Historical Article

John Stevens – a Memoir

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Curriculum vitae

Basil qualified at UCT in 1946. Apart from three years internship and three years post-graduate training in Britain, he has been in general practice since then. He has always been a strong protagonist of academy family practice and has often taught in the Unit of General Practice at UCT as a part-time lecturer and has always been actively involved in academy organisations of family practice. Basil was elected chairman of the Faculty of General Practice of the College of Medicine (1973-1974 and 1977-1980) as well as the founding chairman of the Academy of Family Practice and subsequently President for two terms. In 1975 he was elected a Fellow of the Royal College of General Practitioners and in 1982 he was offered an Honourary Life Membership of the National GP-group.

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Summary

Dr John Stevens was a remarkable South African who made a major contribution to family medicine. A life-long friend and colleague shares with us his respect and love for this man, and highlights some of his contributions which will encourage and stimulate GPs even today.

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I am grateful to the Editor for having coaxed me into writing about John Stevens, a truly remarkable South African who made a major contribution to family medicine. It has been a painful but rewarding experience.

I first met John Stevens on our first day at Rondebosch Boys High School. He had grown up in the Kokstad region and acquired his early education in a local farm school. His childhood was spent on a farm where he enjoyed the freedom that fed his sense of adventure. He would ride his horse into the Drakensberg mountains deeply sensitive to the beautiful ambience which he remembered all his life. His move to Cape Town was a major upheaval in his life but his love for the sea was a compensation.

We became inseparable friends during his two years at Rondebosch. We both lived in Rosebank, John in the old Cape Dutch homestead Vredenburg, one of the original Free Burger farms on the Liesbeeck River. He was deeply aware of his South African roots and heritage and this endured throughout his life. Looking back on that early friendship that started so spontaneously, I realise that his appeal

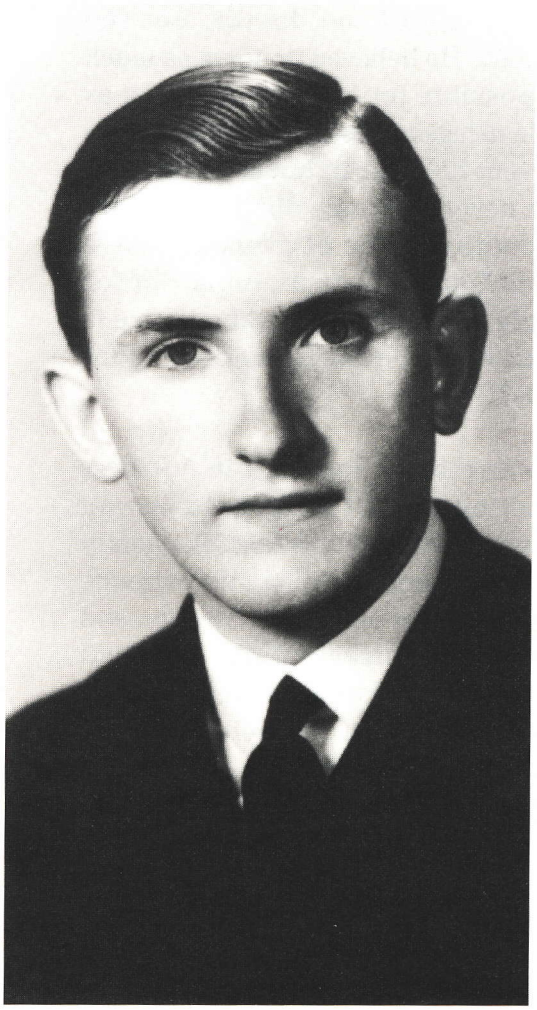
was a combination of a warm, yet strong personality, great integrity and an enthusiasm that amounted to passion. His love of the sea took us to the Victoria and Alfred harbour every weekend, wandering along the quays and onto the ships which visited our shores.

After two years at Rondebosch, John decided to become a naval cadet on the Louis Botha, at that time anchored off Simonstown. He was in the first group that matriculated whilst undergoing naval training. I saw little of him during this period and then totally lost contact with him for 30 years, but that early friendship had left a lasting impression on me.

In 1969 I was asked to deal with a letter that had arrived at the College of General Practitioners from John Stevens. He was coming to South Africa in the course of his Nuffield Foundation Travelling Fellowship. Over a period of 7 months he was also to visit Australia, Canada, USA, Yugoslavia, Israel and Holland to study the application of educational psychology to teaching and learning family medicine. I soon established that the writer was my old school friend and, on his arrival in Cape Town, we rapidly picked up the threads of our friendship.

It transpired that he had gone straight into the SA Navy from the Louis Botha in 1940. He was seconded to the Royal Navy where he spent the Second World War as a commander in the submarine service. During the war years Stevens decided that, much as he loved the sea, he would like to study medicine and become a country GP. He entered Cambridge in 1948 with a South African matric including Afrikaans, seamanship and navigation – much to the consternation of the university authorities. He completed his medical BA in 2 years – a special concession to ex-serviceman. At Cambridge at that time were Julian Tudor-Hart and John McEwan who, like Stevens, were later to make important contributions to academic family medicine. His clinical years at St Bartholomews led to his MBBChir (Cantab) in 1953.

After 4 years in hospital posts and 1 year as a trainee-assistant he became a principal in a general practice in Aldeburgh in 1958. Aldeburgh is a small seaside village in Suffolk some 20 miles from Ipswich. Among his patients was the great composer, Benjamin Britten, one of the founders of the Aldeburgh Festival.



Naval Cadet.
Louis Botha 1940
(Simonstown)

John pursued his calling with typical enthusiasm and determination. His guiding philosophy was a profound commitment to caring and respect for the patient. He later wrote "Neglect of the patient as a person is the devil in the machine of modern medicine, locked, as it is too often, in deadly embrace with the organic, scientific, Flexnerian model". He constantly reminded us that "every single principle that we hold as vital was forged by the much denigrated single-handed family doctor in private general practice. It was he alone who taught us the essential need for an intimate personal medical adviser. He listened to the voice of society

demanding primary care from a comprehensive generalist. He and his patients laid down the essential principle of accessibility and availability – without which continuous tenured care becomes a mockery."

He often said that our patients are too kind to us – they should treat us as "challengeable equals". He decried the aloof and patronising approach free of emotion which he felt was for the protection of the doctor, not the patient. He believed in doing as much as possible for his patients with as little delegation as possible. He was a fervent believer in house calls. "We can never be family doctors until we know the inside of every patient's home" and "Does a young doctor really know what general practice is until he has done a hundred night calls?"

Our patients should treat us as "challengeable equals"

It was readily apparent in our first meeting that Stevens held strong views which he expressed eloquently but vehemently. He had no patience with pretence and image creation and vigorously attacked the medical establishment when he felt that the best interests of medicine and our patients were not being served. He was fearless in his search for honest answers.

He was fearless in his search for honest answers

It was a wonderful reunion in 1969 and we discovered much commonality in values and attitudes. I realise what a tremendous influence Stevens had on my professional and intellectual life thereafter.

In 1964 Stevens spent a year in Swaziland as a general duty medical officer and the following year he and his partners published an article in the BMJ entitled "A General Practice Experiment. Technical Aid to Developing Africa". It ends with the statement "and, not least, we had learned to respect a culture and a people who possess spontaneity, courage, and patience that has atrophied too far in ourselves". John often told me that the principles of family practice/primary care in Swaziland were the same as in the UK.

At an early stage of his professional life Stevens commenced publishing and cardiology was the subject of his first two publications. This led him to a course at the London Heart Hospital where he found he was the only GP in a group of cardiologists. On the first ward round an eminent cardiologist demonstrated a patient with bacterial endocarditis who had been given penicillin by his GP (inadvertently) before performing a blood culture. And how are we to know whether the organism is sensitive to penicillin? What does our general practitioner have to say about this? asked the eminent cardiologist. John greeted the patient and asked how he felt after his doctor had given him the injections. "Very much better," the patient eagerly replied, at which Stevens turned to the tutor and said, "There is your answer, the organism is sensitive to penicillin."

Stevens had three great passions in his life – the sea, the practice of family medicine and medical education, in particular the teaching and learning of general practice. He liked to remind us that the word "doctor" meant teacher in Greek. He added his voice to the growing band of family physicians who criticised the bias of the medical school training and its inadequacy in preparing graduates for general practice. He was one of the pioneers of the uncharted field of vocational training for family physicians. As early as 1965 he and his partner had begun to plan the educational content and process of

I saw him Practising precisely what he preached.

the Ipswich Vocational Training Scheme. In 1968 he was appointed the Upjohn Travelling Fellow to study the post-graduate preparation of physicians for general practice. His report to the Royal College was an important landmark in the development of vocational training in Britain.

In 1968 Stevens was appointed to the 4th Working Party of the Royal College of General Practitioners to investigate the needs of the future general practitioner, which produced the publication, "The Future General Practitioner" in 1972.

In 1970 he published the report on his Nuffield Travelling Fellowship, "Some Applications of Educational Psychology and Research in Teaching Family Medicine".

In 1970 the Ipswich Vocational Training Scheme was launched with its first 8 trainees. In selecting his students Stevens was happy to choose the difficult and rebellious young applicants. He liked young people with spirit who questioned authority and the accepted values of the establishment. He found that these people often had enquiring minds and courage, qualities that he admired and himself possessed in abundance.

Stevens saw education as the "joy of discovery", "training the imagination", teaching the learner to teach himself throughout his professional life. He saw it as "absolutely necessary to encourage non-directive, shared leadership, discovery learning. The teacher must be a "challengeable equal". He must be responsible for process and not imparting facts.

The overall aims of the Ipswich Vocational Training Scheme were:-

1. To assist the trainee to achieve his own objectives.
2. To ensure that all trainees would become competent teachers by active involvement in their own learning process.
3. That by the end of the course all trainees would be able to audit their own clinical performance in general practice.
4. To introduce the trainees to important aspects of educational and general practice literature and methods of information retrieval.
5. To jointly evaluate the trainees' progress and the value of the whole educational exercise at the end of the course.

There were two elements of his course which were particularly successful and were adopted by many of the programmes that followed. The first was project presentation by trainees in small groups. The project topics were relevant to general practice and drawn up by the course directors. Stevens and Tait identified the need for sensitivity training in order to achieve counselling skills and to gain insight into the feelings of the patients and the trainees. In this respect the contribution of Balint was recognised. Although he jokingly referred to the movement as "Balint bashing" he nevertheless incorporated a modified version into the Ipswich programme.

I remained in close touch with Stevens after our reunion in 1969. His letters were insightful and illuminating once his almost illegible writing was deciphered (his partners insisted on him printing his clinical notes). His energy and enthusiasm were boundless, his output and achievements enormous.

In 1972 he was appointed Guest Professor of General Practice in Sydney which he found most enjoy-

About the Swazi's he said: a people who possess spontaneity, courage and patience we Westerners don't have.

Stevens said the principles of family practice in Swaziland are the same as in the UK.

A Kokstad boy entered Cambridge with a South AFrican matric, including Afrikaans, much to the consternation of the authorities.

able. He love the directness of the Australians and enjoyed the honest, if at times vigorous, debates that ensued. He made a profound impression and in 1973 he was invited by Wollongong University, New South Wales as their educational consultant in preparing their submission for a new medical school. He was to be the dean should the new school come into existence. In the event, the Australian government decided against the creation of any new medical schools, much to his relief. He said that if he were to leave Aldeburgh, it was only in Cape Town that he would be happy to settle. He never wavered in his love and longing for Cape Town.

In 1972 he was granted a sabbatical academic year by the NHS to study for an MSc at London University with special reference to the sociology of medicine. Throughout this period he would spend four days in London and return to Aldeburgh at the weekends to work in his practice.

Much to his surprise Stevens was invited to give the 1973 James MacKenzie Lecture of the Royal College of General Practitioners. He had never hesitated to criticise the College when he felt they were taking the wrong direction and this proved to be no exception: "I am aware that what I wish to change is not deliberately malign, but mainly the unintended consequences of the actions of good and sincere men", and then he went on to quote Solzhenitsyn, "We do not err because the truth is difficult to see. It is visible at a glance. We err because it is more comfortable".

He expressed the fear that, in the rapid development of large health centres, family medicine would be institutionalised and dehumanised. He was concerned about the proliferation and the adulation of the health team, claiming that it would lead to the fragmentation of responsibility and care of the patient. He was highly critical of reception and telephonic barriers, the total appointment system and deputising services which he labelled "the great protection racket". He was totally opposed to primary assessment by nurses and social work feldshers which he felt was a creation of the social engineers and made a mockery of primary care. "We must forever be on our guard not to lose the one thing that we have that is pure gold – our prior responsibility and allegiance to the individual patient," (quoting John Paulley).

Cambridge 1946

Stevens was highly critical of primary care models designed by government and by community care physicians. He believed that society wanted a humane and well trained personal doctor and to stress this timeless need he quoted from the memorandum of the newly formed Society of General Practitioners in 1830 – "We are a body of men who exist because the wants of society have raised us up".

In his James Mackenzie Lecture, Stevens set out his ethos and philosophy of the practice and teaching of family medicine. The title

"Brief Encounter" symbolises the poignancy of the consultation but also refers to the "appalling" brevity of the consultation under the NHS. He was fascinated by the consultation and spent three months in Ian McWhinney's department trying to assess what happens in this process. "There can be few human encounters where so much active psychic and intellectual work is done as in a difficult consultation. It is a process that requires training, great discipline and a rigorous approach." He then goes on to say, "To describe the consultation as an art is partially to abdicate the responsibility we have to analyse, to conceptualise, to improve our skills in teaching that science."

Stevens then analysed the diagnostic process learned in the medical school and hospital and constructed a paradigm of what he referred to as the "closed system". He then did a similar analysis of the process in general practice from which he constructed a paradigm designated the "open system". He saw the aim of vocational training to assist the trainee to shift from the closed to the open system. This was achieved less by the accumulation of facts than by gaining new insights and attitudes.

Stevens believed that examinations were totally inappropriate for testing skills in the open system of general practice. He understood the reasons for colleges setting examination, ie status, political and fiscal but believed that in the long run, they may inhibit rather than promote the learning process. His feelings were confirmed when his first principal and mentor in general practice, whose knowledge and ability he respected, failed the College examination. John was incensed and let the College hierarchy know exactly what he felt about them and their examination. The Ipswich vocational training programme included no reference to examinations whatsoever.

Education is the joy of discovery; it is training the imagination!

In 1975 John visited South Africa as Upjohn lecturer. He made a profound impression with his intellect and his robust oratory. He was outspoken in his criticism of the South African medical schools which excluded the general practitioner from what he termed the intellectually nutrient atmosphere of the university. Pretoria was the only exception at the time. John has a warm admiration for Howard Botha notwithstanding some reservations about the Pretoria programme.

The medical teacher must be responsible for process and not imparting facts.

For some time Stevens had been directing his attention to the subject of quality control. This culminated in his winning the Butterworth Gold Medal for 1976, the subject of his essay, "Quality of care in general practice: can it be assessed?" In this wide ranging essay he discussed the use of the problem orientated record, the role of internal and external (peer) audit, the importance of understanding the symbolic and non-symbolic use of drugs. He also lays great stress on the practice library and information retrieval system. Stevens was an avid reader on a wide range of subjects. In 1976 the BMJ published an article he wrote on the books he would take to some mythical remote area. "The book chest for Tegwan" gives great insight into the diverse interests of this exceptional mind. Also in 1976, the Lancet published "Barbiturates prescribing as an indicator of therapeutic process". This appeared in the same week as his Butterworth essay, which prompted one of his colleagues to comment – "twice in one week, not bad at your age, John!"

Cannot be a GP until you know the inside of every patient's home.

In 1977 I spent several days in

Aldeburgh with John Stevens where I had the opportunity of watching him practising precisely what he preached. Predictably he was superbly organised and efficient. He did everything he could for his patients with minimal delegation – even to the point of handspinning urines! His patients obviously appreciated his commitment and dedication. He was clearly very sentimental about our long association and introduced me to all his patients as the chap who shared a school bench with him in Cape Town. He took great pride in his practice and, in particular, of the practice library. He showed me the local home for the elderly in which he had taken an active interest and had involved the community to excellent effect. Although he had little ear for music or eye for the arts, he proudly demonstrated the Maltings. In this converted brewery, with its superb acoustics, the famous Aldeburgh Music Festival is held. He told me the delightful story of taking some American visitors to the Maltings just prior to the opening of the festival by the Queen. He announced that the acoustics of the hall were unrivalled, flinging open the doors dramatically. Much to the merriment of his guests the doors led not into the hall but to the lavatory. "Don't you know," he rejoined, "that Her Majesty only opens with a royal flush."

John then took me to the Spring Meeting of the Royal College in Exeter, where he took part in the famous debate with John Fry. Fry proposed that the average list of a GP under the NHS should be doubled to 5000. Stevens opposed this motion with all the vigour and oratory at his command. He believed that in order to preserve the most precious element of family medicine – personal care, the practitioner's list of patients should actually be decreased. After the debate John gave me his notes from which I quote two paragraphs which illustrate his philosophy of medicine.

"Any congenital idiot with a brace of A levels can give splendid reductionist care to myocardial infarction, diabetes, thyroid disease, the anaemias, urinary tract infection or any other nice closed system you can think of. Cheap computers will, quite soon, unbelievably reduce the burden of our diagnostic and therapeutic process and the audit of organic care. The conventional wisdom of current technology always has been and always will be, peripheral to the physician generalist's task."

We err because it is more comfortable.

He then went on the quote Julian Tudor Hart for whom he had the greatest respect. "Primary care is a good place to learn real rather than formal respect for patients, the many ways in which doctors must be subordinate to patients and the sick must become the subject rather than the object of care. This part of medicine has to be rebuilt, and this may best be done by little doctors of slight authority, close and exposed to patients, with a minimum of technical and social armour."

Primary Care is a good place to learn real, rather than formal, respect for patients.

John was now at the peak of his intellectual achievement and had the great satisfaction of witnessing the proliferation of vocational training which he had pioneered. Yet his restless mind was looking for new challenges that would improve the standard of general practice and its teaching. He was concerned with the standard of all practitioners rather than those working in units, attached to medical schools "not the vocal five percent who inhabit the marble halls and ivory towers of centres of excellence but the great silent majority of reasonable men and women sweating

out their guts in the nurture of others". In his rooms was a large notice which said : "To Hell with islands of excellence; the excellent is the major enemy of the merely good!"

Our correspondence intensified on my return to South Africa and we were planning a return lecture tour for him in 1978. In his letter of 5/3/78 he mentions that he had been commissioned to write a book on teaching and learning : "I think it's time I did, but it will kill me!" In the same letter he mentions that his daughter is to marry an Israeli in June – "Can I apply for full membership of the Jaffia?" (The Jaffia was the name given to my family by Pat Byrne on his visit to RSA in 1975).

Then came tragedy in the form of a stroke that left him hemiplegic and worst of all, aphasic. It was unimaginable that his superb mind was locked up without means of expression. For John it was a source of terrible frustration. He was a man of action and the study of theory was for him always and only a prelude to action. Above all he could not bear to think (and could not accept) that he would not be able to practice again. His wife Alison, who had always been so supportive, was now called upon to play a superhuman role, to deal with his intense frustration and anger. This she did superbly, with more than a little heroism.

They did come out to South Africa in 1978 – John was grossly disabled but was somehow able to communicate that warmth and generosity which had been an integral part of our friendship. We returned the visit, to Aldeburgh on a beautiful summer's day in 1979. John appeared to have achieved a degree of equanimity and peace. He could now write with his left hand. But of course he could not accept a safe and inactive life and he had already decided to return to his other great passion, the sea.

Dokter means Teacher (in Greek)

Remarkable as it may sound, he set sail in 1980 in his boat "Sly Boots" to travel around the world on his own, paralysed down his right side and without speech. He reached Antigua and Alison describes his huge delight as he sailed into harbour having crossed the Atlantic. John wrote from Panama and told me of his plans to proceed across the Pacific to Australia. "I am looking forward to being at sea again where I can forget some of the frustrations of aphasia." He planned to arrive in South Africa one year later where he could hear, at first hand, about developments in family medicine. His boat was badly damaged in a storm and he was towed back to port after drifting for 40 days. He set sail from Panama a second time in early 1982 and was never seen again.

Much active psychic and intellectual work done in a consultation.

In her letter of December 1982, Alison told me that John never came to terms with the fact that he could not practice, that each and every day he missed patients. "We both knew that his voyage could end like this and for him, perhaps this was the best ending, though for us life is dull and empty without him."

He set sail from Panama in 1982 and was never seen again.

General practice had lost one of its greatest intellectuals whose fierce loyalty stemmed from his love of his craft and his patients. His epitaph is best expressed in his own words: "It is my belief that to have easy access to a humane and professionally well educated personal physician is one of the most valuable blessings that western civilisation has to offer its citizens. Unless we family physicians defend this right, which is both our patients' and our own, it may well go by default."