

## Para que tudo fique na mesma, é essencial que algo mude

*So that things remain the same, something needs to change*

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Throughout the 20<sup>th</sup> century the technology revolution became a modernisation engine in the healthcare field. As new therapies have emerged, life expectancy has increased. However, such increase has not been necessarily followed by a proportional improvement in the population quality of life. With every new edition of a medical textbook, the cost of the State has grown inexorably, because it is necessary to pay for innovation in scientific investigation.

An excessive offer in technology has also contributed to an exponential increase on the cost of modern medicine. The need for a constant knowledge updating in the area of pharmacology and of new therapeutic approaches, in logic of cost efficiency, became crucial in the practice of Internal Medicine. With the advent of the current financial crisis, medical practice will tend to evolve in a sense of a better rationalisation of resources. The concept of “high-quality, low-cost medicine” can include the main asset of Internal Medicine, compared with the remaining medical specialities.

Osler’s Internal Medicine has shown itself to be less appealing to younger physicians, more mesmerised with the new diagnostic technologies. The clinical eclectic approach, acquiring experienced focused in the patient, the deep knowledge of pathophysiology, the elegance of the hypothetical – deductive reasoning and the importance given to semiology should be assumed as axiomatic concepts of modern Internal Medicine, whilst faithful to the original doctrine. Subverting such concepts, in the context of the huge centrifuge pressure exerted on Internal Medicine by the growing protagonism of the remaining medical specialities has contributed to an undesirable Internal Medicine lowering of rank. However Internal Medicine is the mother of all specialities. The action of some of such specialities has been focused, seldom, in the need of higher interven-

tion, claiming to itself the prerogative of preferential assistance to patients with pathologies considered “more interesting”, to the chill of needing integration of pathologies of several organs and systems. It is therefore necessary to develop a culture within Internal Medicine based in a constant dialogue with the remaining medical specialities, with great rigor, demands and mutual respect.

Gathering in an intelligent fashion a clinical history, a patient’s thorough observation and the elegance of a clinical deductive reasoning are the Internist’s main “technology” weapon. No new or better ways of getting a clinical classic history were found so far. The clinical history keeps on being the latest innovation of Internal Medicine.

To devaluate eclecticism in detriment of the subspecialisation has contributed to a loss of cohesion in Internal Medicine. On such issue, I recall the wise words of our missed professor Napoles Sarmiento which were with me throughout the years of Santa Maria Hospital internship: whilst young physicians we know very little of almost everything; as time goes by gradually we know more, of less and less, and many years afterwards we know much more, of very little, until at the end we reach perfection, of knowing all about nothing.

It is therefore essential to recover a more eclectic and wider approach in the medical practice truly faithful to the doctrine principles of Osler’s School. Its survival depends on the clever adaptation of such principles to modern times.

To keep Osler’s spirit alive in young Interns has been a stimulating challenge. In that sense, the path followed by the Portuguese Society of Internal Medicine whilst promoting training sessions as the Internal Medicine Summer School, among others organised by the SPMI with merit, has been determinant to the future generations of Internists.

The desirable modernisation of the Internal Me-

dicine journal implies necessarily an improvement of its publication methodology. We have actively searched promising communications in Medical gatherings (verbal or as posters), challenging the authors of such communications with a highly scientific potential trying to publish in our journal. As the journal has adopted a quicker way of submitting and reviewing the papers *online*, we aim to speed up the whole process of publishing papers. The consolidation of a diversified portfolio of quality experts in several areas of Internal Medicine shall remain a directing guideline of the editorial policy we follow.

In that sense, from the 1st November 2012 onwards, the Internal Medicine journal will give a giant leap whilst computerising the whole process of submitting papers. At that time we will no longer accept hardcopy papers, and the submission will be made online at the SPMI website. Our target is to evolve in the sense of simplifying the process of publishing a paper in the journal of Portuguese Internists. We know that for many of us complying with the Internet will hardly replace hardcopy nostalgia. But for the journal to evolve towards such desired giant leap, this step must be taken.

Portuguese Internists will have from now on, available to them a platform thought through and tested in a way it will respond in useful time to the needs of the authors. Such step will be crucial to improve deadlines accepting papers and we are sure that the process will become quickly a routine for everybody. With such a change we aim to evolve in the sense of the desired modernisation, ensuring that at the same time the continuity of past solid values. But for all to remain the same, it is really necessary that something changes. ■