Chapter 158
Role of Physician in an Era of Superspecialization

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Physician

A physician is a health care provider who practices the profession of medicine, which is concerned with promoting, maintaining or restoring human health through the study, diagnosis, and treatment of disease, injury, and other physical and mental impairments. They may focus their practice on certain disease categories, types of patients, or methods of treatment known as specialist medical practitioners or assume responsibility for the provision of continuing comprehensive medical care for individuals, families and communities known as general practitioners.¹

No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the sufferings, the physicians need technical skill, scientific knowledge and human understanding. Physicians are expected to show tact, sympathy, and understanding, as the patient is not only collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions, but also a human, fearful, and hopeful, seeking relief, help and reassurance from the physician.²

In the era of modern scientific development, there are numerous sources of clinical information, internet, electronic media, journals and books which require a physician to apply his vast knowledge judiciously to his patients. The coordination and correlation related to medical knowledge, clinical examination, experience and judgement is the art of medicine. It must be acquired to use the available scientific literature, investigations, imaging techniques in a way which help the patient knowing that each test impact the cost of treatment tremendously.²

To wrest from nature, the secrets which have perplexed philosophies in all ages, to track the source of disease, to correlate the vast store of knowledge, that they may be available for the prevention and cure of disease, these should be the ambitions of a physician — William Osler 1849-1919.²

Hence physician is not only a health care provider, but also a friend, philosopher and a guide to his patients.

Challenges in India

India is second most populous country in the world with more than one billion people, accommodate 17% of the world population in 2.4% world’s area.⁶

India’s annual population growth rate is 1.74% contributes to almost 20% of the birth worldwide. One percent of India’s GDP is spend on health as compared to France 10.46% and Japan’s 8%.”⁷

Median age of 1st pregnancy in India is 19.2 year and still 61% of all women are married before the age of 16 year. Only 42% women receive professional medical care, with maternal mortality of almost 136,000 deaths/year. India has highest burden of maternal mortality in world. 47% of death in rural India is attributed to anemia and hemorrhage, the causes that are very much avoidable. More than 1/3rd of women, 47% of children are undernourished. Among adolescent 18% are undernourished. There are 225 million adolescent comprising nearly 22% of the India’s population. More than 70% of girls in the age group of 10–19 year suffer from moderate to severe anemia. Over 35% of all age related HIV infection in India occurs among 15–24 year of age indicating high vulnerability in the population.⁸ ⁹

Communicable Diseases

In India there are 1.8 million new cases of tuberculosis and about 370,000 deaths from the disease. Over 1.5 million people suffer
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CONCEPT OF SUPERSPECIALITY/SUBSPECIALITY

Vast knowledge and modern techniques have opened an era, where specialization like cardiology, intensive care, nephrology, urology, gastrology, oncology, immunology, genetics, hematology, rheumatology, molecular biology, endocrinology, etc. are developing at fast pace. Each of the above speciality requires an extra training of 2–3 years with the result that a superspecialist starts his career at the age of about 33–35 years with an attitude to recover the expenses incurred during these extra years.

This leads to development of an approach which is usually procedure and technique based rather than real need of an individual. Even the scientific rationale of the many procedures or instrumentations or techniques is not taken into account and outcome may not be optimal and desirable. This increases the burden economically and even adverse effects related to procedure are sometimes painful to the patients. Most of the superspeciality doctors view a patient in parts and they do not take holistic account of a patient’s personality and perceptions. Even in advance malignancies, many CT’s, MRI’s, genetic, molecular studies, are ordered without discussing the outcome with the patient and relatives.

Do we need such Concept of Superspeciality?

Of course, we need specialized doctor and services but we can’t train physician to provide these services.

No amount of technological sophistication can replace information derived from history and physical examination. For example, occupational history may provide essential clues to the correct diagnosis. Insights into the cause of a patient’s persistent fever might lie in knowing the patient’s lifestyle or occupation—the source could be endocarditis in an intravenous drug user or tularaemia in a rabbit hunter. In a painter, one thinks of lead intoxication or chronic alcoholism, but an additional disorder that may be more relevant for fever is histoplasmosis, because of extensive exposure to bird (probably pigeon) droppings.15

There are few advanced skills, technologies, instrumentation, imaging techniques which should be discussed by the physician with the patient and relatives explaining pros and cons and then the patient should decide about the future treatment with the help of physician or with super specialist looking to the best interest of his patients.

The crisis in medical care due to the growing super specialization has been a subject of intense debate in the US. The Federal Council for Internal Medicine has considered it a national need to lay stress on the role of physician.16,17

ROLE OF PHYSICIAN IN MODERN ERA

- Physician should be well versed with newer guidelines to have effective dealing of health care delivery to his patients.
- One should take active interest in diseases prevailing in community, their treatment, prevention and safeguards.
- Physician should take active role in national programmes.
- Physician should practice the art of preventing disease with implementation of adult immunizations.
- Chronic illness such as COPD, bronchial asthma, DM, rheumatologic diseases, etc. prevailing in the community should be given special consideration in the timeframe by the physician.
- One should be able to guide regarding referral services.
- All multisystem diseases and infections will be treated better by a physician. In fact most of diseases involving more than two organs/systems of body should be treated by physician.
General

SUGGESTIONS

The physician’s medical expertise, experience at the bedside, and status in society can provide invaluable perspective and influence in framing the policy process.\textsuperscript{18}

Physician should be given the task for the community leadership role amongst the other doctor colleagues because of the vast knowledge of the diseases and their risk factors, prevention strategies. Regulatory agencies like MCI, universities, and government may initiate action in this regard.

Physician should keep themselves updated regarding scientific knowledge, treatment and guidelines.

Physician should develop the doctor patient relationship and should guide their patient in choosing best option available in deciding costly treatment/procedures at superspeciality levels.

Most of the diseases can be better managed by the physicians and the need of the community is better understood by the physician so they should be consulted in framing policies in health related issues. For example, when it was known that a big amount of financial burden or loss was occurring due to malaria in UK, a small percentage of that amount spent on malaria prevention as long-term strategy saved millions of pound in UK.

PHYSICIAN AS COMMUNITY LEADER IN HEALTH CARE

Physician by virtue of their knowledge ranging from basic understanding of diseases, risk factor, prevention strategy, treatment of individuals and measures to be taken at community level, may act as a foremost leader in providing quality care to their patients and community at large.

Physician should therefore be given the task of leading the health team with all other care providers collaborating or working directly in consultation or in his supervision.

Government and MCI may take a step forward in this direction. All superspecialities or subspecialities doctors should work in collaboration with physician to identify the problems in the community and referral services must be developed in bidirectional way to provide best of the available care in moderate resources.

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