

McKeown's *The Role of Medicine:* A View from Social Medicine

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This masterly, analytical account is the author's personal interpretation of the present state of medicine. McKeown reveals his own philosophical instincts but in approaching his subject has used substantial analysis of past circumstances. The book gives a clear account of the school of thought in medicine which is now questioning much of the basis on which medicine has existed for the last thirty years. The book challenges the ever-increasing demand for technological advance from curative medicine and questions the effectiveness of many contemporary procedures. McKeown expresses his challenges to us all and questions our fundamental beliefs about the nature of medicine in a succinct and compelling fashion.

One of the questions posed by the book is what is the function of health services. This function can be split into the role of the doctor and the role of the hospital. For many older people the role of the doctor is still expressed in the image of the kindly and wise general practitioner who is there to help all in need. But, as many older members of the medical profession realise, before the introduction of modern technology, anaesthesia and antibiotics, diseases were self-limiting either by death or cure: there was little the doctor could do except provide comfort.

Nowadays far more is expected of our doctors. When a patient visits a general practitioner he expects to be given some kind of remedy—many of which *are* effective in doing the prescribed job. Few would deny that aspirin relieves pain, certain linctuses reduce cough by getting rid of irritation, and antidepressants may alleviate anxiety and other symptoms of depression. Certain surgical procedures nowadays are more effective than they used to be and there is

less risk of postoperative complications. Methods of coping with fractures and multiple injuries to reduce the mortality or subsequent disability from road traffic accidents are also far more refined. Such advances in health care are obvious to all, but, as McKeown points out, the contribution of such advances to expectation for, or quality of, life is somewhat overshadowed by improvement in social circumstances and nutrition. However, in his exposition of the importance of these factors, McKeown pays insufficient attention to the importance of advances in caring and curing services which enable individuals to receive a high standard of care and treatment during illness.

In so many general descriptions of health services the division into prevention, cure, and care is forgotten. Already we prevent the onset of diseases such as tetanus and diphtheria by inoculation and we can attempt to prevent lung cancer by dissuading people from taking up smoking. Rarely is it denied that primary prevention could be effective in reducing morbidity and mortality from a number of conditions common in the Western world but the difficulty is in designing effective preventive education. Changing habits such as smoking, over-eating, unsafe car driving, and lack of exercise is far more difficult than, say, the eradication of smallpox or purification of water supplies, both of which have been achieved in many developing countries.

In curative medicine, techniques like renal transplantation have increased the length or improved the quality of life but many common procedures have more of a caring nature. An example is cardiac by-pass surgery which apparently does not have an intrinsic effect on length of life even if it does improve the quality of life by reduction of angina. This type of service, which consumes a large proportion of health expenditure as well as diagnostic procedures, rarely results in extension of life but may improve its quality.

If the profession were to accept the classification based on prolonging life then it would be easier to make more rational decisions about priorities and distribution of resources and particularly about the emphasis to be placed on services labelled "acute" and those labelled "chronic."

McKeown is by no means the first to point out the deficiencies in services for the elderly, the mentally ill, and the handicapped. It is essential that more people realise that these services, like the technologically oriented acute services, are also related to improvement in quality of life. If it could be seen that one type of service is merely an

extension of the other, the redistribution of resources would be easier.

And finally, in discussion of changes in the role of medicine, we come to medical education. This has already had a number of reviews particularly by the Royal Commission on Medical Education in Great Britain which reported in 1968. Students coming into medicine demand patient contact at an early stage in the curriculum but despite their enthusiasm they have little idea of, or concern for, the social well-being of patients or the factors which brought them into contact with the health services. And so it is difficult to give them any idea of the need for prevention or of the basic concepts of community medicine—particularly the concept of the population rather than the individual.

Unfortunately McKeown offers no attractive solution to this problem. One method that has been tried is to illustrate the problems of the community through the medium of general practice. If in this way the students can become aware of the rudiments of epidemiology and the community medicine approach it will be possible to impress on them the applications of this approach, the difficulties of cure in many patients, and the limited relevance of technology. This method is more effective than formal instruction in highly theoretical lectures and seminars (Holland and Morrell, 1972). Other medical schools have tried using community survey methods which are only appropriate if there is a high staff-student ratio and it is doubtful whether they can be generally applied.

The Future

McKeown's book and ideas expressed by others illustrate the need for reassessment of the present state of medicine and leave us determined to bring in appropriate change. For many conditions we appear to have reached the limits of curative technology but we have not yet approached the limits of changing behaviour in relation to smoking, nutrition, exercise, and the like. It is here that our greatest challenge lies.

A further challenge lies in the need to contain demand for health services. Expectation of high medical technology is inexhaustible and this cannot only be blamed on the medical profession for encouraging it; such expectations are inherent in Western society.

And finally, in connection with increased demand, we must limit expenditure on health services which then may enable changes in the allocation of resources. This will undoubtedly be a painful process since changing priorities will require cutbacks in some sectors to the advantage of others. The process would of course be easier if unlimited resources were available, but it is apparent that differential growth will be essential.

Reference

Holland, W.W. and Morrell, D.C. 1972. A Marriage of Convenience?
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