

Viewpoint

The scope of rheumatology

The term 'rheumatic diseases' principally refers to painful disorders of the locomotor system and diseases of connective tissues. The list of disorders includes: (a) chronic inflammatory joint diseases such as rheumatoid arthritis, ankylosing spondylitis, gout, etc; (b) systemic connective tissue diseases such as systemic lupus erythematosus and systemic sclerosis; (c) arthritis associated with viral, bacterial, and other infections; (d) rheumatic complications of other systemic disorders such as neoplasia, endocrine diseases, etc; (e) metabolic bone disease; (f) degenerative arthritis, including disorders of the peripheral joints and of the spine; (g) soft tissue rheumatism such as tendinitis, bursitis, etc.

The breadth of this field is enormous and demands the skills of the complete physician. If we limit ourselves to the inflammatory arthritides, or even worse, become known as 'rheumatoid arthritis doctors', then not only do we fail to fulfil our obligations to rheumatic sufferers as a whole, but we also become a minor specialty with only a limited role in the total fields of medical science and care. Experience shows that resources provided by universities, the Health Service, and other organisations will reflect the responsibilities that are undertaken by the specialty. In this context surely the rheumatologist must take the lead in clinical care and in research with regard to not only the interesting inflammatory disorders but also degenerative joint disease and the many poorly defined forms of rheumatism that plague our society. If we deny our responsibilities towards backache, neckache, and other such problems, then the patients will go elsewhere, and not only to other medical specialists but also to nonmedical practitioners.

We now should be practising the total management of the rheumatic patient. This will involve not only care during the acute stage of the disease, but also enable the patient to cope with his difficulties and to live as normal a life as possible. It requires an appreciation of the physical and psychological problems associated with disability and the knowledge of how to cope with them. This is an integral part of patient care, and there is no need to separate this part of the work from rheumatology and call it 'rehabilitation'.

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We now are agreed that every specialty in medicine

should consider the rehabilitative aspects as being integral parts of that specialty. What then is the role of the rehabilitationist, and should he have any special relationship with rheumatology? I feel that the rehabilitationist should have special expertise and facilities for dealing with multiple handicap and very severe disability. He should have a broad knowledge of the total field and be able to advise individual consultants on how to manage particular problems and how facilities such as physiotherapy, occupational therapy, etc., should develop. I see the rehabilitationist as having a regional or even a supraregional appointment with very special facilities at his disposal and accepting patients only on the basis that they will be returned to their referring doctor once the maximum benefit has been obtained. Such an approach would make the specialty of rehabilitation extremely attractive and there should be no difficulty in obtaining recruits of high calibre for these relatively few and very important posts.

Contrast the situation in which we often hear of posts in rheumatology and rehabilitation which are established in the pious belief that rehabilitation is a good thing and can readily be added to the responsibilities of the rheumatologist. No one is very clear about what is meant by rehabilitation and what kind of service is wanted. Many candidates for such posts wish to practice clinical rheumatology alone but of course to include total patient management and will regard having to provide rehabilitative care for other problems as a chore to be ignored if at all possible. Under such circumstances the rehabilitation component of such appointments is cast as dealing with the unwanted chronic problems of other specialties. This linking of rheumatology and rehabilitation impairs the attractiveness of rheumatology as a career, removes the incentive for other specialties to consider properly the rehabilitation of their chronic problems, and fails to encourage the full development of rehabilitation services.

Surely the time has now come to shoulder the broad responsibilities of rheumatology and to accept that there is no special link between rheumatology and rehabilitation.

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