

Internal medicine: an abandoned parent?

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When I was a student, internal medicine as a specialty seemed very appealing. There were numerous internal medicine departments at hospitals, while not so many departments devoted to its individual subspecialties. Internal medicine seemed to represent the very core of medicine. In fact, I followed this temptation and my medical curriculum now includes specialties both in internal medicine and cardiology.

This picture from the 1980s and early 1990s seems like a remote memory today. There are numerous subspecialty departments with physicians highly qualified in these subspecialties and using high-end technologies that internists or other subspecialists of internal medicine are often completely unfamiliar with. Nowadays, a "mere" internal medicine department is often thought of as fossilized and lacking innovations. However, could we live without these departments? I deeply doubt it.

At the same time, different health care systems adopted many new specialties, some of them based on traditional subspecialties of internal medicine, but sometimes reaching incomprehensible fragmentation (my favorite examples are hypertension, diabetology, and angiology), thus dividing doctors according to the work environment rather than the target patient group (family physicians, emergency department physicians, or hospitalists) or patient's age (pediatricians, geriatricians) and sometimes generating obscure profiles such as clinical pharmacology as specialty. Redundancy is the codename: I lost count a long time ago as to how many medical specialties we had in Poland, certainly a record breaking number.

The question is: where do we go from here? In the face of deep demographic shifts with aging population, what should be the right direction of change? Should an internist just slowly evolve towards a geriatrician, taking care of people less suitable for advanced and invasive interventions which modern medicine worships and boasts of? Should we then just define an internist in a negative way (no pediatrics, no obstetrics, no surgery) or rather consider him or her as "a pediatrician of adult patients", the key player

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integrating medical reasoning and holistic understanding of the individual patient with multiple comorbidities developing over lifetime? As the reader may suspect, this is actually my personal viewpoint.

Let us take a look at the origins. Semantically, we often understand the meaning of “internal medicine” as “the medicine caring for the internal components of the body”. Probably this is not right. The term appeared in the late 19th century in Europe and migrated to America and other parts of the world. Some medicine historians suggest that the original German phrase “innere Medizin” introduced in the 1880s was meant to correct the concept of the “clinical matters only” discipline and emphasize the interest in the “internal core of medicine”, which is closely linked with experimental science foundations and supported by modern laboratory analyses of the patient’s condition. I think that every modern internist will eagerly adopt such etymology, revealing our interest in getting to the deepest roots of the illness, using the experimental and empiric methods rather than dogma or, currently speaking, “eminence-based medicine”. This is very close to my perception of the internist in the 21st century.

In my view, internists are the pillar of current health care. Their roles in the health care system are manifold and actually they represent one of the most multitasking specialties of medicine. They may serve in primary care as hospitalists and easily expand their core skills towards numerous subspecialties, including geriatrics. In fact, Polish internal wards are currently already overcrowded with octogenarians and nonagenarians receiving optimal care, as there is insufficient geriatric service. The primary task of the internists should be to integrate the medical information of their patients and select the best treatment, using patient-centered, mostly noninvasive, and state-of-the-art diagnostic tools and methods.

Considering the overwhelming accumulation of new medical knowledge, we must accept the fact that as medical professionals we choose between less detailed knowledge in a very wide field (family medicine) or deep, reference knowledge in the very focused section of the medical science. This specialized pole usually includes the integration of skills in performing specialized, more risky, and invasive techniques, which in fact brings those internal subspecialties very close to surgery—the process very clearly exemplified by my favorite field of cardiology. It is quite interesting from the historical perspective of the everlasting division between medicine and surgery. By the way, neurology has split from the common stem of internal medicine early, but is it not nowadays again as close to it as other “typical” internal subspecialties?

Therefore, in my opinion, a good internist should seek balance between versatility and wisdom, assuming that most of us are able to assimilate a similar size of a medical lexicon containing

facts that are then permuted in our brains to result in expert medical reasoning. Dealing with cardiology in my everyday practice, I am inevitably unable to enrich my knowledge on other fascinating subspecialties of internal medicine, or even track the most recent advances, except for milestones. Just take hematology as an example. As a cardiologist, I am lucky to see patients with a multitude of medical problems, in most cases burdened with circulatory conditions, and therefore I have not lost the internist’s touch. Nevertheless, as subspecialists, we need a “universal specialist” to connect us—and it is the internist. In the 21st century, such integration of care in a modern European country definitely requires well-organized facilities with a ready access to digital integrated medical records, still a way to go.

The grand value of internal medicine is its focus on science, clinical research, and teaching, which goes hand in hand with patient care. Therefore, internal medicine must remain the mainstay of a modern and efficient health care system, as it represents much more than doctors who do not do surgery or have decided not to aim for dexterity in ultraspecialized procedures or treatments (which is often very well remunerated), but rather those who have decided to deal with the widest variety of human ailments.

Note The opinions expressed by the author are not necessarily those of the journal editors, Polish Society of Internal Medicine, or publisher.