

THE BOUNDARIES OF MEDICINE

At the 1981 meeting of the Association of American Physicians, the presidential address, "The boundaries of medicine", by Donald Seldin, received a standing ovation.

In his address, Seldin argued that medicine is a narrow discipline with the clear goals of "... the relief of pain, the prevention of disability and the postponement of death by the application of the theoretical knowledge incorporated in medical science". He further noted that this notion of *medicine* is quite distinct from *health* as formulated by the World Health Organization, namely "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Seldin believed that "such realisation of happiness, inner tranquility, moral nobility, and good citizenship" was not solely a matter for medicine, but for individuals and their communities.

Today, the attainment of health and happiness is paramount, and Seldin's boundaries of medicine have become blurred.

Patients are now "health consumers" served not by doctors, nurses or other professionals, but by "healthcare providers". Medicine is played out not in hospitals or practices, but in "healthcare systems". Indeed, policymakers propose that the antiquated terms "doctors" and "nurses" be replaced by "health practitioners" and "health assistants". Increasingly, the traditional faculties of medicine have become Schools of Medicine or Schools of Clinical Practice and Population Health swallowed up by megafaculties of health and health sciences.

Does all this homage to *health* matter?

Medicine's traditions are embodied in the roots of the word — *medicus* ("physician") and *mederi* ("to heal"). Whether the boundaries of "medicine" limit it to the application of bioscience in matters of mind or body, and illness or prevention, or are blurred by the social needs of individuals and society, is problematic.

After all, do we not practise as MB BSs, and not as BHPs — Bachelors of Health Provision?

Martin B Van Der Weyden

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