

# The tyranny of the idea of cure (1967)

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Another in our series of commentaries on notable papers from the DMCN archives. The full paper is available at <http://www.mackeith.co.uk>

Mac Keith R. The tyranny of the idea of cure. *Dev Med Child Neurol* 1967; 9: 269-70.

In preparation for medicine, the medical student is taught the scientific approach by being asked to solve problems in chemistry, physics and physiology. He comes into the wards, and here again the emphasis is on illness episodes in the lives of the patients who are admitted for diagnosis, treatment and discharge. The tyranny which is bad is, of course, not the idea of cure but the idea that medicine deals with acute limited episodes.

In parallel with this implication that real medicine deals with acute episodes has been the implication that real medicine deals with chemical and anatomical disorders and that patients are 'uninteresting vehicles of interesting diseases'. But a sizeable proportion of medical students and their teachers now have the idea that medicine has something to do with people and they are teaching and learning about their patients as people...

Of the three duties of the physician - to cure sometimes, to alleviate often, to support always - it is the first that receives the implied approval of the hospital atmosphere in which the doctor trains. Medical teaching needs to give approval to alleviation and support. It is not easy to convey the needs and techniques of continuing support in the ward; it can be done in the outpatient clinic; it can best be seen in the medicine practised outside the hospital.

It is the inherent attraction of the idea of cure that has prevented adequate attention being given to other aspects of medical care. Of course the doctor must aim to cure whenever he can; but in addition to teaching this part of medicine the medical school must direct its attention to teaching the other two parts, and the profession to seeing they are regarded as highly as cure.

The paediatrician is in a good position to help in this change of attitude. With the general practitioner he has more fully than other branches of medicine adopted the comprehensive approach to his patients and he sees them as developing, evolving, continuing personalities. He is addicted to following up the babies and children he sees. Without abandoning the ideal of cure when possible, the paediatrician can do a great deal to increase the attention given to alleviation and support. If we are to give the best that medicine has to offer to children who have handicaps, the change of attitude is essential.

## Commentary

There are many reasons why the recently qualified doctor should feel inadequate. This editorial relieved me of one. Many aspiring medical students at their admission interview will say that want to go into medicine to make people better. It seems churlish to point out to them at this early stage that this is not always within the ability of even the most eminent of doctors.

I can remember Ronnie remonstrating fiercely with someone that one should never imply 'there was nothing to be done'. I learnt early from him that there was always something to offer and that that something was often multidisciplinary and more complex in conception and delivery than, for example, taking out an appendix to cure appendicitis.

I use a surgical analogy because it is salutary to reflect that, at the time Ronnie was embarking on establishing services for disabled children, there were only half a dozen or so effective drugs in the pharmacopoeia, sulphonamides, penicillin, aspirin, digitalis, thyroid and barbiturates. Physicians were often left feeling impotent. Reputations were built not on effectiveness but on diagnostic accuracy. This I think, often bred a patronising attitude towards patients as a means of self-defence.

Paediatricians were known for their empathy - none more so than Ronnie. The plight of disabled children was the chief spur in his professional life. Nevertheless, this editorial will have done much to reassure those of us embarking on a career where cure was not always possible: there was much else that was worthwhile.

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