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Editorial

Doctors – Yesterday, today and tomorrow

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Health care professional is an all encompassing new word for anyone involved in taking care of the ill. This term includes the whole spectrum of workers from a neurosurgeon to the nurse assistant or the “environmental engineer” meaning the housekeeper. Many doctors believe it is an attempt by the health care and insurance industries to blur the margin between the MDs and the less qualified Physician assistants, or nurse clinicians, or between the graduate nurse and the nurse tech. Cost containment at the expense of quality care is thought to be the cause for this shift. There is even a strong movement to call all of us as “Health care Provider Level 1, 2”, or Primary Care Provider etc to democratize the scene. In fact, in my home state of Louisiana the nurse practioner, psychologist and in some cases even the pharmacist can prescribe drugs!

Doctors of some kind have been around since time immemorial. It always fascinated me to see cats and dogs rolling around as though they were in distress and then search out and eat a particular type of grass and soon fell better. How did they know what to eat for symptom relief? Witch doctors, ayurvedic doctors, acupuncturists, homeopaths, naturopaths, or allopaths have all been around for ions. What has made all these “doctors” unique is the trust placed on them by their patients or customers. Blind faith to the extent that some of these “gods” could do no wrong even if, things did not go well for the “deceased” is not unusual. How often has one heard the family members say, “My uncle passed away even though ‘Dr Cure all’ did his very best”. Over the years, that kind of blind trust has eroded in part due to the capricious and unethical behaviour of a few unscrupulous health care personnel. It has boomeranged to the effect that doctors are attacked and hospitals vandalized, if the patient dies irrespective of the very best efforts.

Doctors of yester years had very few magic bullets to cure all kinds of diseases, some of which did not exist then or were not diagnosed due to lack of sophisticated laboratory or radiological tests. My father was a railway officer and we were fortunate to have good medical care at every step at reasonably clean and well equipped medical centers. The family doc in Trippunithura, Kerala who took care of our minor illnesses during our childhood days was a perfect example of the “village docs”. He probably was not an MD or even an MBBS and lacked X-rays and high-tech procedures but was kind, considerate, compassionate and took adequate care of my dad who had asthma and five of us kids, who were basically healthy but got the usual share of broken bones, snotty noses, etc. It may not be wrong to say that the doctor of yester years may have been less technically savvy but made it up by their clinical skills, personal attention and empathy. Doctors, priests and teachers were respected for their dedication and professional status.

Medical educators are acutely aware of the shift in public perception of doctors and also, the changes in the health care scenario, where IQ /knowledge alone do not make you a “wonder” doctor. The doctor today is like a bandmaster who needs a good team of colleagues in various fields stretching from the receptionists and support staff to super specialist colleagues to offer “total care” to his or her patients.

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Total care includes adequate time spend with the child (I am a pediatric haematologist/oncologist) and family to take a good history, do a thorough examination and explain the possible diagnosis, prognosis and the tests required and the plans for treatment. It is essential that the family is aware of the diagnosis, dose of the drug, side effects, and reasons to call or return acutely and of course the follow up plans. The more knowledge the child and family have of his or her illness the better the care.

Pediatricians always joke (adult doctors note that it is not "necessarily" true!) that adult MDs and especially surgeons are less prone to spend too much time explaining the intricacies of diagnosis and treatment to the unwary. The best example would be a story that goes like this – a patient goes to his adult cancer (note not paediatric!) and is told quite roughly and brusquely that he is not doing too well. His queries for more information are met with a vacant stare and he is told to wait for a call tomorrow. An agonizing 24 hours later, the phone is answered at the first ring by the now sleepless and anguished man. An unkind female voice (the grumpy nurse of the not too friendly doctor) asks "are you Mr so and so" and without even waiting for an answer goes on to say that she has some bad news and then some very bad news! The bad news is that "you have a bad form of cancer!" The shocked and crying patient manages to get in a question edgewise and asks, "What then is the very bad news?" Immediate response in an unkind, unsympathetic tone comes back in a rapid fire sequence – "the very bad news is that it is incurable and you will die in 24 hours!

The morale of the story is that sick patients and the families need a lot of tender loving care (TLC) in addition to medicines and procedures, and this requires special attention to details at hospitals and clinics. It is more easily said than done. The academician in a university hospital has to teach, take care of very ill patients (pressures to see more patients to improve income in some cases), teach and do administrative work. Fear of lawsuits, demanding and at times combative patients, explosion of medical knowledge with a sense of inadequacy all contribute to a sense of despondence and mistrust which may be transferred unconsciously to their dealings with the patient

The medical curriculum in our (and many other countries) is out dated and has minimal content on ethics, economics of health care, health care policies, communication skills, patients' rights and many of the humanistic and social aspects of care. It is quite obvious the medical suite of the future will have lot more automation and you may be confronted by a computer that takes your history and a robot that does your exam and a series of MRI and scans that confirm your diagnosis followed in rapid sequence by a printout that gives your diagnosis, prognosis and treatment plans. If you are the "human doctor" in this jungle of automation makes sure you offer a human touch, sympathy, empathy and hope.

Doctors have been and will be an integral part of life for a long time to come. We have evolved and will continue to need to change our educational programs, our diagnostic tests, treatment options, while always maintaining or improving our ethical and moral values and communication skills. We are taught to help anyone in need irrespective of their economic, religious and other personal factors and offer the best possible care with kindness and compassion. Our other responsibility is to constantly look to improve knowledge in our field by research in basic, clinical and social sciences applicable to medicine. Total and holistic care needs modern science, a team of dedicated people and the good old doctor as the team leader or the band master. Let us all retake our Hippocratic Oath and rededicate ourselves to do the very best for our constituency of patients and their families and also, students who depend on us to become good doctors. Last but not the least, teach ourselves and our students to help science progress by involving ourselves in research at any level feasible.