

ASSOCIATION OF PHYSICIANS OF MALAYA  
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OPENING ADDRESS AT SCIENTIFIC SESSION

BY

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Mr. Chairman, Ladies and Gentlemen,

At the outset may I express my thanks to you for the invitation to be present at your meeting, a privilege which I greatly appreciate. My presence here has been possible through the courtesy of the Government of Malaya and the Honourable the Minister of Health, at whose invitation I am revisiting the Federation. I am of course delighted to have the opportunity of meeting again so many doctors whom I met four years ago when I was last here, and to have the further stimulus of noting the changes and progress in medical services over the years.

I believe, Sir, that an opening address of this type is best cast on a broad basis rather than as a communication on a specific medical problem, and I feel that we might profitably consider together the proper functions of an Association such as this.

These functions I believe are two-fold: on the one hand the provision of a scientific forum for presentation and discussion of observations and results of research, and on the other social, the fostering of friendship among the members. Both are of great importance and I would stress the value of the social side. It is necessary for the attainment of full professional efficiency that men of like aims and attainments should meet regularly — to exchange ideas, to share experience and to criticize in friendly fashion each other's work. In a country such as yours it must be all too easy for men to feel isolated, remote from contact with colleagues of similar interests and to lack the opportunity of discussing problems with their fellows. An annual meeting such as this, when you come from all over Malaya to gather together for a few days is potentially most valuable in counteracting these trends.

I would emphasise particularly the importance of the *discussions* following the papers as they are presented. The better the Society, the livelier the debate — debate which must never be ill-natured but may well be sharp! The essence of such a Society is the brotherhood of the members — and in a family gathering questioning and criticisms may be brisk without loss of family ties or affection. So with you. Well-informed, acute debate on methods or results or conclusions must be recognised as benefitting the *criticised* rather than as a scoring point by a rival! The real proof of health in such a society is that, outside the lecture-hall, the critic and his victim go off amicably to lunch or dinner without animus on either side!

A point which may be made in this connection is that criticism and debate are facilitated if no titles are allowed in your proceedings. It was an unwritten rule of our Cardiac Society in Britain that the surname only of a speaker was used — no professor — this or doctor — that or Lord XY. Simply Jones or Brown or Smith. That implied that a young man could tackle a senior, like David his Goliath, without being overawed at the outset through quoting the great man's title! A very salutary rule which I commend to you!

Again from our experience at home I would commend to you the *social* aspect of your gathering. The great Sir William Osler, who was the guiding spirit in founding our Association of Physicians, laid more emphasis on the annual dinner than on the scientific meeting! After all, one can read one's colleague's work in the journals, but only by social intercourse can one get to know and value the man behind the work.

Now let me turn to a topic which has caused me a good deal of heart-searching during the last few years — consideration of the role of the doctor/scientist in our twentieth-century civilization. There seems to me little doubt that the doctor should be (I do not say he always is!) the best-educated man in the community. In his training a scientific education is broadened by study of the "humanities" and in his practice he gains experience of his fellow men in a manner unrivalled in other professions. By nature of our training we should be incomparably better educated (note I did *not* say "learned") than on the one hand the pure scientist, mathematician, physicist, biologist or what have you — or on the other the man whose studies are bounded by languages, living or dead, by philosophy or letters or arts. One of the dons in my university, a teacher of classics and himself a widely-read intelligent author, has said that doctors today are probably the guardians of civilized tradition. Do we deserve such praise, and do we discharge our trust with honour?

There has been much acrimonious debate in the past over science and art in medicine — their relative roles and importance. It has been neatly said, and I think with some truth, that the art of medicine is to know when and how to apply the science! For my part, I believe well-meaning benevolence uninformed by science is as dangerous on the part of the doctor as cold scientific logic untempered by humanity. And this assessment if correct implies the necessity for a broad training not only in science but in the arts and humanities as suggested above.

And this leads me to consider for a moment the whole question of ethics in medicine today. I do not refer to the simple but fundamental rules of conduct for doctors which are laid down in the Hippocratic code to which we all subscribe — a code whose age of two and a half thousand years must command some respect even in this land of ancient civilization! I refer rather to the difficult ethical questions we all face daily in regard to investigations, experiments and therapeutic trials involving our patients, our fellow-men.

To deal first with "investigations" — tests performed on a patient to help to elucidate the diagnosis of his condition. There is little doubt that thoughtless over-investigation is widespread in the world today. I would group investigations into two broad classes — those which are essential to diagnosis or to guiding treatment, and those which are "nice to know" but which have little or no bearing on management. Some investigations it must be remembered are irksome or painful, some even dangerous to the patient (liver biopsy, etc.), while all investigations add

to the load on our heavily-taxed laboratory services. How many of the blood-urea estimations done in their thousands every day in "routine" fashion are really necessary? How many superfluous tests do we ask for on a laboratory request form when we send up some blood for liver function tests? And how often does a thoughtless or callous doctor push "investigations" in a dying patient to the point of suffering with no possible excuse of potential benefit to the victim? There is, I believe, need for careful appraisal of the end to be gained by each test proposed, especially in relation to the interest of the individual patient.

Turn now to experiments on man — the study of disease processes, of pathological physiology — whereby the investigator hopes to gain data which may elucidate the nature or mechanism of a disease process but which afford no prospect of relief or benefit to the subject of the experiment — how far is it justifiable for the doctor to inflict discomfort, or to court risk to life, in a patient who will not himself stand to benefit in any way. The medical journals of the world today are full of reports of experiments of this type, often with scant reference to the mortality or morbidity attending the procedures employed. It is sometimes quoted in extenuation that the experimenter has first submitted himself to the same ordeal, but this does not logically confer on him the right to do the same to others! Nor does the consent of the patient absolve the doctor from blame, legally or morally, if things go wrong.

Thirdly, the vexed question of therapeutic trials, today so fashionable and so fruitful in results. There can, I believe, be little objection to the comparison of one drug with another in respect, for example, of relief of pain, where life-saving properties are not in question, always presupposing that the experimenter takes full scientific and statistical precautions to obtain valid results — e.g. by the "double blind" technique on an adequate sample, or by sequential analysis. But when a drug is reported to be life-saving — an antibiotic perhaps, or anticoagulants in myocardial infarction — how far is a doctor who himself believes a drug is effective — how far is he justified in withholding this drug from half his patients in the interests of scientific advancement? Would he withhold it from his brother, or from his wife, or refuse it himself?

These are difficult questions and I have no ready answer to offer. The essential role of motive comes in — whether the doctor is honestly seeking truth to benefit humanity or working for some data to publish to bolster his own reputation. But over all other considerations I suggest we remember the age-long predominant preoccupation of the physician — the welfare of his patient as an individual. I do not presume to advise any of you as to whether you should or should not carry out trials or experiments. All I ask is that you search your consciences before proceeding; ponder well and solve your problem in the light of your own ethics. Remember always, you cannot practise medicine in a moral vacuum!

If these remarks have been in serious vein, it is because medicine is a serious subject, one to tax the most brilliant of physicians to the limit of his powers. We are all servants of our profession and of our fellowmen, privileged brothers in an old and world-wide tradition. Against such a conception our paltry differences of race and creed and ability pale to insignificance and our fellowship in a society such as this gains purpose and lustre.

God speed!