and economical, must depend on how much we can hold in check faulty outlook and faulty policies.

Gwee Ah Leng