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# 不容推諉的責任

傑 克 斯

WE HAVE A FIGHT ON OUR HANDS

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As the rehabilitation concept gains ground here in the Republic of China, much the same developements will take place, as in other countries, where specialised medicine has older roots.

Possibly we can learn from the experience of other societies, and avoid some obstacles by taking short cuts. For instance, sticking determinedly to the team concept of referring physician, physical medicine consultant, and the integrated therapies, with the aim of helping the patient, the whole patient, and nothing but the patient.

The only constant factor in Life is Change. We must see to it that the changes in our professions, that are complementary to medicine, shall be for the better.

There is no closer relationship in medicine, than that between the physiatrist and the rehabilitation professions.

They are inter-dependant, with common efforts and common aims. As in other countries, there will occur, in due course, a shortage of therapists, and an associated shortage of physiatrists. If this is due to demand outstripping supply, then we have a measure of progress. If it is due to other factors, then rehabilitation medicine is suffering from a wasting disease.

The danger is already with us, and we have a fight on our hands. We have to combat the fixed ideas of the older generations, and the

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prejudices of the die-hards. Those of us who have come back from training courses, and post-graduate experiences, in other countries, know what it means to find our enthusiasms, and modern knowledge, blunted against the stone walls of indifference, suspicion, and jealousy.

Therein also lies a lesson for all of us. One day we too, will join the ranks of the older generation. Let us hope we will remain receptive to new ideas, when that time comes.

Physical Medicine and its associated professions, particularly Physical and Occupational Therapies, have an immediate project, with Time as an ally. We must continue to do good work, proving ourselves not only necessary, but indispensable to medicine generally, and the public particularly.

#### STEPS TO BE TAKEN

I suggest that among the steps to be taken, are the following:

1. Careers must be made attractive: The best are attracted to the most. Adequate remuneration for all is a must, if we are to get the best.

2. Career structure: We need internationally-recognised training programmes for PTs and OTs especially. This predicates professional associations with government recognition, leading to membership of the World Confederations. Unless the twin professions do this, all our talk is just so much barking in the darkness.

3. Grading: Training and professional structures should contain grades, with remuneration according to capabilities.

4. Lost members: The majority membership in the complementary professions consist of women, and is likely to remain so. Women have a habit of getting married, having babies, and becoming lost to the professions.

The time may well come when a shortage of trained personnel, will create a demand for part-time staffs, and married ex-staff may be able to fill that demand. This is already the situation in all western countries.

5. Responsibility: This means that the referring physician provides the diagnosis, the aim of treatment, and essential information bearing on the aim of treatment.

The supervising therapist, PT and OT, should be responsible for the methods employed, the progressions, and frequency of treatment. The ultimate responsibility will rest with the consultant in charge of the patient.

Further, the therapist in charge of a department, should have managerial authority over auxiliary staff, such as aides, cleaners, etc., and be responsible for all treatments given by the staff, and for the general care of the patient.

It should be unnecessary to point out that self-respect is essential to all of us. Knowledge and ability creates self-respect, and the desire to excel.

Responsibility is the psychological shot in the arm, that develops the character of a true professional. Not many people desire, or are capable of responsibility. Those that do, should be given it, for to them every patient is a challenge.

6. Research: Medicine, it is said, progresses on its mistakes. A mistake is a primitive form of research, and in that connection, most of us have done some research. Today, we need planned research programmes, in every rehabilitation centre, with medical and para-medical staff taking full part.

7. Equipment: In developing countries, basic equipment must be had, and it is said that the best equipment is the fully-trained person. That is a first consideration, but the fully-trained person must be acquainted with all the modalities used in rehabilitation. This means financial expense and is not always possible. Most of us, are, therefore, obliged to do the best we can with what we have. Sometimes, only a pair of educated hands.

8. Domiciliary treatments: In the not-distant future, the public will demand, and get, domiciliary treatments. Teams of PTs, OTs, and Social

workers , will go out to patients homes , and give treatments and advice. This will relieve the pressures on hospital departments.

9. Integration of training: In due course, the need will arise to integrate all the remedial professions, so that all, including nursing, will have a working knowledge of each other's specialities, and problems.

10. Mind-stretching: What I call mind-stretching , is the need to keep interest alive in a profession that can become compartmentalised, as when a therapist remains so long doing a specific job, that it becomes a mechanical task, and even a vested interest. Some people like to dig themselves into a special rut, where they can run contentedly up and down, and never look over the top at the rest of the world.

We require, constantly, refresher courses , and post-graduate courses. in all methods of treatments, especially those not taught in training school, and not found in text books, remembering that text books are generally about three years old before they ever get printed.

We need instructions from therapists experienced in specialities, such as cerebral palsy , manipulative techniques , electro-therapy, medical hypnotism, thoracic , cardiac , mental diseases , a multitude of idiopathic conditions , and specialised treatments for such conditions as pressure sores , boils and carbuncles, inflammations of body apertures, male and female , and a host of conditions not commonly met within specialised areas of work, but common enough outside.

Electro-therapy alone contains a vast number of application for a vast number of conditions , and affords a field for research that has been barely scratched.

11. Above all, we must ever bear in mind that rehabilitation is team-work.

Good relations between the staffs of all professions concerned, is vital. This often means that the physiatrist must be not only a physician , but have the tact of a diplomat , the beneficence of a minor god, and the soothing powers of a tranquilising pill.

In conclusion , given all the above, we are going to win this fight.