

# The need for policy and social involvement

**Prof. Pierre MALLIA**

Whilst president of the College I was often contacted by the media asking whether the MCFD had a policy on an issue. This happened on embryo freezing, the question of sea water near fish farms, and others. Of course some issues may be divisive and a college policy is not something on which a simple majority has to agree. They must be written in neutral and non-political form but having firm statements and proposals. The American Medical Association have a Policy Compendium, which starts from simple things like the use of seat belts, to other more controversial issues. The Royal Colleges issue regular statements both as guidelines for physicians and to express policy. For example, the Royal College of Physicians until recently held a policy against euthanasia.

I have often been an advocate for having a policy compendium. Unfortunately, the college has a lot of work to contend with often with not a full complement on council. The Summative Assessment is one such big activity. Yet people interested can be involved and given credit. The more written guidelines the college has other than simply a statute, the more one shows the integrity and stewardship of family doctors as a group. The fact that media call the President of the MCFD shows that the name is out there and that people are interested in what we have to say. I was frequently in a position to explain that the college does not yet have a compendium of policies and is concerned mostly with continuing professional development. However, I always presented to council the ill-feeling this induced in me. I also had a sense of disappointment on the opposite end of the phone. How was it that doctors do not have anything to say about

contaminated waters near fish farms? This was a question that reporters emanate.

Indeed, such policies will need someone to do the background research. Family doctors have a social say and this gives us importance and advances family medicine as a speciality. Of course, one must simply state facts and policies without entering into political debate; although sometimes this is unavoidable. Conversely having a policy, say, on pollution caused by traffic congestion is naïve and probably this should not be a policy anyway. But acknowledging that it is a problem and giving suggestions on how things can be improved will certainly have beneficial effects. How long will governments ignore such a college before it realises the impact that it has? With this impact comes also pride of doctors forming part of the college and indeed better participation in membership.

So at the moment we have the issue of traffic congestion which triggers many ideas which can be evaluated. Amongst these are:

1. Decentralisation of government departments to local councils and local social services. Why should I have to go to a central department to hand in a form for social benefits? (Recently a patient of mine complained that he was asked to go in personally to hand in the form for renewal of a licence. The same holds for boat licences, etc.)
2. More use of internet for government applications, forms etc., avoiding people having to drive to departments.
3. Education:
  - Questioning whether schools really have to make parents' days on one particular day rather than spread them over a few months.

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Indeed, one can even question the time of day and the necessity of some school meetings. (We attended the parents' day at sixth form and all parents and teachers were agreeing that this was not necessary).

- Scout and other social movements should be questioned and required to organise buses and meeting points for activities rather than have parents drive their children to camp sites and to the Gozo ferry. After all they should be the ones to set an example. Although many scout groups do this, others do not (and here I speak from experience with my children).
- 4. Questioning whether introducing a work-from-home day per week can improve work morale and reduce traffic.
- 5. Questioning whether it will be beneficial to limit large vehicles and deliveries to specific times of the day outside traffic hours.
- 6. Encouraging pooling of people going to work.
- 7. Obliging school transport to avoid parents taking children to school.

There are many other possible proposals. The college is in a position to collect proposals, form a small team to evaluate and issue a report. Some areas in which the college ought to have a policy one are:

1. Substance abuse
2. Exercise
3. Sun block
4. Safe driving
5. Traffic
6. Pollution
7. End of life issues
8. Beginning of life issues
9. Women's health and rights

10. Men's health
11. Child rights
12. Vaccination
13. Disability
14. Community care
15. Home for elderly
16. Health promotion
17. Prevention of illness (e.g. suggestions on avoiding spread of influenza)
18. Illness and social services
19. CME/CPD and revalidation (so that when the time comes one is ready)
20. Current topics which affect health or medicine

Literature reviews and policies of the medical profession of other countries can be compared. But it is all well and good to speak out when one is not on council. One can easily ask, 'why did you not do it when you were president?' The present council can easily answer that – the amount of work involved. Once I have been relieved of the duties of council, I am taking the initiative to receive suggestions from college members which can be reproduced on this journal. If suggestions come forward to form a policy group which can present their suggestions to the AGM, this will be presented to council. Those interested please contact me on [pierre.mallia@um.edu.mt](mailto:pierre.mallia@um.edu.mt).

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