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Perspective on historical evolution and modern day challenges for the Internal Medicine Physician – based on SLCIM oration 2023 – "My search for meaning"

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Birth of modern western medicine

Origins of medicine are ambiguous. Historical evidence confirms that all great civilisations developed their own ways of healing the ill. Western allopathic medicine, of which we are practitioners, is thought to have originated in western Greece. Hippocrates of Cos who lived in the 5th century BCE is considered the father of modern western medicine. (1) Over the next two thousand years medical practitioners attended to all those who were ill. Their training and apprenticeship under their tutors were catered to treating all who were ill.

Birth of the specialist

Specialisation emerged in the early 19th century in Paris.(2) There were several reasons for this. Firstly, a collective desire to expand medical knowledge prompted clinical researchers to specialise. It became evident that no one could keep abreast of all the new knowledge in all illnesses. Secondly, the realisation that large populations could be best managed through classification according to illness. There was also the instinct of self-preservation. Charlatans or quacks had emerged specialising in manual procedures including tooth extraction, cutting for the stone, couching cataracts and childbirth. Gradually, trained doctors moved towards becoming experts, and by the mid 19th century these included man-midwives, surgeon-dentists and surgeon-oculists.

Birth of general internal medicine

The underpinnings of general internal medicine emerged in Germany in the 1880s when the amount of medically related basic science knowledge such as physiology, pathology and bacteriology increased significantly. German words 'innere medizin' is considered to be the origin of the term internal medicine.(3) There emerged a group of physicians who dedicated themselves to applying this fundamental knowledge to the care of their patients, which differed substantially from the way medicine was practised at the time which was mostly observations and empiric. These physicians with a 'scientific attitude' focussed their efforts toward caring for and studying patients' 'internal' organ diseases. Sir William Osler is considered to be the consummate internal medicine physician embodying all the personal and professional attributes of the physician.

Birth of the Physician in Sri Lanka

From literature and information gathered from respected senior physicians, the birth of the Sri Lankan physician was unveiled as follows:

As a British colony, our medical administrative structure closely followed that of Britain. Those who passed the MRCP from Britain were appointed as consultant physicians. From the 1950s, there was a

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separate MD awarded by the University of Colombo. This was an examination only with no structured teaching and training programme. Those who passed MRCP London were appointed as consultant physicians in teaching hospitals, those with MRCP Edinburgh, Glasgow and Dublin were appointed as consultant physicians in non-teaching, provincial hospitals. Those with the MD were considered children of a lesser god of sorts and appointed as physicians to non-teaching, non provincial hospitals. Parity was established between these qualifications in the early 1970s. There were indeed a few cardiologists and neurologists. They were appointments made by health services considering the training they had in the UK whilst preparing for the MRCP.

Birth of the Postgraduate Institute of Medicine (PGIM) Colombo and subspecialties in medicine

The PGIM was established in 1980 via an act of parliament to provide structured training supervised by designated clinical and educational supervisors trained by and accountable to the PGIM.(4) The first board certification as a consultant physician was in 1982. In an act of formal recognition of the establishment of sub-specialties branching off general medicine, the first consultant cardiologist was board certified in 1984. This was followed by board certifications in respiratory medicine in 1987, neurology in 1988, rheumatology in 1989, nephrology in 2002, endocrinology and gastroenterology in 2003. In recent years, cardiac electrophysiology, neurophysiology, critical care medicine, geriatric medicine,clinical pharmacology and rehabilitation medicine have all branched off from general medicine as sub-specialties.

General Internal Medicine at crossroads

The once glorious, overarching speciality of internal medicine is at crossroads today. It was a foregone conclusion that as knowledge and research increased at an exponential rate, no one person could be a master of all trades. With increasing knowledge and service demand the sub-specialties increased in number. The internal medicine physician has discovered that his traditional role has been eroded and much of his work has been taken away by the sub-specialists. It is not merely the impact on private practice income but the thrill of being challenged by a wide range of medical problems and the joy of solving them has been lost to an appreciable extent to the internal medicine physician. Physicians have at times been disgruntled by a lack of job satisfaction and faced an identity crisis. Who am I? What should I be doing? Where do I find meaning in my job? These uncomfortable questions have troubled them often.

What is the role of the Internal Medicine Physician in modern day medicine?

In modern day medicine, the Internal Medicine Physician can be observed in a number of different roles as follows:

1. The master diagnostician- Taking a global comprehensive approach that enables problems to be identified and a wide array of diagnostic possibilities to be considered
2. The master of therapeutics for patients with multimorbidity- Treatment of complex problems affecting different organs of the body
3. The analyst - Critical analysis of research reports to determine the best treatment for patients with multimorbidity including an appreciation of complex interactions between medications
4. Researcher and innovator- Follow their passions across the length and breadth of medicine and conduct research in a trans-disciplinary manner to seek out solutions to complex medical problems facing the world today

Multidisciplinary versus Interdisciplinary versus Trans-disciplinary care

Complex health problems involve diseases affecting multiple organ systems. A multi-disciplinary approach is the most primitive. Different experts walk in and do their own thing. In an interdisciplinary setting they speak to each other a lot more and try to support each other for a more holistic approach but still remain in their enclaves. In a trans-disciplinary approach, the problem takes the focus and we use knowledge and skills in many areas of expertise to meet one common objective - solve the problem. Experts come in but they are led by the overall multi skilled person.(5)

Physician as the leader of trans-disciplinary care provision

Medical world is facing the most challenging problems of all time. The only plausible solution

appears to be a trans-disciplinary approach to patient care. In such a march, the internal medicine physician is the leader of the pack, the 'General' of the army. There are brilliantly gifted subspecialty colleagues who will support the internal medicine physician in the search for lasting sustainable solutions to today's health problems. Whilst retaining the greatest respect for the subspecialty colleagues the internal medicine physicians need to view themselves as the ones who can prevent fragmentation of the health system and patient care. Whilst the subspecialists are the Sachin Tendulkars and Muttiah Muralitharans of this world, the internal medicine physicians are the mercurial all-rounders, the Gary Soberses, Keith Millers, Mike Proctors and Imran Khans of medicine.

The time has arrived for a new beginning where internal medicine physicians spread their wings far and wide in clinical, research and academic arenas. The "clear and present" danger for the isolated specialty is the risk of painting itself to a corner. A gradual and a graded integration and sharing of academic and research efforts with sub-specialty colleagues remains an important need of the hour in order to progress in a comprehensive healthcare provision improvement effort.

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