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# EDITORIAL

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## Recertification

Pilots do it. In most countries doctors don't. Perhaps the work of pilots is to keep people alive and that of the flight steward to keep people happy. The consequences of a pilot's misjudgement are mostly rewarded with a very visible catastrophe. We can always blame patient compliance and the "will of God".

What about regular recertification for doctors and specifically family physicians. In the first place there is no doubt that we can and do a lot of harm. Even our words of advice can cause morbidity and death. Of course we share this responsibility with the patient as they often hear something quite different from what we intended. The process and the outcome of a medical tragedy is far more diffuse than that of a plane crash. In most cases the link with our actions are not so direct. The necessity for recertification is thus not so patently obvious. You and I are not likely to get into an aircraft if we know the pilots were not being monitored to be fit and competent.

Recertification for doctors in South Africa has been mentioned in the passages of the SA Medical Council. But each discipline seems to feel that they will only do it if all the others also go in for recertification. There are those who argue that recertification is no guarantee of clinical competence. We, however, get our original license to practice by probably the same process. Examiners ask themselves, is this student going to be a safe doctor the day after tomorrow? In all these matters we are dealing with approximations, with degrees of risk. It is even so for pilots where the issues are more directly visible.

Doctors are dealing with more and

more potent interventions brought by the advances in technology and the human sciences. Recertification has come in some countries and it is sure to come to the tip of Africa as well. Perhaps we as doctors in primary care should not wait for the stragglers but get on with it, if this is going to mean greater health to our patients.

*Sam Feheren*