

EDITORIAL

DISSEMINATION OF INFORMATION IN PUBLIC HEALTH

The practice of medicine is based on a body of knowledge concerning the aetiology and the epidemiology of diseases. Such knowledge has led to the awareness of entities of the disabilities that resulted, and of the therapy evolved. It becomes obvious that efficiency in the practice of medicine is to a large extent dependent on firstly the mastery of this specific knowledge, and secondly on the constant improvement in exactitude within this system of knowledge itself. Hence whilst it is given to some doctors to follow the healing art and minister to the sick and the incapable with the purpose of relief or cure, others have to spend their days in gathering information regarding the behaviour of diseases, the nature of the causative agents, the manner of bodily reaction to invasion of noxious stress, and the means of amelioration in the form of drugs or other measures.

From the point of the maintenance of individual and collective health, these two different groups of doctors are both as essential as the left arm and the right, for each has his own function bearing on the well being of the body, and each function is complementary to the other. Only very few would attempt to play down the importance of one over the other and unfortunately these few include at least some doctors and even some medical educators. However, the majority of the right thinking people would accept that they are both important and in fact necessary to the furtherance of progress of each other.

If they are complimentary, then it stands to reason that their individual function can only be fulfilled if in addition to dedication to their own activity, the findings of each group should be known to one another so that doctors indulging in healing would be aware of the trends in diseases, and doctors in the backroom or on the field should know how their conclusions and speculations are standing up to the test of practical bedside medicine. This exchange of information in a very small number of instances is ensured by legislation. Doctors must communicate information regarding infectious diseases listed and make notification from time to time, and quarantine orders on areas must be publicly announced in gazettes and other notifications. It is also ensured by reporting of findings in professional journals, and academic gatherings

and even in private communications where doctors talk shop at social functions!

This exchange is valuable especially in infectious diseases, for early detection of cases would reduce the scale of epidemics as control measures in the form of isolation and prophylaxis can be taken speedily, and in return, we must appreciate that early detection of an illness suddenly appearing is facilitated, if the doctors are made aware of the possibility early, for the eye tends only to see what the mind wants to behold! Therefore the two functions are best performed and associated, when information of health relevant to the behaviour of infectious diseases is released to the doctors as early as possible so that they on the look out can in turn report the incidence of cases as soon as they are detected.

Some feel that the release of early information to doctors may lead to public alarm, and therefore to unnecessary demand of and pressure on the health facilities, for it is easy for the population to rush suddenly for vaccines in a panic, and upset everything in their ill-conceived activity. Yet others may have thought that doctors in practice would not be competent to detect early cases, and might not be interested to return information which after all would affect their income. Such unwarranted suspicions and attitudes cannot be condemned too strongly, for they violate the basis of medicine which ensures efficiency of service by the complementary activity of treatment and prophylaxis. Release of information to doctors if suitably couched would be appreciated by the doctors without causing public alarm, and to believe that doctors who spend their lives in treatment should be poorer in diagnostics than those who compute figures, culture bacteria and viruses, carry out sanitary measures, and write reports would be illogical to say the least.

The public must be served well. To do so, apart from working hard, those who treat must act as eyes and ears to detect the first arrival of epidemics and endemics, and those that prevent must let the situation be known at once to the doctors who are literally the outpost sentries. Only by so doing can the health of Singapore be adequately served, and the collective conscience of the doctors assuaged.

Gwee Ah Leng