



Rural Australia: critical care and practitioner profiles

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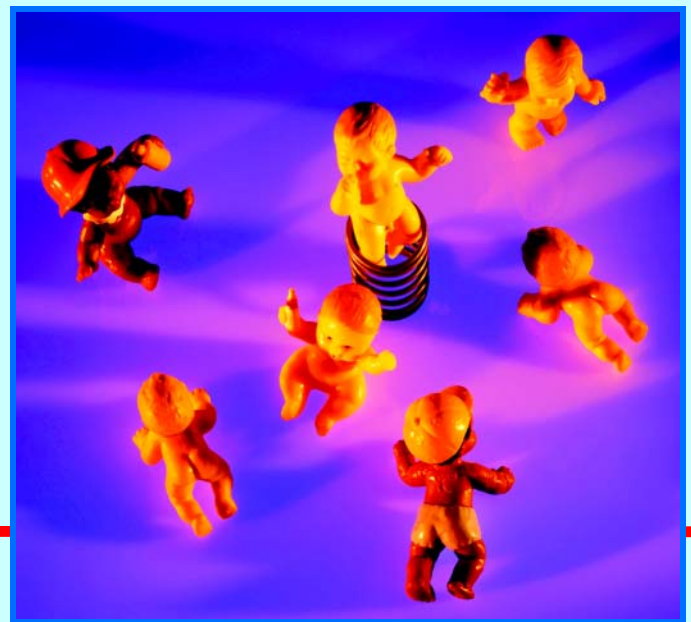
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TOMORROW'S DOCTORS

A century ago, what was expected of doctors was clear and simple. William Osler, Regius Professor of Medicine at Oxford, noted that it was "to acquire facility in the art of diagnosis, which must everywhere precede the rational treatment of disease . . . to grow in clinical judgement . . . [appreciating] the relative value of symptoms and the physical signs, and . . . [in giving] a forecast or prognosis . . . to conduct the treatment so that the patient may be restored to health . . . or, failing that, be given the greatest possible measure of relief."

A hundred years later, expectations of doctors are more complex. In a report for medical schools entitled *Tomorrow's doctors*, the General Medical Council of the United Kingdom outlined these expectations, recommending certain "curricular outcomes" for doctors. These are: providing *good clinical care* (having sound standards and competencies); *maintaining good clinical practice* (keeping abreast of contemporary knowledge and skills); developing *relationships with patients* (getting on with them); *working with colleagues* (working effectively in a team); *teaching and training* (being a competent teacher); *probity* (having integrity); and finally, *health* (being healthy and not putting others at risk through ill health).

But what will happen to tomorrow's doctors when they confront a practice environment that is under-resourced, time poor, impossibly demanding, full of potentiality for mistakes, pressured to conform with protocols and reporting, and subject to increasing interference from bureaucrats and politicians?

Yet, all is not lost. Polly Toynbee, a UK journalist commenting on *Tomorrow's doctors* concludes, "If somewhere between aspiration and reality human nature intervenes, at least doctors can be sure that they will still be practising closer to their own codes of practice than most journalists do to theirs".

Martin B Van Der Weyden

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