

## SPECIALIZATION WITHOUT GENERAL TRAINING

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*The Chairman of the meeting was the Legal Vice-President, Mr. J. McI. Young, Q.C.*

MR. HEFFEY:

IN 1890, according to C. P. Snow, one of the more convivial Oxford dons, A. L. Smith, came over to Cambridge to dine. He was seated at the right hand of the President, and he was a man who liked to include everybody in his conversation. In due course, he tried the gentleman opposite and was received with a grunt. He continued with his discourse and, eventually, spoke to the man next to him. He was again received with a grunt. Then, rather to his surprise, the gentleman opposite spoke to the gentleman next to him and said "Do you know what he is talking about?" And the second gentleman said, "I haven't the least idea." At this stage the President thought he ought to intervene, and he whispered to the guest, "Oh, those are mathematicians! We never speak to them." That was in 1890.

Now in 1968, in *The Tablet*, a Warden of a College at the University of Naples writes of the professors—

Their ignorance of anything outside their small technical field is unbelievable. One well known Professor of the University of Naples once asked me if I were able to read Plato in the original Latin! But it was already much that he had heard of Plato.

On the other hand, a gentleman whom I am led to believe was a distinguished mathematician, G. H. Hardy, noted that the word "intellectual" had been interpreted in his day so as to exclude Rutherford and Eddington! As recently as last Sunday, I heard a talk by an eminent scientist who said he thought that any person purporting to be educated should have a knowledge of Science, at least equal to the standard of First Year University Science. So that you can see, in the general field of specialization, nothing much has been done in the last 78 years, and I feel that it is a bit too much to expect that I may be able to solve the

problems in the particular field of law in the 23 minutes that remain to me.

The question in particular which must be faced by the legal profession is this. In view of the great mass of law which exists, and of the utter impossibility of any practitioner becoming competent in every aspect of it, should not the profession settle for specialization and educate and train its members accordingly? The issue at the two extreme ends of the topic is "Total specialization versus general practice".

The extremist view was put by a solicitor in the Solicitors Journal of England, Mr. I. C. Wickenden, who certainly threw down the gauntlet to his fellow practitioners. The article is entitled, "What will Become of Us," and he discussed quite a number of fields in which solicitors operate—Conveyancing, Wills, Probate, Estate Planning, Company formation, Company Procedure, Taxation, and he contended that specialist agencies could handle all these various matters more efficiently than solicitors. There is left that with which the profession began—litigation. "Barristers," he said, "were trying to be advocates and lawyers,"—two different functions. "To be lawyers," he said, "is the business of solicitors." He summed up by advocating, and I quote now, "That a sensible and practical organization of business and professions would present the public with house transfer agents, professional trustees, commercial advisers and tax advisers with solicitors as attorneys in the strict sense, namely, litigation experts. In addition there should be consultants who are experts in special fields of law and, finally, the advocates who alone appear in the Courts,"—that being their sole job. This then is the case for specialization with specialized training only. It may be put thus, (1) there is too much for the general practitioner to do; (2) most of what he attempts can be done better by specialist agencies; (3) there is, therefore, no need at all for general training, and the conclusion is the virtual elimination of the profession as we know it, except for Advocacy.

It must be admitted that this was laying it on the line, and I anxiously turned to the correspondence pages in the following issues to see what would happen to him. The English solicitors took it rather calmly. One very strong supporter was even more devastating than he and said that he would add to Mr. Wickenden's categories—Patents, Divorce, Landlord and Tenant and, rather surprisingly Crime. It didn't leave much. One correspondent said the answer was to sub-divide ourselves into chosen

categories. Another suggestion, which I thought would cause a revolution but did not really cause any stir, was that solicitors should establish partnerships with other professions—estate agents, accountants and town planners, and we should have a sort of super market with everything available. You could go to the solicitor for the law, the estate agent for the land, and the town planner for where it was and, perhaps, you would need a doctor to treat you when you got the bill!

Anyway, let us turn for a moment from the argument and look at Mr. Wickenden's enemy, the general practitioner. Now what sort of a fellow should he be? He was described in 1699 in the "Compleat Solicitor," and his qualities were listed.

First, he ought to have a good natural wit.

Secondly, that wit must be refined by education,

Thirdly, that education must be perfected by learning and experience.

Fourthly, lest learning should too much elate him, it must be balanced by discretion.

Fifthly, to manifest all these former parts, it is requisite that he have a voluble and free tongue to utter and declare his conceits.

To one Master of the Rolls in the nineteenth century this gentleman is described as "one who knows what is right and wise, and what is wrong and foolish; a man who sustains his client when things have gone rather ill with him, but who holds him back when he might be inclined to be reckless; above all a man of whom the rest of the community say, 'There is a man I know who can be absolutely trusted.'"

We come to the twentieth century, and I am indebted to Mr. J. B. Harper for an article in the Law Institute Journal of March 2nd, 1959. I have to quote his view at length because I think it expresses better than I can, the real pith of the argument against Mr. Wickenden. Mr. Harper says, "The disadvantages of specialization are a loss of adaptability and a narrowing of vision. Because of the nature of a Solicitor's calling, these disadvantages are probably more significant than in most other professions. A solicitor is primarily an adviser. A person looks to his lawyer for general counsel and guidance. He turns to him not only for the solution of his legal problems but, as often as not, to determine what the problems are. He seeks legal advice as to the legal consequences of a past course of action, or as to the legal

implications of a proposed course of action. This calls for the application of experience and imagination. The course of action may itself be simple yet have implications in many different spheres of the law. If the client goes to a specialist, there is danger that the latter's vision may have become restricted by his practice and that, in viewing his client's problem, he may miss the full range of its implications. Hence the best training for the kind of counsel and guidance that is generally sought from a solicitor is a wide range of experience rather than an expert acquaintance with a limited area of the law. In the profession of a solicitor wisdom is usually more valuable than learning."

One of Mr. Wickenden's opponents expressed similar views, he said instead of "What will become of us" he should have called the article "God Help us". He said Wickenden's premises were wrong and he indicated two of the main points in the argument against this specialist view. Firstly he said—and this has been mentioned by Mr. Harper—transactions which appear to be isolated invariably involve other aspects of the law. This point has the distinguished support of Mr. Justice Megarry who said on one occasion in an address to Law Teachers, "no client is likely to sit down in his solicitor's chair and say: I have a pretty problem in detainee for you. Instead he will say: I'm in a mess, and leave his solicitor to discover whether it's matter of contract or tort or town planning or perhaps all three".

His second point was "We are the only profession who can advise on all the matters mentioned by Mr. Wickenden and we can obtain our own advice from specialists if we wish." So much for this correspondence. Is there a need in the community for such a man as we have described? It sounds very impressive, at first hearing, to talk about specialized bodies giving service to the community—these are abstractions. Specialized bodies in practice also give service to an aircraft or a ship. The community is not a thing—it means people and, when people make contact with the law, the point of contact is a person and that person is a solicitor, a general practitioner. The strongest argument for the retention of the solicitor in general practice, a man with general training, is a very simple one—that the people want him. That is a point overlooked by sociologists only concerned with what is for the good of the community.

I don't know whether you have noticed or not that people are a little frightened of lawyers. Whether they think they have some higher standard of education or have some superior power of

using words I don't know, but they do like to establish a personal nexus with the lawyer they are consulting. They usually go to him because he is recommended. Of course this is different in the case of crime, where they go to the best criminal lawyer perhaps. But usually the client goes along because somebody has told him you are not a bad sort of fellow and this gives him some sort of common ground with you. When he leaves his solicitor's office he is entitled to feel better than when he went in, his problems are stated and diagnosed, his difficulties have been defined; some fears have been dissipated and his affairs are in hand, something has been done. He has experienced charity and clarity. He is not just a case to be attended to, a problem to be solved, a carburettor to be fixed, but a man in difficulties who has found a friend and, if the friend does not know the complete answer, he is confident he will be able to find it. This friend of his belongs to a profession with certain protective characteristics which were once outlined by Sir Douglas Menzies as "a common pool of knowledge, a recognized standard of competence as a qualification, a code of ethics and an association to supervise these three—to identify, to improve and to protect."

The things about which a man sees a lawyer merit the protection which such a profession guarantees. This client is also, or should be, when he leaves the consultation certain of two other things—firstly, that he has received advice without reference to the economic advantage of the practitioner, and secondly, that his affairs are treated confidentially. Both of these important matters are likely to be in jeopardy if the services which the law gives become specialized agencies and proportionately if lawyers become specialists without general training.

Finally, I would like to make the point that these specialized agencies would be very easily nationalized. The individual general practitioner is a powerful element in the cause of freedom. As the Right Honourable Edward Heath, the Leader of the Opposition in Great Britain, said in an address to lawyers, "I believe that a legal profession independent of the Executive is essential to the future of a free Society." Specialization beyond a certain point may imperil such independence. Some may go even further and say it might tempt the Executive to interfere with the profession.

The case against Mr. Wickenden's agencies and proportionately against specialization without general training I would therefore summarize under the following headings: 1. No legal

problem is isolated. 2. Only the person with general training can advise or obtain advice on all aspects of a problem. 3. The people want and need the general practitioner. 4. The preservation of integrity. 5. The guarantee of secrecy. 6. The necessity for preserving the freedom of the legal profession if we are to retain a free society. I would like to add a seventh point—a tradition of service built up over centuries, and which can be easily lost and which would take a considerable time to re-establish. So far, if I am right, we have considered the case for specialization, the nature of the general practitioner in theory, and the case against specialization.

Now let us take a look at the general practitioner as he is today—it is a sad picture. Here is a man confronted by a huge mass of law, a David facing a Goliath. As an example of this, since 1958, the Victorian Statutes have averaged 660 pages per volume and the smallest volume of the Victorian Reports in the same period is 615 pages. I hope it is not true of the Victorian Parliament what an English solicitor said of the British Parliament, "We are suffering from a spate of the most incomprehensible legislation that has ever poured out of Parliament". One thinks of the solicitor sadly as needing to be like Sherlock Holmes of whom it was said "all other men are specialists but his speciality is omniscience". His life is crowded by a multiplicity of minutiae. He is plagued by the phone, harassed by changes in procedure, he is at the mercy of typists, involved all the time with accounts, wages, rent, audits; he is forever answering questions by articulated clerks, fearful of the phone call which will say "the list has collapsed, we're on"; constantly worried about keeping up with his work and making enough to educate his children. As he gets older he has also to cope with fatigue. He has no leisure for reading, no spare time for thinking, no energy left at the end of the day to read the reports and journals. Life tends to become for him an ordeal and at times he is inclined to echo Gibbon's phrase about the law: "few men without the spur of necessity have resolution to force their way through the thorns and thickets of that gloomy labyrinth."

Some of the reasons for his decline are the disappearance of the law clerk, the rise in overhead expenses and, it must be admitted, inadequate costs in relation to hours of work and responsibilities taken, an increase in the number of things to be done in relation to each once simple thing. More files and more in each file! One of the thousand little things which send

solicitors crazy is that just when he has finished with a file and it has left him on its way to be filed away, before it gets catalogued he gets a requisition from the Social Services Department and has to regain the file. Sometimes a person rings up and says to him "if you would just let me have the volume and folio to my Certificate of Title" which he dealt with fifteen years ago. Two or three of such persons in one day can be shattering.

My worst trouble was with a Russian lady who was an intellectual with a perfect understanding of the English language. Each time she came in to see me she had a distinguished book of English literature which she was reading. The only trouble with her pronunciation of the English language was that it differed from mine, and the result was that while she understood everything I said, I couldn't understand anything she said.

We have got to the stage where we have put the case for specialization, we have put the case for what a general practitioner should be like and we have said why he should be retained. Then we described what a poor fellow he is. Now I approach the question of what can be done for him if we are going to retain him.

Firstly, as to education. There has been a lot said on education, and I don't suppose I can add anything new to it but, if we accept the desirability of retaining the general practitioner, surely we must concede that his education must be as general as possible. It should embrace all possible subjects. Men of my generation did not study taxation, accounts, company law, domestic relations, bankruptcy or workers compensation, and it is more than just a lacuna that we have not studied accounts. In these days it can be dangerous. There are audits and accountancy provisions governing the practitioner's practice in which a knowledge of accounts can often save a man from disaster. It is clear, as Professor Derham stated in an orientation talk at the University of Melbourne a couple of months ago, that a University has different and additional aims from those of a vocational training school. It is also conceded that a Law School must maintain a high standard, and should not do anything to diminish the dignity of its degree. Also, it does not know in advance whether a person is studying law to be a barrister, solicitor or academic, or just wants the degree to help him in some other vocation. Nevertheless, all these subjects necessary to general practice should be done at some time, even if it takes another year. They perhaps may be diminished in size.

The next part of general training is articles and given that the practitioner is harrassed all the time, the question of proper training of articted clerks is, again, a difficult one, and I am inclined to favour a scheme which the Council of Legal Education is considering, that LL.B. graduates should be required to do a twelve months course in a school of legal practice, the basic subjects of which would be common law practice, conveyancing practice, commercial practice and office practice. Articles would not be served, but the student would be required to work for a year as an employee solicitor before being admitted to practise.

Again, quoting Professor Derham, it is incontrovertible that, "There is no doubt whatever that mastery of skills can only be acquired by doing," but if you can't do all of the things, you might as well know the theory of how to do them and do some of the things. When, ultimately, you have to do the other things, at least you will know what you are supposed to be doing. No system is completely perfect, I suppose, and you would have to do all the subjects and be practising law all the time for the ideal situation. There should be refresher courses for the practitioner, and in this connection, I wonder whether we could not get into the twentieth century, and whether tapes of expert lectures would not be available. It is hard to face up to the reading of difficult articles after the "Phone Fatigue" of the day. The general practitioner also has on his hands a problem of management, and this calls for technique. I do not think there has been sufficient study of the technique of management. I recall with nostalgia the days when I was but the young solicitor, and I had a settlement, and I would go into the office of a senior practitioner who would get up from an armchair where he had been reading a law report or journal, and he would say "Sit down my dear chap and have a bit of a chat." Now you are lucky if you see a Principal. You see a girl who doesn't know anything about it. Those spacious days seem to have gone, and we have to decide what we are going to do about it; and one of the things we can do about it is to realize that office management is a subject which needs a technique, and an understanding of that technique.

When one speaks of the necessity of these three things, a general education, a general training and a general practice, one is still faced with the fact that there are just too many fields for the individual practitioner. The inevitable conclusion seems to be that he must specialize to some extent or else he must be-

come plural. If my case is correct, that some specialization is inevitable, and that the general practitioner should be retained, the answer seems to be the partnership or amalgamation of small firms.

To preserve those values which I consider flow from the concept of the general practitioner, policy should be geared to a postponement of specialist activity until after a period of general practice. As far as possible, roles should be switched within practices, and I consider that the growth in popularity of the middle size firm would assist this process. It is often overlooked that a practitioner is forbidden to advertise, and cannot put a notice outside his office or in the paper, "I intend to specialize in Company law." He does not specialize in Company Law until somebody gives him some Company Law to do. One really cannot control, to any great extent, as to what sort of work one gets.

I have said nothing about the Bar because I have no revolutionary suggestion for the Bar. I certainly think it would be beneficial if every barrister could spend some time as a solicitor, but my thesis would demand that it is more important that, at the Bar, there should be experts in every field available for the assistance of solicitors who, as someone said, tend to become "engrossed in engrossments and abstracted in abstracts of title."

I would not dare to agree with a solicitor who said judges should spend a month of their first sabbatical in a solicitor's office. Those who did their articles during or just after the depression would be astonished and, on their return to the Bench, more compassionate. Somehow I can't see this reform being implemented.

I have not dared to say anything about the medical profession, partly because I do not want to trespass on Dr. de Crespigny's talk and, secondly, because the last word has already been said by Hilaire Belloc in the lines:

The chief defect of Henry King  
was chewing little bits of string  
At last he swallowed some which tied  
itself in ugly knots inside  
Physicians of the utmost fame  
were called at once; but when they came  
they answered, as they took their fees,  
There is no cure for this disease.

There may, in fact, be no complete cure for the present dis-

eases of the legal profession but, if there is one, it does not consist of specialization without general training.

DR. DE CRESPIGNY: It would seem that Mr. Heffey's problems and mine are to some extent similar and I wish I could be as witty as he is about them. Specialization in a medical sense is the limitation of the practice of medicine to one particular branch. General training may be defined in several ways. The terms "general training" and "basic training" are not synonymous. A basic training in all the medical sciences is essential to the practice of all branches of medicine. I have been unable to discover any country in the Western World which has dispensed with this basic training.

What then is the meaning of "general training"? To me this can have two meanings. In its broadest sense general training means a general education and this must include a knowledge of the liberal arts. And in a restricted medical sense general training means a knowledge of all branches of medicine. In the latter sense I believe that a general training can only be achieved by spending a period in general practice. Most doctors will agree that one's practical training does not commence until the completion of the medical course. It is only when one assumes some responsibility for the care of the patient and when one must perform certain actions to effect a cure that training really commences. The training received in the confines of a hospital, and this is almost the only training possible for the new medical graduate at present, is a restricted training. Diseases seen in public hospitals are but a small segment of the range of diseases which affect our community and which are treated by the general practitioner. I will return to this meaning of general training later, but first I shall discuss general training in its broadest sense.

Medical undergraduates in the Middle Ages received what could be called truly a general training, for the degree of Master of Arts was a prerequisite to entry into the medical course. The curriculum included Classics, Theology, Astronomy and Law. An attempt was made to understand not only man's diseases but also his relationship to the whole Universe. In Britain it is only during the present century that the majority of medical practitioners has come to be trained in schools which are an integral part of a University. This fact may explain why the English Universities (and Australia has tended to follow their example) appear to place less emphasis on a liberal education than their older European counterparts. Australian Universities contend that all their

students receive a wide theoretical education and that in this regard they differ from the practical bias of the technical colleges.

But discoveries and advances in medical science have led to an ever increasing accumulation of knowledge and, because of this, the student must specialize at an earlier age—even before University level. Thirty years ago, when I commenced medicine, the only prerequisite subject was Latin. Prerequisite subjects for my son at the same stage were Mathematics, Physics and Chemistry. In other words, education at school for the student who intends to study medicine is orientated towards science—even as early as first and second form.

Thus the education of the medical student has been increasingly restricted, and a knowledge of the Liberal Arts is no longer considered necessary. Is anything lost by this narrowing of our educational field? While discussing this subject Sir James Darling defined a civilized man in this way—and I will quote him at some length because he expresses what I believe much better than I could:

For a civilized man, he says,

The quality which above all other needs to be cultivated is sensitivity . . . A lack of sensitiveness is the mark of death in an organ or a nerve or a bit of skin. So it is a mark of death in a mind or a conscience or a faith. We know too well the man who tells us that he always lives up to his own ideas of right and wrong. Such a man must be either a liar or a corpse. At best his conscience must have died, for a living conscience is marked by the daily growth of its apprehension of good so that it can never rest at ease with itself. That is why saints so often feel themselves to be sinners and sinners feel it comparatively easy to think that they are, if not saints, at least all right. A living conscience is a growing conscience, enlarging itself and becoming more sensitive as it advances more and more to a fuller understanding and fills up in itself the great gaps in which heretofore it has failed to function at all. It astonishes us today that good men of the eighteenth century could have accepted slavery without a qualm, or good men in the nineteenth century the child labour and factory conditions of that date. Generations which follow us may be equally astonished at our attitudes towards colour or the grossness of our commercial minds.

Our ignorance of vast ranges of knowledge is horrifying and probably must always remain so. What is much worse

is the limitation of our interests. There are men, there are even professional men, there are even surgeons, who glory in their ignorance of vast tracts of human knowledge, who despise Religion and History and Literature and Art and Music and Politics, the first essential quality of the civilized man: however much he may find himself compelled to specialize, he must never despise the specialties of others. It follows, then, that his early education must be as far as possible comprehensive.<sup>1</sup>

A barrister friend tells me of the problems he commonly encounters when trying to persuade general practitioners to give evidence in court. He feels that they neither understand nor care about legal problems, and that they fail to grasp how important the proceedings of the court are to the client involved. Surely this is a symptom of a lack of sensitivity towards another profession? And when my colleagues doubt the necessity for a liberal education I feel inclined to point to our appalling apathy to the treatment given the elderly people in our community. No general practitioner can fail to come into contact with this problem. In Victoria there are today 3,663 persons of pensionable age (i.e. males over 65 years, females over 60 years) in infirmaries, state benevolent homes, and nursing homes owned by charitable bodies. These persons are comparatively well cared for. There are, in addition, 3,462 persons in private hospitals and nursing homes; and there are 2,929 persons on the waiting lists for infirmaries and benevolent homes. The condition in which these last two classes are living is generally speaking deplorable. Those on waiting lists are usually kept in homes of relatives whose only thought is to be relieved of their burden. Moreover, the plight of those 3,462 people in private nursing homes is often no better. A few of these nursing homes are run by women who are kind and considerate and endeavour to make their patients comfortable. However, it is extremely rare to see an occupational therapist as a regular attendant at a privately owned home, and most of the staff are untrained. It would need another Charles Dickens to describe the recreation rooms in some of these so-called hospitals. Men and women sit around the room and stare in an imbecilic stupor. They cough and spit and dribble their food. And mixed in with them is the occasional old but alert patient. What a hopeless outlook for the end of one's days! The

<sup>1</sup> James Ralph Darling, *The Education of a Civilised Man*, ed. Michael Persse (F. W. Cheshire, Melbourne, 1962) pp. 28-9.

care of these people surely should not be left to private owners whose principal aim is to make a profit. Most of these patients are incapable of complaining, yet with proper treatment their physical and mental states could be improved considerably.

A wider education would not cure all the ills of this kind in the community but it may enable more of us to see the problems and their solutions more clearly. For the problems involved are not strictly of physical health. The solution involves not only the application of pressure on the Government to provide more homes and hospitals for the aged, but also a re-education of the community as to what old age should mean. It can be a contented and not entirely useless period of life.

The report of the committee on the Future of Tertiary Education in Australia put forward the following conclusion: "All agree that a broad liberal education is valuable to a doctor, but there is no agreement on the most fruitful way of encouraging a continued interest in general education in the limited time available during the medical course." However, some universities are more active than others in trying to overcome the deficiency. In a majority of American universities, a wide education is a prerequisite to entry into the medical course. To quote one instance, the Johns Hopkins Medical School endeavours to strike a balance between the humanities and social sciences on the one hand and the biological sciences on the other. Prerequisites for admission to first year medicine include at least a reading knowledge of one foreign language, a study of literature, history, philosophy and related subjects as well as the standard science subjects. One third of first year is devoted to a study of the humanities and in the second and third years, social science and history and philosophy of science are taught. Monash university has a compulsory non-medical subject in the first year of the course. And the conducting of surveys into the existence of problems in the community—such as the metropolitan Health and Social Survey which is being carried out by Monash, Melbourne and Austin medical students in conjunction with students of economics and sociology—must lead to wider interests for the student.

It does seem that the overlap in the study of physics and chemistry in Matriculation year and first year medicine is unnecessary, and the practising doctor frequently feels that the detail required to pass examinations in many of the subjects in the pre-clinical years, for example biochemistry and anatomy, is

of little benefit when the doctor enters practice. There is a tendency for the teachers of these early subjects to lose sight of the fact that few of the students will specialize in the subjects that are taught and a basic knowledge is the only necessity. Time could surely be saved and a more general education encouraged.

We must not forget that diseases affect people, and to understand fully the course, treatment and prevention of disease one must understand the whole person, and his relationship to his total environment. We need continually to be reminded of this fact, for there is still truth in the words of Plato: "For this is the error of our day . . . that physicians separate the soul from the body."

Having said I believe we would need a wider education, I was talking to a colleague of mine about it recently and he agreed with me but said he hoped that applied to the legal profession as well because they know nothing about science.

Recently I read Walter Murdoch's classification of the human race. In the matter of knowledge there are, he said, four classes:

1. Those who know all about everything.
2. Those who know nothing about anything.
3. Those who know many things about something.
4. Those who know something about many things.

Class 1, those who know all about everything, must surely be the members of the legal profession. Once a week I meet socially with several members of that profession, and they invariably ask questions about the most obscure medical matters to which they apparently know the answers and I do not. I am surprised that Walter Murdoch has never known a human specimen of this class live more than 25 years. Some of my legal friends seem to live a long time.

Class 2, those who know nothing about anything. They must surely be the clients of our two professions, though I am afraid that occasionally medical specialists include the general practitioners in this category. The remaining two classes, those who know many things about something, and those who know something about many things, describe the specialist and the general practitioner respectively. It is these last two classes that I wish now to discuss.

Traditionally the medical curriculum was designed to produce the family physician (general practitioner) but this objective has now changed. The extension of specialization, the

expansion of services that do not have the care of the patients as their chief responsibility, the growth of medical knowledge which is overcrowding the undergraduate curriculum, and changing community needs have combined to modify the objectives of undergraduate medical education. A generation ago practically all specialists commenced their professional life in general practice. But today the specialists who teach our students in public hospitals are, in the main, doctors who have no experience of general practice. The medical student and the first year graduate have very little contact with a teacher who has any knowledge of general practice. A scheme has been introduced recently whereby a student may elect to spend one week in an approved general practice. While this is valuable, it is certainly not long enough to give the student a knowledge of general practice.

Some medical educationalists are thinking in terms of training the undergraduate as an "undifferentiated physician", from which position he must receive further professional training in order to equip him to practise competently in his chosen field. Until, however, there is a reorganization of the way in which medical practice may be undertaken after graduation, together with the development of further post-graduate training necessary to equip such "indifferentiated physicians" for practice by a further compulsory educational period, this insignificant change in undergraduate training is not possible. Such courses are available in some European countries. However, they would appear to separate further the various branches of the profession and make the general practitioner even more remote from the specialist than he is at present.

It would be unrealistic to suggest that doctors should spend any stipulated length of time in general practice before commencing their speciality. The increasingly complex problems in many specialties demand more and more of the specialist's time, and time spent studying general medical problems after graduation would detract from the time available for more specialized study. However, it is quite essential for the specialist to understand the aims and problems of the general practitioner; the public should understand them also. Today, there is a tendency for the public and, at times, for the specialist to regard the General Practitioner as a sort of inferior physician. This concept is far from the truth. The work of the general practitioner and the physician overlap no more than do the other branches of the profession.

General practice should probably be regarded as a speciality in itself. It requires a knowledge of aspects of medicine entirely different from those of any other speciality. The College of General Practitioners has been very active in its endeavours to improve the standard and the training of general practice. It has made great strides in providing suitable and continuing postgraduate training, and has recently instituted a postgraduate degree of general practice. It is through this College that doctors are being made to understand what the aims of general practice should be.

Briefly, the aims are: To provide for continuity of association between patient and doctor and to be available to patients at all times. To know the patient as a whole person, not as a vehicle for a particular disease, and to know the environment in which he lives. Through this knowledge, the general practitioner is able to handle the great majority of disabilities that affect his patients. Over 90% of patients' needs are handled adequately by the general practitioner. As well as the obvious minor disabilities, such as the childhood diseases, he must also deal with emotional disorders, disorders of adaptation, psychiatric disorders, and disorders of all organs and systems. He must realize his limitations and when the disease requires specialist treatment, he is the means by which the patient achieves that treatment. In this case he must act as the liaison between patient and specialist. Because of this continual relationship with the patient in the family setting, adverse developments which may lead to more serious consequences can often be forestalled. Added to these aims, the general practitioner should co-ordinate and integrate complex medical diagnostic and preventative procedures, should carry out research and should constantly keep himself informed of recent developments. He is frequently called upon to advise on the adjustment of the environment; he must act, at times, as marriage counsellor, and may have to advise on legal and financial problems. His role in psychiatric disorders is of the utmost importance.

The extraordinary frequency of depressive neuroses and psychoses never fails to surprise me. The general practitioner is often the only person to whom people can turn for help, and if the symptoms of depression are missed (and they are diverse in the extreme), then the only chance of preventing a suicide may be lost. His ability to advise parents, and to manipulate the home environment, may reverse diseases such as asthma, which other-

wise become lifelong disabilities. The specialist who works largely in the confines of a large public hospital may remain unaware of the reality and complexity of these problems. Because of this attitude, he may fail to recognize the importance of an overall co-ordinating doctor. The surgeon who removes his patient's uterus may be irritated when she subsequently commits suicide, feeling that he had cured her. He may fail to grasp the significance of the fact that the suicide, or the tendency to suicide, was just as amenable to early diagnosis and treatment as was the uterine pathology. Yet I do not feel that the general practitioner who sees the manifestations of depression in all its forms can fail to be continually alert for its symptoms.

However, the problems of the understanding between general practitioners and specialists are certainly not confined to one side. Both must share in the blame for occasional failure of communication. These problems did not exist when most senior specialists experienced general practice.

Recently I was present at the initiation of an important new trend in medical care—that is to say, new to Australia. If allowed to develop, it should bring about radical changes and improvements in our hospital services, both public and private. Increasing numbers of medical graduates make it necessary to find many more posts for first year medical graduates if they are to have at least one year of apprenticeship before going into practice. It is of interest in this regard, that Victoria is the only state in Australia, and almost the only place in the advanced countries, which registers its doctors at graduation, and before they have completed one year's post graduate hospital experience. To accommodate the first year medical graduates, the number of posts will have to be more than doubled by 1970. This will almost certainly mean that resident medical officers will be employed in many more public hospitals, and eventually in some private hospitals. This, in turn, will make necessary some form of accreditation of hospitals and inevitably lead to improved standards of medical care in the hospitals involved. The highest accreditation rating will go to the hospitals with the highest standards, and certain minimum standards have already been suggested. And these hospitals alone will be permitted to take resident medical officers.

Such a system should be of great value to the community. Unless care is taken, however, it could have harmful consequences, for it could lead to the exclusion of general prac-

tioners from the better hospitals. At present, private hospitals are a valuable meeting place between specialists and general practitioners, where problems of mutual interest may be discussed, and where specialist help is readily available when needed. Unless these hospitals are available to general practitioners, the obstetrical and minor surgical procedures which they carry out would have to be performed in an inferior environment. Thus the general practitioner would have to accept lower standards, and his branch of the profession could become even less attractive to young medical graduates. It could hasten the end of general practice as it is understood at present. Should this be an end result of accreditation, then the community at large will suffer. A number of diseases which are now prevented by the intimate relationship between the doctor and his patient would become more prevalent: depression, ulcerative colitis, and many other psychosomatic diseases would almost certainly increase in frequency. The danger is that this situation might come about quite insidiously without the profession being alerted to the dangers.

Today the number of doctors entering general practice is decreasing year by year. Of every 100 graduates, less than 40 now enter general practice. Something must be done to revise this trend. More than ever before, we need to provide every medical student with a knowledge of this branch of medicine, and those responsible for medical education appear to be aware of the problem. It is intended to have a department of general practice in some new public hospitals, but such departments would have to combine the availability of doctors with a willingness to see patients in their home environment. If this can be achieved, then the standard of teaching undergraduates would improve, a centre for research would be established, and perhaps general practice would begin to attract some of medicine's best brains. One day we may even have a chair of General Practice.

Specialization without general training cannot be avoided. To provide the best type of service, it is important that general practitioners and specialists should work co-operatively and in a spirit of mutual esteem.

#### *Discussion*

MR. JUSTICE McINERNEY: The fact that specialization is perhaps of more common occurrence in the medical than in the legal professions is due to two factors: one is that there is more of

a deliberate promotion of specialization among the medical profession because promising students are sometimes selected and picked out as men who should be encouraged to specialize in a particular topic or a particular field of practice when they are attached to some surgeon's team or some physician's team. In the law on the other hand there is not this same encouragement and selection of graduates, and indeed there is many a case of a specialist manqué in the law.

Specialization is very much a matter of the work you get—you may pine to be an Equity man but if the only work you get is in the Criminal Court it is quite unlikely that you will make many contributions to the illustrations of the rule against perpetuity. Specialization is very much a matter of the number of cases available in that particular speciality. In Victoria, of a practising Bar of about three hundred you might say there are perhaps four or five specialist Bars—Divorce, Workers' Compensation, Equity, Patents, and the like. When you come to think of the numbers of people involved in these various specialist Bars, it is hard to think of more than ten people in any one speciality. So that out of the whole Bar of three hundred there are perhaps not more than one hundred engaged in specialized practice. The result of that I think is that their grasp of general legal principles is better; their specialization is more in the technique of advocacy; and we do not have the category of people who know more and more about less and less as time goes on.

DR. UPJOHN: Dr. de Crespigny has pointed out the difference between what he calls basic training and general training, and that is a thing that has not occurred to some of us. I think it is interesting that there are still attempts at the University to produce a general training for the medical students. I regret somewhat that I did not read any Arts subjects or any Law subjects in the course. I regret, even more, that there were no Commerce subjects included. I think that my generation probably is the last to have been taught by specialists who had been in general practice.

There are a number of recognized specialities in this State. We do not have a Specialists' Register, but the Commonwealth Government, by means of their Commonwealth Benefits Scheme, recognize what are considered to be specialized works, and what are not, but they do recognize one specialty, that of General Surgery. I am afraid this does not mean, and this is probably reassuring to the public, that a general surgeon these days has a

go at everything. There are some of what we might call the super-specialist—the neuro-surgeon. It has sometimes been said that it needs a population of about half a million people to support one neuro-surgeon, to keep him alive and in comfort, and we do not often need a neuro-surgeon, but when we do want him, we need him in a hurry.

Some specialists do very well out of it financially. Some of them do not. It has been said, as a matter of fact, that on the whole the general practitioner in medicine does better financially than the average specialist. I do not know whether this is true, but it is interesting when you consider the proportions of medical graduates going into general practice, and then to specialities.

MR. JUSTICE LUSH: I think that it is for the solicitor to know how to use the specialists at the Bar. I know that many solicitors at the present time regard the pressure of the telephone and the various pressures of office management as preventing them from having the necessary knowledge of the Bar. If they cannot have it then the Bar cannot be fully utilized in the interests of their clients. I do not dispute the difficulty of the solicitors acquiring the necessary knowledge and contacts—if it is difficult then it is to be regretted.

There is an aspect of specialization that is not inherently raised in the two papers and that interests me now. The Courts of this State, both County Court and Supreme Court, are staffed by judges who traditionally have to face what comes to them, whether it is crime, matrimony or civil cause. One of the curious things in the transition from the Bar to the Bench is that at the Bar you may flatter yourself you have acquired some knowledge of one or two particular subjects, but that does not matter one iota when you find yourself sitting on the Bench. It may be two, five or ten years before a case that you really feel you know anything about comes before you—a matter that is pointed out to you both by the Bar and by the Appellate Courts. This is a feature that is shared, as I understand it, by this State no doubt with other jurisdictions and the Scottish Courts. The Scots claim with some justification that numerically they have thrown up a considerable number of competent judges. Whether that is so or whether it is echoed here is not for me to say but as a Judge of short standing I am still intrigued by the curious situation that I am expected to pronounce a semi-final word on a number of matters with which I did not pretend familiarity

when I was at the Bar, and nobody asks me to say anything at all about some subjects that I did pretend familiarity with.

DR. E. S. R. HUGHES: The question I would like to ask really is what does Dr. de Crespigny mean by general training? Does he mean general practitioner training? Because, if he means this, the answer is "no". General practice is a speciality, just as much as any other speciality is. It is not so long ago that surgeons used to be classified as barber surgeons, and then we went up one step further, as surgeons, and now we are surgeon specialists. I feel that if you think that we specialist surgeons are going to get some special insight into humanity by doing general practice, then I believe you are wrong. I believe that a person—a surgeon, a lawyer or anybody else—either understands his fellow men or he does not, and I do not think that going into general practice is going to help any more than going into, say, orthopaedics.

I feel that the reason why we specialize early is because the competition is really very strong at the present time, and I think it is going to stay this way for some time and I think, therefore, your query as to whether it is wise to specialize at an early stage is answered by the fact that the present trend in the community is the competition that exists.