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# From the editor • Van die redakteur

## Attitudes

The South African Association for Medical Education discussed *Attitudes in Medical Education* at its annual congress, held at the University of Stellenbosch Medical Faculty from 6 to 7 May. Why are we discussing attitudes? Perhaps it is because so many patients are telling us we have lousy attitudes. They are telling us by complaining to the Medical Association and the Medical Council. Our American friends say that few litigations arise where doctor-patient interactions are protected by positive attitudes and good relationships.

The concern with attitudes is probably as much a matter of survival for the profession as a desire to respond more caringly to our patients. The congress thought attitudes to be important, also because it is a major determinant of behaviour and of the way in which medicine is practised. Prof Agnes G Rezler was the visiting expert from the University of Illinois, Chicago. In her gentle manner she made an invaluable contribution, with talks and comments in discussion. Her long experience in the field of the development and assessment of attitudes of medical students and practitioners enabled her to distil for us the essentials of the topic.

We were left in no doubt that teachers were a major determinant in the development of behaviour of students in the short term. There are evidently no reliable studies to determine how these student attitudes carry over as they become practitioners.

Students change their attitudes from one rotation to another to comply with the expectations of teachers. Much work is therefore needed to see if there is an important or essential hierarchy of attitudes for the practise of medicine. Will some attitudes stay? Do others lie superficially and change easily? The point of view of the Maastricht medical faculty was discussed at length. It states that students should be taught how attitudes are learnt and developed. There should be no prescription of specific attitudes. This is perhaps wise as people change their attitudes in search of approval from others. In any case, we need far more evidence. We can be relatively sure that there is universal acceptance that students and practitioners must develop an attitude that will ensure the necessary confidentiality of information disclosed to the practitioner. On the other hand, there may be neither acceptance of or proof that a particular attitude is beneficial to either the patient or the practise of medicine. Does a non-authoritarian attitude work in all cases, sometimes or never, or is it just something some people believe in very strongly and therefore propagate and attempt to practise?

It is therefore especially important for us in family practice, who believe strongly in the necessity of attitudinal training, to move humbly and apply ourselves to the necessary outcome studies in order to substantiate our claims in the area of the development of attitudes.

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