

EDITORIAL

PLANNING FOR MEDICAL SPECIALISATION

Specialisation in medicine may come in two common ways: firstly it arises as a result of what may be termed an adaptative process in relation to personnel and environmental factors, and secondly it is a result of purposive planning and direction.

The human nature being what it is, the desire to be different will operate as a strong motivating force. The doctor finds that one discipline is more appealing than the other intellectually and probably also economically. Whether this difference in appeal is inherent or secondarily acquired through indoctrination by education can be left as a point of debate, but the result of such a difference in appeal must lead to a process of selective learning and practice, so that certain knowledge is learnt with pleasure, and hence readily acquired up to a level of excellence, whereas others are rejected through distaste, and hence forgotten and relegated to a position of insignificance.

The increase in publicity and social communication makes the patients more informed, even though in many instances incorrectly! They begin to hear of specialised techniques and specially capable doctors, and are led at the same time to look for so-called early symptoms and to entertain expectations of disease morbidity and cures. This trend may please the heart of prophylaxis-minded social medicine exponents, but it seems undeniable that it brings about increased morbidity and demand for specialists and specialised facilities, in many instances unwarranted. Whatever the lack of wisdom and harm such a trend may be, it would produce the necessary public pressure for the creation of specialisation.

The geographical distribution of diseases will also play its part in determining the direction of specialisation which, in essence, must be principally to meet a need more than to please the ego of the doctors or to assuage the hypochondriacal fears of the laity. Thus, the personal preference of doctors, increasing demand of the patients and the considered need of the country amongst themselves provide the adapta-

tive factors to lead to the emergence of specialisation.

Such a natural process is slow, cumbersome, and too diffusely motivated to produce balanced development of specialisation, even though that has been the way specialisation has come about in most countries. For a new comer on the field, the thought must inevitably arise that instead of natural evolution, one may have some planning and direction so that the final stage is visualised from the beginning of the development, and not just a chanced ending of an inexorable process. It is surely possible to benefit from the history of the others who have come through the strait and narrow path to their present stage of specialisation and ultra-specialisation by taking as a model what one would have, and planning the steps of development in an orderly, economical, and rational manner.

To do so, the appraisal of local need must first be made, and then the survey of economic potential and manpower follows. We must know what we want, and then what we can afford and are capable of now, before we can set our foot on the next rung of the ladder. Then man and money must be rechannelled to specialised directions, so that full time teams and facilities are available. A neurologist who spends half his time dealing with problems of general medicine is only as good as a neurosurgeon who devotes half of his energy treating neurosurgical cases—they will both remain general physician and general surgeon, and be a neurologist or neurosurgeon in name only! In other words, formation of full time teams, setting aside of full-time facilities, and training of the necessary personnel must form the basic essential of a planned development of specialisation.

To build is good but not enough. To have special interest is praiseworthy but worthless. If we want to have proper specialisation and to plan it, we must set ourselves to work, shaping policies, studying need, forming teams and selecting men in addition to building an Institute of Medical Specialities.

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