

## EDITORIAL

# Teaching philosophy

Prof NP Saragas

MBBCh(Wits), FCS(SA)Ortho, MMed(Ortho Surg)(Wits)  
University of the Witwatersrand, Johannesburg, South Africa



I was humbled by my most recent past fellow who quoted Aristotle in her thank you card: 'The one exclusive sign of thorough knowledge is the power of teaching.'

Although I am no philosopher, and nor have I ever professed to be one, these are my thoughts.

For a teacher to be passionate, enthusiastic, knowledgeable, approachable and nurturing is a given. However, this is not enough. Teaching should not be a dry act of imparting knowledge and spewing out information. It should be made interesting, pertinent, colourful and interactive so that the student is challenged to think out the box and take an integral part in the learning process. The student must not become a clone of the teacher but rather be given the foundation to ultimately surpass the teacher and promote further knowledge for the advancement of the profession. The student should look up to the teacher, and ultimately become a peer.

The subject should not be taught superficially but with depth so that core knowledge and all its subtleties is applied and long remembered.

The teacher must impress upon the student an ethos of excellence, responsibility, accountability and humility.

Philosophy and medicine often go hand in hand; teaching therefore, transcends many levels. The young doctor must create a relationship with God, the patient and him or herself:

1. He must be thankful to God for allowing him the privilege to be a member of this noble profession. At the end of the day he must go to bed with a clear conscience in that he has served God and his fellow man to the best of his ability. Although medicine is predominantly a science, Hippocrates refers to it as an (medical) art and the doctor as a servant of the art.
2. When it comes to patients the young doctor needs to reiterate the Hippocrates dictum, 'Practice two things in your dealings with disease: either help or do not harm the patient'. He must never lose sight of the fact that the patient is a human being with emotions, fears, expectations and an anxious family praying for his or her recovery. One of the most common complaints I hear from a patient consulting me for a second or even a third opinion, is that 'the previous doctor did not listen to me'. Make the patient feel comfortable and create a professional relationship based on trust. Listen to the patient and allow the patient to 'combat the disease in co-operation with the doctor'.
3. Be true to yourself. Go to bed with a clear conscience that you have done the very best you could possibly have done for all your patients. Two of the biggest scourges in life, least of all in surgery, is complacency and mediocrity. 'Oh, I have put in

thousands of intrapedicular screws, I don't need X-rays'. This is when the screws are found sitting in the spinal canal. 'The alignment of this toe is not quite optimal but it's ok'. This is when the recurrence of a hallux valgus deformity or iatrogenic hallux varus occurs.

Instil into students to always keep good records as there may come a day when they have to be accountable for their actions. Emphasise to the student that the day he thinks he knows everything, is the day he will fall hard. There is no shame in asking for advice or help.

Besides the Hippocratic dictum of 'ὠφελειν ἢ μὴ βλαπτειν' (to help or do no harm), more recently Charles Mayo said, and I quote, 'The primary approach to a patient in my teaching is "Can I justifiably get the patient out of having an operation, not into having one?" The surgeon who I would select to attend my family or me must first know when not to cut, then when and where to cut, how to cut, and when to stop cutting'.

Lastly my feelings towards fellowships, a subject close to my heart. Knowledge in orthopaedics is growing exponentially. The days of a generalist are rapidly coming to an end. I strongly advise the senior registrar or young consultant to reflect on their residency time and decide what subspecialty has piqued their interest and do a six-month to one-year fellowship at a reputable centre. This, in my opinion, will be the best investment they will make in their career.

## References

1. Van der Eijk PJ, University of Newcastle upon Tyne. *Medicine and Philosophy in Classical Antiquity*. Doctors and Philosophers on Nature, Soul, Health and Disease 3 - To help, or to do no harm. Principles and practices of therapeutics in the Hippocratic Corpus and in the work of Diocles of Carystus. Publisher: Cambridge University Press. 2005. pp 101-18. <https://doi.org/10.1017/CBO9780511482670.006>
2. Lloyd, G (ed). *Hippocratic Writings* (2<sup>nd</sup> ed). 1983. London: Penguin Books p94. ISBN 0140444513