

Internal medicine as the queen of medical sciences: an underestimated specialization in Poland

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We are facing the fact that the most represented specialty of medicine in Poland, namely, internal medicine, experiences a deficit of active specialists. There are several reasons for that. First

of all, for many years specialization in internal medicine was treated as a springboard to a narrow specialization. The vast majority of doctors educate themselves in internal medicine, which is a required step before further narrow specialization. Secondly, the subspecialization is promoted by the system of contracting, and it is a requirement to employ a specific specialist in a profiled department. Nowadays, almost every ward of internal medicine indicates a subspecialization in the name of a department, for example, a department of endocrinology, diabetology, metabolic diseases, hypertension, gastroenterology, nephrology, rheumatology and internal medicine. Departments of cardiology and cardiologists separated themselves from the vernacular internal medicine. Thirdly, the establishment of modular specialization in the future will cause a risk for a diminished number of internal medicine specialists. Why the specialization module in internal medicine is reluctantly chosen by graduates of medical faculties? Is this because of the level of difficulty of specialization? Another essential question is whether we generally need specialists in internal medicine? Personally, I consider the specialization in internal medicine necessary. The ability of a wider look at a patient increases the chance of a precise diagnosis, and, as a consequence, implementation of effective casual treatment. In the modern world of medicine, a holistic approach to a patient is urgently needed. However, if specialty has the minimum subsistence level, it is necessary to create certain conditions of employment.

During my classes with students, I often ask the question about being a specialist in their future plans. Very rarely they express the wish to be a specialist in internal medicine. It is interesting that many of them declare that they want to be pediatricians, not choosing precisely a pediatric

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cardiologist, a pediatric nephrologist, a pediatric endocrinologist, a pediatric rheumatologist, etc. Those who express the wish to be a diabetologist, a rheumatologist, a nephrologist, an endocrinologist intend to care for adult patients. But why not just a specialist in internal medicine? There are various answers: "a lot of learning and almost none opportunities to work in good conditions", "limited possibilities of diagnosis and treatment", "hard to comprehend", and "do not want to live from hand to mouth".

Specialization in internal medicine requires knowledge and skills in intensive care, cardiology, pulmonology, endocrinology, diabetology, gastroenterology, nephrology, rheumatology and rehabilitation, hematology, infectious diseases, neurology, psychiatry, oncology, transfusion, diagnostic imaging, basic geriatrics and gerontology, and toxicology. In the past, there was a two-stage model of specialization in internal medicine, and in the opinion of many, doctors were better prepared to work in this specialty. I can still remember the days when hospital departments were named "Internal Medicine". I also recall the monthly meetings of the local Polish Society of Internal Medicine, where you had to come earlier to get a seated position. This has gone to history.

When I talk to the residents of internal medicine, even those who chose internal medicine in a module, I can hear that this is a prelude to a further detailed specialization.

The current position of internal medicine is due to its natural history of progress. Development of biological sciences, creation of new research tools, inventions in medicine, huge technological progress, and discovery of new treatments require high qualifications. Nowadays, even within the specialization in internal medicine, the narrowing of knowledge and skills is observed. We can find specialists in thyroid gland, adrenal glands, osteoporosis, hepatitis, chronic myelogenous leukemia, dialysis, new technology of treatment of diabetes, and many others. With the suspicion and diagnosis of a disease, we want to get to a specialist who deals particularly with this type of illness. However, it is important to find a doctor who has an extensive knowledge and establish an accurate initial diagnosis and sends the patient to a specialist who will confirm the diagnosis and apply effective treatment. This idea would help avoid the problem with patients roaming from a specialist to specialist, an elongated diagnostic path, and multiplying the number of additional tests.

Personally, I belong to the generation that specialized in internal medicine in two steps. Professor Henryk Wysocki and Professor Bogna Wierusz-Wysocka set the path of my scientific and clinical development. The order of these names is not random because I approached diabetology via the department of cardiology. Then, the specialization in internal medicine was the foundation for my further specialization plans. After years,

I believe that a true basis of internal medicine is extremely important in the treatment of diabetic patients. Doctors who successfully passed the exam in internal medicine and work in a specific specialization share the same opinion. They have already confirmed that specialization in internal medicine is demanding and even difficult but extremely necessary in the system of medical care. Education profile of the specialists in internal medicine require knowledge and skills that indicate the potential place of employment, such as the emergency department, primary health care, or the department of internal medicine. A general internist may also practice as a consultant in different hospital settings, such as surgery, orthopedic, neurology, psychiatry ward, and others. The system of medical care should promote specialists in internal medicine, and these specialists should be attractive for employers. Moreover, the employment conditions should encourage doctors to work in this field.

As per definition, a general internist is a specialist who applies scientific knowledge and clinical experience to the diagnosis and treatment of adults across the spectrum from rare to common diseases. A good internist is referred to as an expert in solving diagnostic puzzles in adult patients. It is not easy but very exciting. Doctors who practice internal medicine should be promoted by the national health system. In my opinion, specialties focused on a particular medical area of internal medicine should remain subspecialties but not "supraspecialties". First of all, a particular training in internal medicine with the final exam that is followed by an additional training to "subspecialize" without exceptions.

In the United States when you see FACP after a physician's name, it means that this person is a Fellow of American College of Physicians, a distinguished group of doctors. The fellowship is an honorary designation and a mark of distinction. It means that the doctor has made effort to become better in his field by publishing scientific papers, participating in medical meetings and congresses as a speaker, as well as actively pursuing continuing medical education.

It would be great if specialization in internal medicine took its rightful position among the numerous specialties. A high level of medical education and training is a huge advantage for patients and should be more often selected by medical graduates. A well-educated internist, with great knowledge and rich experience, should be a valuable team member in each medical facility.

As one of the numerous specialists in internal medicine myself, I hope that this specialty, which has such a great history and solid roots, will continue to develop as a branch of medicine both in Poland and all over the world.