The significant developments in medicine which have taken place over the years have no doubt been a determining factor in improving the lot of our people. Hi-Technology has in many areas taken over in both the diagnostic as well as in the curative field. Newer promising drugs have replaced medicinals which had long been considered as having a secure place in the medical armamentarium. Malta, like other countries in the developed world has seen the new technologies introduced in its hospitals. Our record and performance speak for themselves. While the cardiac surgery programme and renal transplant surgery may be taking the glamour, we should not lose sight of the excellent work of the various disciplines and of the subspecialities which have mushroomed over the recent years and which have, in no small way, contributed to health gain - adding years to life and life to years.

Parallel with this development, there has been a major growing interest in the academic field and it is rewarding to note the increasing number of medical practitioners involved in research, publication of papers and epidemiological studies. The contribution of Maltese doctors in this field, both locally and internationally, is far from small. The Maltese Medical School Conferences have received wide acclaim as have other initiatives from the specialities of medicine. This Journal is proud of its contribution, even if in a small way, to such initiatives.

While we express satisfaction at these developments, we have to be reminded of the soaring costs of medical care which is creating major headaches even in the richer countries. There is therefore a need to ensure cost effectiveness and good value for money. There is an urgent need for all of us to ensure that with the introduction of new expensive technologies we are really achieving cost benefit without prejudicing the resources needed for more essential care or one which benefits more people. Clinicians must gradually become more management minded. We are in Malta, as in other countries, in the middle of health care reforms. The Total Quality Management concept must be applied in order to promote a culture of efficiency and effectiveness. This concept is already being introduced in our health services where standards of patient care need to be measured through a client focused service. The coming years must see further development of quality assurance and medical audit programmes. The need for evidence based medicine in the provision of services is a real one.

Health providers are continually reminded of the Health for All Strategy of the World Health Organisation which was endorsed by all the 180 or so Member States of the Organisation. This strategy promotes the Primary Health Care approach for health care delivery as the one which can lead to realisation of the WHO ideals and the achievement by countries of the targets set by this Organisation for the year 2000 and beyond. We are repeatedly urged to continue the shift, as far as practicable, from hospital care to care in the community. Again we are pleased to note this shift in our country including the recent emphasis in the community approach to mental health care. There is of course no need to emphasise the importance of prevention which has been the hallmark in control of communicable diseases and which is a proven strategy in tackling the modern epidemics of heart disease and other non-communicable diseases. The invaluable work of the Department of Health Promotion over these last years is appreciated. There is, however, a need as in other activities to evaluate programmes to ensure that expected intermediate and final outcomes are realised.

The health care team approach is now universally acknowledged as the way in which health care is delivered. Excellence can only be achieved when doctors, nurses and other health care professions work together in unity and coordination in the best interest of the patient. Most of our doctors have moved from a paternalistic attitude to one of partnership in a team. We welcome and encourage further developments in this direction.

We must, however, remember that while technology advances and we change accordingly, we remain doctors who have pledged to serve our patients with dignity and respect. Nor has there been any change in respect of our obligation to evaluate in advance whether our zeal to intervene and save life in extreme cases is in the best interest of the patient or what he/she would have wished. Patients’ medical needs, especially urgent ones, come before other considerations. These concepts have not changed in the world of medical ethics or bioethics. Indeed the advances in medicine have made these concepts all the more relevant. It is therefore essential that in the midst of this technological bombardment we continually remind ourselves that the patient is the "raison d'etre" of the health care professions.