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The Future

Dr. Richard Newton

Abstract

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To picture the future one really needs to study the past and the present, and I am thankful that this has already been done by the two preceding speakers. It seems to me that the Royal Medical Society stands and has stood for two different things: at any time in the future these two parts of the Society will continue to be important. That is, its historical standpoint and present standpoint.

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We have all been around for a long time and that backcloth of history is important to us all. I hope that future members will continue to give us new reasons to be proud of the traditions of excellence to which this

Society aspires. Although this background as part of the Royal Medical Society, our members change from year to year and the Society has a "here and now" meaning for each new year of members. What the Society is in "real time" changes from year to year and is dependent on the character of its' membership and on the whims of Council. It seems to me that this "here and now" meaning consists of predominantly two things: The academic side and the social side of belonging to the Royal Medical Society. What changes will the future bring to these aspects of our society?

The Royal Medical Society has rarely placed much emphasis of the importance of being a medical society. A lot of medical students are put off joining because they see us as elitist and a little bit boring. The entry of any medical year hence tends to be a little fragment, with the Medical Students' Coun-

cil doing one thing, the final year clubs organising the odd disco and the Royal Medical Society struggling to present itself as the answer to all social difficulties as well as academic ones.

Last year in Synapse a very strong argument was presented by the editors for the formation of a unified Edinburgh Medical Society with rooms from the University and finances from subscriptions and societies' council grants. It is likely that interest in this from the student body will continue to grow; and in perhaps twenty to thirty years time when the well known phenomenon of student apathy is finally overcome such a medical society will come into being. This inevitably would lead to a sharp drop in our student membership and hence our annual income.

It may be that some time in the future we should address ourselves to this subject. The Royal Medical Society has more facilities than most other student societies and socially they are quite under-used despite the energetic attempts of our Entertainments Conveners. To solve this problem *may* require some changes in our membership and subscription procedures, perhaps with a separate medical society membership, allowing limited access to our facilities, with a much smaller membership taking part in the full academic curriculum and paying higher subscriptions for the privilege. *(At the moment we have no intentions to limit membership, indeed we're open to anyone to join with no increased membership subscription planned -Ed.)*

I see us being faced really with two options: either that we should expand our role and devote much more energy and to becoming a sociable society with the implica-

tions that has on our constitution and our financial set up, or alternatively we could contract down on ourselves and stop trying to be everything to all men. Our society is ostensibly devoted to the furtherance of medical excellence and the promotion of medical enquiry. A smaller membership of people genuinely interested in these ideals *may* be the path to the future.

One topic about our social facilities that has persistently been brought up in the past and has been a matter of some debate over my time as an active member whether or not we should have a bar in the rooms *(recently decided against for the time being - Ed)*. I am certain that, whatever the future may hold for us, this will remain a matter of some interest well into the future.

What else will we have to offer these drunken but brain-crammed whiz kids of the future? Well, quite a lot, I hope. Our Library is well stocked *(the situation in the library has changed now due to excessive theft -Ed)* and well used by our members. If this Anniversary Appeal is successful then we will be better equipped to maintain these standards in the future. The pattern of education as a whole is changing and even medicine is becoming aware of these changes. It doesn't require a crystal ball to see that computers as tools of learning are going to become absolutely necessary and that we will have to provide these facilities for future members. *(This equipment has been bought and is available in the RMS for all members - Ed.)*

Video demonstrations and tutorials have become invaluable aids to the medical curriculum and our Library in the future will have to include them. I would suggest that with this increasing complexity of the medical school curriculum it will become

important to forge closer ties with the medical faculty. This cooperation will enable us to forge closer ties with the medical faculty. This cooperation will enable us to provide more relevant and up-to-date texts and articles. I hope it would lead to benefits for us in that we could provide better Library facilities, and also benefit the faculty by providing a grounding of extra-curricular discussion of course topics.

The Public and Private Business meetings of the Society have been our *raison d'être* over the last 250 years: it is reasonable to suggest that will always be important. It is also likely that attendance at these meetings will always be important. It is also likely that attendance at these meetings will continue to be as sporadic as they have been in the past.

The topics presented at these meetings have always been a reflection of current medical fashion. The large number of presentations on syphilis, heroic surgical procedures, new medical treatments and discoveries bear witness to this. However, the Society has always tended to steer away from discussing socio-political matters. Increasingly health promotion and disease prevention are becoming more pertinent than acute medical treatment. I hope this change in medical fashion will be reflected in our meetings. Throughout the history of medicine environmental and social change have had a great impact on improving quality and quantity of life. However, recognition of this also implies recognition that the business of government is also important in the promotion of health. As doctors and future doctors it is important that we take an interest in the effects of political changes on the health of the populations we care for. Our business meetings would be an ideal

forum on which to stimulate discussion of such social and political issues. I think they are important but they are also interesting and of relevance to medical students, particularly in Phase I and Phase II. (*We have regular joint meetings with groups such as the BMA and Medical Protection Society on legal, political and ethical matters*).

I would not suggest, however, that this is done at the expense of the presentation of clinical and scientific papers. It is hoped that part of the revenue generated by this year's Appeal will be used to finance one or two students each year through a BSc. Honours course (*Already in action -Ed*). The research which such a year involves will provide material for original dissertations to be presented, and of course outside speakers will be discussing the new medical advances of the future. I wonder what sort of thing they will be presenting? I'm afraid I have a couple of possibilities for which I take no responsibility: percutaneous aortic Y-grafting - THE END FOR SURGERY?; possibly matter transportation and urethral stricture: post-elective students' viewpoint and remembering the importance of social and political issues: immortality - can the health service afford it?, or perhaps forced diuresis to reduce nephrotoxicity of streptozotocin in the treatment of advanced metastatic insulinoma (BMJ May 1987).

What will medical students be like who are listening to such dissertations? One thing that may occur is that the entrance standards to our medical schools will be lowered and brighter children channelled into pure sciences and research from the beginning of their course at University. Something like the Israeli model. Would this affect our society as it would the whole of medicine or would we actively welcome



A.P. - the permanent secretary of the Royal Medical Society.

bio-medical science students to our membership? We already have a number of non-medics as members, and indeed in the recent past they have played an important role in the running of the Society. Will this trend continue or again will we contract down and define our membership more specifically?

Will, indeed, there be any members coming to our meetings? It doesn't require too large a stretch of the imagination to foresee a time of Home University courses with all preclinical teaching being via some form of audio-visual computer terminal. Perhaps the Royal Medical Society will become an optional computer program available on the Edinburgh Medical School floppy disk. How on earth will A.P. cope with this?

For it is extremely difficult to imagine the Royal Medical Society without our Permanent Secretary. I can see the Society in 100 years time at last having a secretary who can work the electronic typewriter after hours of practice whilst hooked-up to her portable life-support machine. Or perhaps one of the future members could incorporate her into the computer program. Perhaps the last thing the Royal Medical Society will be remembered for is that it had the only personal computer that chain-smoked Benson and Hedges filter tips!

Over the last 250 years the Society has seen many changes in its rooms, its people and in medicine. I can see similar changes occurring in the future. Medicine and

HISTORY

medical students will change: new treatments, cures for cancers, viral illnesses, dementia, who knows what will be discovered? Technology will become more techno, health I hope will become more healthy. However, over the last 250 years the Royal Medical Society has not changed its fundamental ideals and it's character has remained intact.

This presentation on the future of the Royal Medical Society has been short. This is because I do not believe that any important changes will occur to what actually is the Royal Medical Society. I feel that in the future the Society will continue to provide a forum for exchange of knowledge new and old about medical and paramedical topics. It will continue to be a meeting place where over a video console, a coffee or a beer, ideas about health and medicine will be

discussed and where the fellowship involved in belonging to the Society is enhanced.

I am sure that in 250 years time the students then will be as proud of the Society as we are of ours today.

It always interesting to read in retrospect someone's predictions. So how accurate are they? Well the societies' rooms are now extremely well used, especially our coffee lounge at lunchtimes and we certainly don't intend to restrict our membership to medical students only. We're open for all to join. As for the Anniversary Appeal, it has now come to 'fruit' and extra funds are now available for audio-visual equipment, travel and study funds, and bursaries for intercalated years which were awarded for the first time this year.

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London

3 Devonshire Place London W1N 2EA Telephone: 01-486 6181 Telex: 8955275 MDUG

Manchester

192 Altrincham Road Sharston Manchester M22 4NZ Telephone: 061-428 1234