



## From the editor • Van die redakteur

### Clinical freedom

We all have experience of anger and anxiety when someone threatens to take away our freedom. At times these reactions are very tense and cause a lot of action. When encroachment is insidious only those with long memories can raise any enthusiasm for the cause.

As a student I was taught the value of clinical freedom by witnessing doctors' reactions to perceived or real threats. A penpusher who dared prescribe from his desk, that all will use this drug only unless special motivation in quadruplicate was approved, caused a major storm. Vociferous red-faced debate was immediate.

Like many of the most important things in medicine this was not part of the curriculum, at least not the stated or overt one. It was very much part of the hidden curriculum, the covert one that was not purposefully taught. With such spontaneous, intensely emotional reactions we never failed to get the message. Ever since it has been reinforced by my own, similar reactions and those of my colleagues.

Around the world doctors seem to be losing this battle for freedom to increasing control by government, medical insurers, big business and patients' rights movements. Most of this change is insidious but occasionally it erupts as in the mass resignation of doctors in ???, Australia in 19??, or the doctors' strike in Ontario, Canada this year.

We continue to lose control in most such actions for several reasons. Negotiations are usually initiated in anger and centre around short-term issues. The parties do not meet to solve a common problem. They meet as people in trenches, as adversaries. The real issues seldom surface in such heated debate. In most instances apathy from a large section of the profession, as well as divided opinions and action, also play a role.

Governments and society feel increasingly that we should be held more accountable. They invest vast sums of money in medical education, and directly and indirectly in health care delivery; sums that in many instances demand ever larger slices of the resources cake. All this is happening while we are protected by licensure laws from open competition.

In days gone by doctors only felt responsible for those patients presenting to their consulting rooms, themselves and their guild or professional group. Today we have a new understanding of community and society reflected in medicine in such concepts as the "practice population" and "community health", which brings to us additional responsibilities over and above those to the individual.

My guess is that if we can exercise self-control in monitoring and regulating our profession with regard to cost-effective maintenance of individual as well as group health in our practices, there will be less pressure for outside control.

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