

## EDITORIAL

### THE CHANGING FACE OF MEDICAL PRACTICE

The practice of medicine has been with man since antiquity. Man has always endeavoured to overcome adversity and the bid to overcome the devastating effects of disease has always been a prime concern of mankind since creation. From humble beginnings, employing herbs and other materials available in the environment and relying on minimal personal skills, medical practice has evolved to the highly scientific pursuit now familiar to us. Thus, it is possible to recognise distinct phases or eras through which medical practice has evolved.

The earliest era has been described as the era of Ancient Medicine which may be said to have started in pre-historic times to about 500AD. More commonly it is dated from about 3000BC when records first began in Mesopotamia concerning such practices, to 500AD, enclosing the times of such illustrious names as Hippocrates (460-379BC), Erasistratus (about 300BC) and Galen (130-201AD). During this period, causation of disease was ascribed to the supernatural and later to changes in the "humours". Some of our local Ghanaian practices of the art of healing may be said to belong to this earliest era in the worldwide evolution of medical practice.

The next era in the evolution of medical practice is the era of Medieval Medicine also described as the era of "Monastic or Library Medicine" which was dominated by religious dogma and intolerance. Practice of medicine during this period was largely in the hands of clerics and became more theoretical than practical. In many ways, large areas of medical practice in Ghana and many developing countries may be said to belong to this era.

Renaissance Medicine (16th to 18th century) started in earnest with the development of 'bedside medicine' and saw the shift from the theory of 'spontaneous generation' of disease to the theory of 'contagion' which spurred the search for organic causes of disease, culminating in the discovery of microorganisms as a cause of disease. Towards the end of this era, large treatment centres or hospitals have become established and the concept of the cell as the unit of the body set the stage for further scientific study of the origin, as well as mechanisms in the causation of disease.

The current era of medical practice (19th century to date) is described as the era of Modern Medicine and has been aptly described by some as the era of scientific medicine, with emphasis on diagnosis of diseases. The scientific backbone of medical practice has been provided by the concurrent development and expansion of 'Laboratory Medical practice or Pathology'. The technical requirements of this aspect of medical practice have spawned rapid and

monumental technological advances in medical practice in general. The quest to understand the 'science behind the cure' has resulted in rapid expansion in the contribution of laboratory medicine, and more recently, imaging studies to diagnosis of disease and further patient management. It has also helped in the development of specialties and sub-specialties of medicine, all in the quest to improve patient management.

With changing practices in medicine and increasing respect for 'patient autonomy', the practice of medicine is undergoing further changes. With current increasing availability and usage of information on the internet, patients are able to access data on various medical conditions, as well as their treatment options. Thus, patients often come to see their doctor already armed with information gleaned from the internet. Some patients may have even tried treatment options recommended by online doctors before coming to see their doctor. This state of affairs is seen increasingly in the developed countries, requiring doctors to be aware of such possibilities. The negative aspect of this increasing self-medication is that some patients may present to the doctor with a disease which they have self-managed wrongly or inadequately. Alternatively, they may even present to a health centre as an emergency, with complications of self-administered treatment. This has necessitated a paradigm shift in modern clinical practice, leading to the emergence of the new specialty of Emergency Medicine.

This specialty has arisen out of the recognition that patient emergency conditions require collaborative activities of virtually all diagnostic and intervention specialties or subspecialties to act in concert under the same umbrella in order to optimally manage patients with these conditions. Doctors trained in emergency medicine are therefore, equipped with the skills to either handle emergency patients themselves, or summon other specialists to assist in the emergency situation. As a pre-requisite, hospitals in developed countries now operate comprehensive 'one-stop' emergency centres which are equipped to deal with virtually all emergencies. This practice is only now becoming available in developing countries. In Ghana, the first comprehensive emergency centre has recently been opened in Komfo Anokye Teaching Hospital in Kumasi and similar centres are being constructed or planned for other teaching and regional hospitals. The Ghana College of Physicians and Surgeons also, in recognition of this need, has commenced training of residents in emergency medicine.

One might argue that literacy rate in Ghana being low, Ghanaians are unlikely to explore the internet for

knowledge of and treatment for their various illnesses to the same extent as patients in developed countries. While this may be true to some extent, there is a fair proportion of well educated Ghanaians who fall into that category. More importantly, emergency centre care is equally necessary in Ghana, perhaps for different reasons. With poor access to health care facilities for the majority of Ghanaians, coupled with difficulties the newly established National Health Insurance Authority is going through, many patients first seek medical assistance from traditional healers, prayer camps or the numerous quacks in the society. Deeply ingrained traditional beliefs tend to drive them to the traditional healer first in many cases, especially in difficult-to-reach rural areas. The proliferation of mushroom churches, coupled with difficult economic circumstances also tend to drive the patients to various prayer camps. In addition to all these, uncontrolled peddling of unlicensed medications in public places (including public transport) and in the various media, promotes self-medication, sometimes with contaminated products. It is not surprising that patients present to hospital or health centres for the first time requiring emergency treatment for complications of these unorthodox methods of treatment. One must also add the daily carnage on Ghanaian roads through road-traffic accidents, with the many victims requiring emergency medical care. Whereas intensified education about the serious consequences of the above practices may help reduce the numbers of Ghanaians requiring emergency treatment for such misadventure,

the need for emergency centres in our hospitals is likely to grow because of the changing worldwide trend described earlier.

Emergency medicine therefore, has come to stay and marks the changing face of medical practice in our times. Hitherto, many hospitals have operated small emergency medical and/or surgical rooms, which are no more than sorting places for patients who might require admission for further management. The television series (ER from the USA or St. James's from the UK), although highly dramatised have helped in our understanding and appreciation of the need for comprehensive emergency facilities in modern medical practice.

That Ghana has come to realisation of the urgent need for equipping hospitals with comprehensive emergency centres is a laudable development. The initiative taken by the Ghana College of Physicians and Surgeons on this issue is commendable. The College has further advanced this cause in the 2014 Annual General and Scientific College Lecture, titled "Improving Emergency Care in Ghana" which was ably delivered by no less a person than Dr. G.D. Oduro, the inaugural Chair of the College's Faculty of Emergency Medicine. The gist of that lecture has been published in Volume 4, number 1 issue of the College's Journal. It is my submission that other developing countries with circumstances similar to Ghana would also require re-orientation of their healthcare delivery along the lines outlined for Ghana above.

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