

Touch and examine your patient

To the editor: Through your journal I would like to implore all young and not so young doctors to please move away from relying totally on technology to manage patients but rather to take a good history and examine patients. My father was diagnosed with terminal lung cancer. He had a unilateral haemothorax. All his doctors at a tertiary hospital knew him as the case with metastatic lung cancer and a haemothorax. No one really knew him as the humble farmer and loving father that he was. He was never introduced to any of his doctors. He felt rejected. He died in 2009, and I was bitter that his doctors did not really make his last days any easier. This was his plea:

Captain, Oh Captain, my Captain
 You come to me all White
 Are you my Angel?
 Your bright eyes, your confidence
 Are you so wise?
 I look into your eyes
 Oh my Captain look into mine!
 Is there sadness in mine?
 Am I not worthy?
 Oh my Captain look into mine!
 Oh my Captain, Touch me!
 The darkness frightens me
 The loneliness brings in the blackness.
 My Captain, oh Captain come back
 I need you at my bed
 Just a few more seconds
 Oh my Captain, Come back!
 I am sinking.
 My Captain, I plead to thee
 Captain, oh Captain, My captain
 Abandon not this ship.

Govender I, MBBCh, MBA, FCFP, MMed, DipHIV/AIDS, DOH
 Medunsa campus, University of Limpopo;
 Department of Family Medicine and Primary Health Care

Correspondence to: Dr Indiran Govender,
 e-mail: indiran.govender@gmail.com

A "Last Lecture" programme for medical schools and teaching hospitals

To the Editor: In 2007 a truly remarkable lecture was delivered at Carnegie-Mellon University in Pittsburgh by Randy Pausch, a 46-year-old Professor of Computer Science with terminal pancreatic cancer. Four hundred students and colleagues listened to "The Last Lecture: Really Achieving Your Childhood Dreams," in which Pausch reminisced about his teaching and research career and reflected on values that were important to him as a father, husband and citizen. The lecture had a profound effect on the audience that within hours its videotape was circulating on the internet.¹

Europeans have a long-standing tradition of inviting retiring faculty to address the academic and wider community with the "afscheldcollege" (retirement lecture).² Faculty use the Last Lecture to reflect, reminisce, philosophise, synthesise and sometimes to gripe. At York University, Canada, the valedictory lecture is named "The Perception Lecture".³

The retirement lecture can take different forms. Commonly a retiree uses the occasion to reminisce and reflect about change: the undergraduate curriculum and teaching methods; or collegiality and community spirit. Others dwell on fundamental ideas developed during their career, such as "Shakespeare and Renaissance Literature",⁴ "Confessions of an Anthropologist",⁵ or "In Pursuit of Academic Excellence".⁶ Contrastingly, faculty have used their valedictory to diss the institution; a Dutch retirement speech, considered a security risk, was censored because it dealt with religion and ethnicity.⁷

Perhaps Carnegie-Mellon University has a standing policy of inviting all retiring faculty to deliver a valedictory, but perhaps, like many other universities, it does not. It is strikingly ironic that a tenured professor might have to develop a life-threatening illness before receiving such invitation.

Not all retiring faculty in any year would choose to deliver a valedictory. A University of Massachusetts professor declined the invitation for fear of meditating on his career in public, reading aloud from his obituary and, "moralising or lading out morsels of senescent wisdom".⁸ Nevertheless, we suspect that a dozen retiring faculty would gladly present a valedictory.

The downside of inviting every faculty to present a public valedictory is that individuals may merely participate to protect their reputation. A public lecture might prove embarrassing to retirees who consider their best scholarly days long gone. We suggest that retirees publish their reflections on the institution's website, and the author who proves popular be invited to deliver a valedictory. We urge medical schools and teaching hospitals to institutionalise the "Last Lecture" series for their next crop of retiring medical educators and scholars.

^a **Laabes EP**, FWACP ^b **Sibeko J**, BSc ^c **Glew RH**, PhD

^a Department of Family Medicine, Jos University Teaching Hospital, Jos, Nigeria ^b STI/HIV Cluster, Reproductive Health Research Unit, Department of Obstetrics and Gynaecology, University of the Witwatersrand, Johannesburg, South Africa ^c Department of Biochemistry and Molecular Biology, University of New Mexico School of Medicine, Albuquerque, New Mexico, USA

Correspondence to: Dr Emmanuel Philip Laabes,
 e-mail: laabes2002@yahoo.com

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Andrew Truscott

To the Editor: I was sad to learn in the last SAJP that Andrew Truscott had died. Reading Ian Couper's obituary to Andrew brought to mind my meeting Andrew at St Barnabas Hospital and our later editorial collaboration on his supremely practical clinical manual in the 1970s.

For me Andrew exemplified a generation of principled public-sector doctors who truly understood the meaning of service to the public. These men and women, many of deep faith working from limited budgets, saw to it that their patients received the care they needed where they needed it. They delivered often innovative primary care long before the primary health care approach was articulated let alone promulgated as policy. This they did under the ever watchful eye of a malign state which, through its pernicious system of informers, acted swiftly against any doctor considered too sympathetic to the community for reporting a high infant mortality rate or starting a village health worker scheme.

Andrew died too soon - I hope he knew that he had greatly contributed to improved health care in this country - my condolences to his family.

Dave Whittaker, Rondebosch
 June 2010