



From the editor • Van die redakteur

Collapse of Academic Medicine

The Chairman Prof Clive Rosendorff and the speakers Prof A J Brink, J Metz and O W Prozesky were in agreement. Academic medicine, as we know it in South Africa, is in a crisis. It is close to collapse. They anticipate that if our close-to-moribund medical faculties are not revived, a whole generation of researchers will be absent.

The occasion was a multidisciplinary conference on People for Research and Development held in Pretoria in August. It was organised by the Associated Scientific and Technical Society of South Africa in collaboration with several inter university and research councils.

Prof Andries Brink gave his vision for the future needs of Medical Research: the field of Primary Health Care and health care delivery systems as well as closer cooperation in research with the Human Sciences, featured strongly. Both Prof Metz and Prozesky were very pessimistic about the survival of South Africa's strong medical research tradition. This was made possible by adequate financing of medical schools and lower service and teaching commitments in the past. Researchers are trained by researchers and our present researchers are being destroyed by rapidly increasing service and teaching loads. If this is allowed to go its full course by means of the encouragement of privatisation, the cutting of budgets and increasing work loads, then none will be left to train the next generation.

In the Family Medicine movement we have been pleading on a worldwide basis for a change in thinking in medicine. So the thought occurred to me whether it is not time for the old system to pass away gracefully. The research success stories of South African medicine have been mainly in basic and high technology fields. The problems that have resulted from this are starting to shout against the obvious benefits

to our patients. Two of these are the alienation of the person in the medical system and the runaway escalation of the costs of health care.

All of us who have had the experience of a life threatening illness, know that it makes one think about the meaning of life. Perhaps it is timely and salutary for our centres of excellence to do just that. To think about the meaning of our present Medical School system now can only do good. My impression is that the MRC, under the leadership of Prof Brink, is doing just that. I am not sure if our Medical Faculties have got beyond the starting blocks. To squeal for more money to keep us comfortably in the past is a no-no. There just is not going to be more money. Every indication is that the money supply is to decrease steadily in the years ahead.

I sincerely hope that this imminent demise of our system will make us think more seriously of where we are going and that this survival thinking will revive South African medicine into a new era of excellence and relevance. My hope is that this will include a significant part for person-orientated and community-based teaching and research. May this adaptation hopefully happen before we sink into a period of mediocrity that may precede the demise of the present system.

The conference as a whole resolved to have a high level group of people make representations to senior government officials (and any other bodies). This will hopefully make all those who can work at solutions, aware of the gravity of the diagnosis.

Sam Fehrsen