

# EDITORIAL

## THE ROLE OF THE MEDICAL SCHOOL IN THE 1980s.

In this year of the 75th Anniversary of our Medical School, it is tempting to look back and to congratulate ourselves, perhaps somewhat smugly, on what has been achieved. That there is something to congratulate ourselves upon, there is no doubt. It is only necessary to leaf through the pages of this issue to find out that our medical school has played a part in advancing medical knowledge, skills and technology, particularly those relevant to this region.

In a sense we have been fortunate to have witnessed the successful application of new medical knowledge to the conquest (perhaps control is a better word) of disease. In another sense we could say we have been unfortunate to have witnessed an exponential increase in knowledge in all spheres of life on this earth; an increase which has made us realise even more acutely that new knowledge usually poses more questions than it solves.

What role has a medical school in this context?

A medical school has to take initiative in exploring areas where knowledge is deficient. It does not have the prerogative to do so but it usually has the expertise and, by virtue of the funds such expertise is capable of attracting, it usually has the facilities. In our medical school this has been generally true. The expertise and the funds may not have been as abundant as in much better endowed medical schools elsewhere but there is no doubt that they enabled significant contributions to medical knowledge.

In this year of the 75th Anniversary, it is also tempting to speculate on what may lie before us. To do this is usually unprofitable, for prediction in any of the sciences over even a short period is impossible. Of one thing, however, we can be sure — there will be yet more new

biomedical knowledge in the 1980s which will certainly surprise us. There will also be a time lag between discovery of that new knowledge and its practical application, such that few of the discoveries can have major effects on health care in less than five or ten years. In this the medical school also has a part to play. Its staff should try to reduce the time lag.

Application of new knowledge, skills and technology has to be critically appraised as to whether it is effective (I include here assessment of effectiveness in terms of cost). The staff of a medical school have a special responsibility to demonstrate inadequacies of claims of effectiveness just as they have the onus of advocating those measures which prove effective.

Sometimes such advocacy faces suspicion that it is motivated primarily by self-interest. This distrust may be at the level of the individual, e.g. a patient, who may have a basically cynical philosophy of life. Or the distrust may be at a different level when advocacy of certain measures faces scepticism from decision-makers, scepticism that the advice is not impartial. If the staff of a medical school have done their duty in providing facts and anticipating implications and moreover have identified areas where legitimate doubts exist and further study and research are needed, the decisions should be left to policy-makers. The academicians should then turn their attention to new areas of endeavour.

Discovering and applying new knowledge, critically appraising the effectiveness of such applications and giving sound advice based on these activities; in these various roles (which are by no means new), the staff of our medical school may make their further contributions in the years ahead.

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