

Internal Medicine: a brief reflection

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Abstract

The author briefly discusses the problems which arise today in the specialty of Internal Medicine, highlighting the important unifying role which it performs against a background of increasing

super-specialization and furthermore the need to redefine its scope as a specialty.

Key words: Internal Medicine, sub-specialties.

What is Internal Medicine today? Unlike other specialties, Internal Medicine is difficult to define. The relative imprecision of its limits have turned it into a specialty “without frontiers”, conceptually attractive, but with a demand for knowledge that is difficult to acquire. Curiously, the gradual separation of the medical specialties has done nothing to clarify its sphere of action. In a simplistic view, it can be said that Internal medicine is a Specialized General Clinic whose scope ends where the specific techniques of each specialty begin, which justifies the separation of Mother-Specialty. Traditionally the systemic diseases of immunological and metabolic causes, cardiac and cerebrovascular diseases, infectious diseases, and oncological diseases have been attributed to Internal Medicine. The recognized tools of the “pure” internist are scientific knowledge, training in diagnosis and skill in the approach to and

therapy of complex situations, used with good clinical sense, in a logic of integrated reasoning.

Currently, Internal Medicine is vulnerable and in crisis. The security that appears to offer a more restricted specialized area, the gratification of the immediate results in the exercise of the techniques, the satisfaction of a more interventionist and less conservative practice, and even the economic rewards of over-specialization, have led to new doctors keeping away from this specialization. Internists themselves often choose the subspecialisation not only for those reasons, but also for the autonomy and speed of action that mastery of the techniques gives them in their day-to-day practice.

Over-specialization is today the result of the progress and deepening of the Medicine as a science. It is undeniably necessary and unstoppable, but it also has a negative side. The apocalyptic vision of the “end” of Internal Medicine, divested by the medical subspecialties corresponds to a vision of a clinical practice that has been sectorized and distorted by super-specialization, incapable of evaluating the individual patient as a whole. It is this negative face that shows that Internal Medicine needs to strengthen itself and maintain its role in giving cohesion to the medical specialties in the overall evaluation of the patient.

Internal Medicine also needs to redefine and reclaim, as its field, some areas in which the integrating and multidisciplinary vision of the internist may be fundamental: atherosclerosis, polyvalent intensive care, pharmacology and the area of immunosuppressed patients. ■

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