

EXPERIMENTS IN HEALTH EDUCATION IN GENERAL PRACTICE

I

LECTURES TO AN EDUCATIONAL ASSOCIATION

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It was evident in 1948 that a great change was taking place in general practice—part of a gradual change which had been heralded in various ways for nigh on a century previously—incursions of government departments and local authorities and friendly societies into the privacies of general practice together with ever accelerating advances in the diagnosis and treatment and prevention of disease and injury. The public also was enjoying a new awareness in matters of health. The older general practitioner with his stethoscope and thermometer and bedside manner had been deeply engaged in the diagnosis and treatment of a mountainous mass of human ills. For the most part his very livelihood had depended upon the frequency of these episodes and the volume of his consequent attendances.

Faced in 1948 with involvement in what was to be called a *health* service, the general practitioner could adopt one of many attitudes with varying personal reactions, and could adapt his methods to suit the new circumstance, or could go on trying to fit old square pegs into new round holes.

In this article is outlined one of the results of my own peculiar reaction. I was greatly attracted by the word *health* in its new connotation to the extent of forming a concept of my personal responsibility for the health of each individual who might place his or her trust in me and, therefore, for the general health of the whole community of my patients in their natural daily habitat. I was faced with the prospect of accepting full primary clinical responsibility for the mental and physical well-being of each of these individuals, and of being allowed to take a small part in the great scientific experiment of applying all the resources of medical science to all the people all the time without let or hindrance. And I saw at the same time that it would be to their advantage and mine if I could teach the teachable of my patients ways of cultivating good health in their family, educational, and occupational environment.

It is this adventure into education that I am about to describe. I knew that a group of my patients belonged to an educational association which was tending to languish for lack of attractive subjects. Assuming that there could be no more interesting subject

than their own bodies and minds, I set about having myself appointed their tutor, and chose for my subject, "The Science of Good Health."

The lectures were penned out beforehand, I was provided with chalks and blackboard, and each lecture was followed by discussion. Some idea was given of the nature of the living cell and its functions of nutrition and generation, and of how the human body consists of interdependent colonies of such living cells, each colony with its special task contributing to the welfare of the whole. Hoping that this idea had caught on, I proceeded to describe one by one the bodily functions, how they are carried on, what contribution they make to the living entity, and how each member of the class by his or her daily bodily and mental habits could influence the normal working of their organs for better or for worse. Breathing, exercise, eating, sleeping, the use of tobacco, alcohol and patent medicines—all these were involved. Tonsils and adenoids were explained to the lay mind. Constipation was exposed as a lost good habit, not a disease. Clothing, cooking and cosmetics were discoursed upon. The class was separated for two lectures devoted to the journey through life from conception to old age, touching on the special problems of infancy, childhood, adolescence, maturity, middle age and senescence as they appertain respectively to males and females.

The emphasis throughout was on the positive joy of achieved good health with warnings of pitfalls by the way. A few diseases, mostly preventable ones or easily communicable ones (influenza, for instance), were discussed. How the patients and I fitted into the health service scheme, when and how and why to obtain medical advice—it was an obvious opportunity to advocate common sense and good feeling, and an early-in-the-illness early-in-the-day attitude.

Far from testing their knowledge at the end of the course I asked each member of the class to submit to me a written question or problem. This proved both useful and interesting, giving me clues to what had mis-registered, and showing me points which I had, in fact, omitted from my somewhat formidable syllabus.

Each of those who attended was, of course, responsible for his or her own health, many had, or were likely to have, young or aged dependants. I found it an enjoyable exercise and a pleasant and novel experience in doctor-patient association, and it has since given me the feeling that seeds sown in those particular minds have been propagated further afield, and have borne fruit in pleasant relations and easy co-operation in the practice.

It is now high time for the experiment to be repeated, but the particular organisation of which I took such profitable advantage has petered out locally, and I am now in search of a new stratagem to provide an outlet for my educational enthusiasm.