

# Internal medicine: an indispensable field of medicine

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*Panta rhei*, everything flows—this expression can also be applied to medicine. Our approach to medicine and its scope undergoes continuous changes. Should internal medicine still be deemed “the mother of all medical sciences”? Undoubtedly, yes. Contrary to the common belief and the conviction of a considerable group of physicians, I reckon that its significance should increase.

Here, I should mention the outstanding representative of Polish internal medicine, Professor Franciszek Kokot. This eminent scientist has always made every effort to be up-to-date with all current innovations in internal medicine. According to his own words, in the beginning it was feasible, but the rapidly growing number of scientific reports now precludes the in-depth understanding of all the advances in each main branch of internal medicine. Professor Kokot underscores that it is now essential to focus on one field of internal medicine, for example, nephrology or cardiology. In my view, however, this statement is only true if articulated by a person with vast and comprehensive medical knowledge that forms the basis for building in-depth understanding of a given field.

We have to be aware that the significance of internal medicine as a core domain of medical sciences is still valid and up to date. Its principal importance is conditioned by its role in pre- and postgraduate medical training and, most importantly, in the management of patients.

The knowledge in the field of internal medicine remains the cornerstone of students’ medical training. This premise is legitimate and successfully applied<sup>1</sup> at both Polish and foreign medical universities. The number of departments of internal medicine<sup>2</sup> have been gradually decreasing. The vast majority of them have rebranded based on the former subspecialization and the profile of treated patients.

This is the result of the progress in science and we cannot reverse it. We can, however, invest in general internal medicine specialists, who should distinguish themselves from other specialists by

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a holistic approach to patients. These universal internal medicine specialists ought to share their approach and knowledge with medical students.

Postgraduate training is also burdened with the same limitations. In this case, an additional problem lies within the system, which permits training in cardiology or nephrology directly after internship, without the core curriculum in internal medicine. These young people obtain their license considerably early at the expense of partial knowledge and limited experience, reflected by suboptimal results of licensing examination, especially in the parts concerning internal medicine. The contemporary “module specialization system” cannot replace years of clinical practice and former stepped certification.

In that case, faster does not mean better. Quite the contrary, we do not need so many narrow specialists qualified to perform a single sophisticated procedure. Regrettably, I am under the impression that this is what most young doctors dream of.

The concept of a therapeutic process, aimed at improving patient's health and ideally prolonging survival in good condition, has remained unchanged. Thus, looking at patients through the eyes of one organ or, even worse, one procedure is simply wrong.

The majority of us, medical doctors, are not aware that the constantly growing number of administrative obligations and assignments gradually limit the time available for holistic approach to patient care.

It seems that certain systemic solutions are warranted in order not only to restore the position of internal medicine as “the mother of all medical sciences”, but also to provide our patients with optimal treatment.

I am certain that a well-trained internal medicine specialist cannot be replaced by a general practitioner. The latter deals with children, adults, and the elderly, and the scope of his/her basic activities extends also to ENT, gynecology, oncology, dermatology, neurology, etc. Likewise, a versatile internal medicine specialist cannot be substituted by a specialist in a narrow field of internal medicine.

The contemporary internal medicine is primarily engaged in the treatment of patients with multiple disorders in the advanced age. The challenges that need to be faced in current circumstances are polytherapy and polypharmacy. We need to be aware of the fact that iatrogenic adverse effects constitute a frequent cause of death. The clinical decisions on the treatment of patients with multiple disorders are particularly challenging and require a great deal of experience so as to establish the order of management priorities. The cessation of redundant medications frequently leads to improvement of patient's condition. Such clinical decisions require broad knowledge, adequate experience, a great deal of empathy, and therapeutic rapport with patients. It can therefore be assumed that every patient with multiple diseases should be consulted, not only by individual

narrow specialists, but also by internal medicine specialists. The comprehensive care of patients is conditioned by the efficient transfer of information concerning individual treatment recommendations between health care professionals, optimally by means of digital network. A multifaceted actions will improve the health condition of “internal medicine” patients and will simultaneously reduce health care costs. This kind of approach should not only be valued but also adequately remunerated.

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

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