

The present and future status of internal medicine in Poland and in the world

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Evaluation of the current situation regarding the division of medical disciplines Currently there is a strong tendency in medicine to make extremely

detailed divisions among different subdisciplines of clinical medical sciences, dealing with pathology and treatment of specific tissues and organs.

Therefore, there are specialists with a narrow focus on the pathology of “hair or big toe”. These decentralizing tendencies (dividing the clinical medical sciences into narrow specializations) are accompanied by efforts to unify once again the general diagnostic and therapeutic treatment of an individual person, perceived as an integral whole, by a doctor who, apart from general knowledge (and in many cases specialist knowledge in some fields) of pathology, is also aware of the social and environmental conditions of a given patient.

The old clinical division of medical disciplines into internal diseases, pediatric medicine, gynecology, and surgery enabled a more detailed and orderly view on the knowledge of main human health problems. Maintaining this division, as a starting point to deepen the knowledge and experience by the doctors learning about particular problems concerning organ pathologies in these specific subdivisions of medical sciences, seems to be a necessity.

Maintaining the status of the basic clinical medical disciplines: internal diseases, pediatric medicine, gynecology, and surgery despite considerable advances in specific medical subdisciplines seems to be mandatory, because of the following consequences: 1) didactical (teaching of medical staff); 2) organizational (day care and specialist/stationary care profiles); 3) social (consideration of the entire health situation of a particular patient, and thus avoidance of the harmful pharmacological and medical interactions).

The role of internal medicine as one of the basic disciplines in clinical medicine Clinical medical sciences traditionally covered by internal medicine in Poland are cardiology, nephrology, endocrinology, rheumatology, gastroenterology, pulmonology, and hematology. There are several

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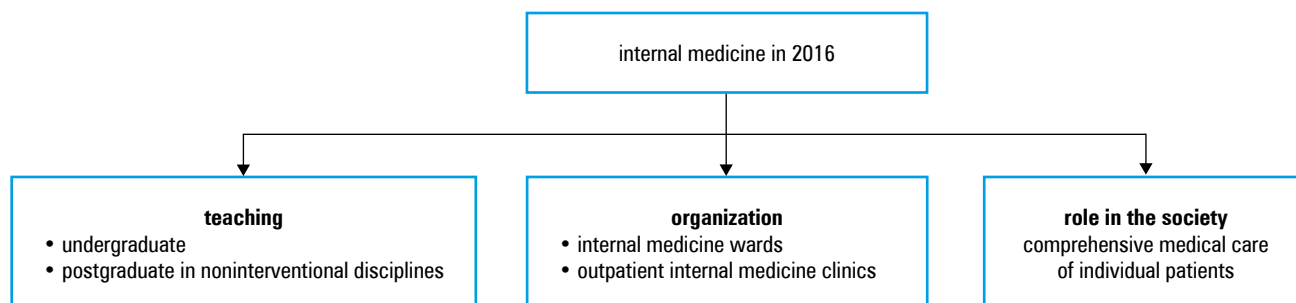


FIGURE 1 Internal medicine in 2016: teaching, organization, and role in the society

subdisciplines that evolved from each of these sciences, which can be seen mainly in specialist university hospitals.

The current separate subdisciplines of medical sciences, which evolved from internal medicine are, among others, geriatrics, neurology, oncology, infectious diseases, and probably also psychiatry. However, is it not that the practice of these subdisciplines requires the knowledge of general internal medicine, obtained not only in basic undergraduate studies?

Currently, internal medicine is a discipline that combines the current basic knowledge with the specific (subject matter) knowledge related to different internal medicine subdisciplines (cardiology, nephrology, endocrinology, rheumatology, gastroenterology, pulmonology, and hematology). With this assumption, internal medicine is a departure point for training in more specific specializations of noninterventional medicine in the adult population and it is involved in diagnosis and treatment of persons with most common and basic internal diseases.

Directions of internal medicine development In every specific subspecialty of internal medicine sciences, there is diagnostic and therapeutic cooperation with the other selected subspecialties. For example, gastroenterologists often cooperate with surgeons; hematologists, with transplantologists and immunologists; and endocrinologists, with gynecologists and neurosurgeons.

The need for interdisciplinary cooperation between the separate clinical divisions of medical sciences is especially visible in rheumatology. Currently, rheumatology is a multidisciplinary field requiring a very broad cooperation, among others, between the internal medicine subspecialties involved in the treatment of diseases belonging to the group of immune-mediated inflammatory diseases. What is particularly needed here is the cooperation with gastroenterologists (arthropathies in inflammatory bowel diseases, autoimmune gastroenterological diseases such as autoimmune hepatitis, autoimmune pancreatitis), dermatologists (psoriasis, psoriatic arthritis, skin changes in autoimmune diseases), ophthalmologists (autoimmune uveitis) but also with orthopedists, immunologists, not to mention hematologists, cardiologists, and nephrologists. An extensive knowledge of internal medicine is very important for rheumatologists.

A similar multidisciplinary cooperation should be encouraged within internal medicine wards and outpatient clinics acting as the basic link in the system of the cooperating noninterventional disciplines. This cooperation should be horizontal, between invasive and noninterventional fields (internist \rightleftharpoons surgeon \rightleftharpoons gynecologist), as well as vertical, because of the necessity to include more specialized subspecialties of internal medicine (eg, with the cardiologist, nephrologist, or rheumatologist).

Such ongoing cooperation should be mutual and directed in both sides. For instance, a patient referred to a rheumatologist to confirm diagnosis and decide on the treatment of a rare internal disease, which is systemic lupus erythematosus, during disease remission may return to an internist, who will provide general care, covering the basic cardiac or pulmonary problems.

Suggestions to strengthen and improve the role of internal medicine in the health care system The improvement in the status of internal medicine as the basic subdivision of noninterventional medicine may occur only if better education, based on the current knowledge, is provided to internists.

The knowledge of internal medicine covering its general, modern scope includes the current basic knowledge of cardiology, nephrology, endocrinology, rheumatology, gastroenterology, pulmonology, and hematology. Every well-prepared internist should have such knowledge, and for it to be constantly updated, it is necessary to enforce the system of participation in 2- to 3-day trainings once every 3 years (it can be enabled by means of collecting training points). The trainings should be aimed at updating the knowledge on particular internal medicine subspecialties. The internists work at general internal wards, where staff including internal medicine specialists is employed, but there are also specialists in particular subspecialties of internal medicine. These specialists constantly cooperate with referral wards specialized in particular subspecialties of internal medicine and with outpatient clinics cooperating with family doctors and specialists.

Currently, I can see the place for internists at numerous health care facilities. They are indispensable in internal medicine wards, where they treat most common acute and long-term internal diseases. After making the basic differential diagnosis, they cooperate with specialist referral

wards (cardiology, rheumatology, hematology, etc.). These internists are also needed to cooperate with oncologists, neurologists, and psychiatrists, but also with doctors representing all interventional disciplines. At the same time, the internists should be good geriatrists (not necessarily as a separate specialty). They should be present in outpatient internal medicine clinics, cooperating with internal disease clinics and with outpatient units specializing in the particular fields of internal medicine.

The knowledge regarding the principles of internal medicine should be taught by specialized internists to medical students, including future dentists, to future specialists in particular subspecialties of internal diseases, as well as to oncologists, geriatrists, neurologists, and psychiatrists.

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