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NETAJI ORATION

Physician: The Healer and the Professional

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"Healing is the mandate of medicine; professionalism is how it is organised"

Sylvia Cruess

INTRODUCTION

We physicians live in difficult times today, when the general outlook of the Indian Society has changed perceptibly over the previous decade or two. From a position of being the respected pillars of the society, our fraternity is being looked upon with suspicion, alleged with commercialism and insensitivity.[1] The rapidity and extent of this change is remarkable and therefore it is important to understand the reasons and try to change the perceptions.

Physicians have two roles to play, that of the healer and the professional. A glance at the history tells us that since eternity, the human race has had healers. They have existed in all civilizations and populations playing their part in the art of healing, which was largely abstract and unmeasurable. In India and china, healers also combined the use of plants and other available natural substances to reduce symptoms and thus had another dimension to the process of healing. However, this knowledge was handed down from one generation to the other and was not based on rigorous testing. In the nineteenth century, 'science of medicine' began to grow in mediaeval Europe and England. As the science grew, it made itself purchasable and the industrial revolution which happened simultaneously provided money to buy the science. Thus came into existence the profession of medicine. Till this time, the tenets of medicine were more implicit than explicit but the growth of organised medicine and entry of the corporate sector converted it into a profession like any other. With this development, the autonomy of the medical practitioner reduced and so did the respect.[2] Moreover, the explosion of knowledge in medicine meant that students and the practitioners had to spend most of their time coping up with the influx of information and the art of healing took a back seat.

This article will evaluate the basis the ongoing issues encountered by the medical professionals and the society and put in perspective the current role of physician; the healer and the professional.

BEGINNINGS

Most medical aspirants getting admissions to government and municipal institutions have to apply themselves seriously, undergo very rigorous training and take extremely competitive examinations in order to secure marks necessary to be admitted to good medical colleges. At that stage, they are very young and completely focussed on examinations. They become, by force of circumstances, accomplished "MCQ solvers". We thus select intelligent young individuals who have acquired the knack of solving MCQs; but is this ideal intake material for medicine? Working in the Grant Medical Collage and Sir J J group of Hospitals, I have been in contact with medical student for a number of years and wonder whether this selection method has a bias; and such intake is rather less suitable for the institution of medicine which requires individuals to understand human suffering and act with empathy. Moreover, most of these young individuals do not know what medicine stands for and why are they in medicine. A while ago, I undertook a questionnaire based survey to study their reasons for choosing medicine as a career and the answers were 'my parents wanted me to be a doctor' 'every one said that there should be a doctor in the family' 'all my friends took biology' and the likes. Very few of them seem to have entered the field because they wanted to help others. As you can see, this selection bias results in early frustration and lifelong difficulties.

TRAINING

Conventional medical training at the undergraduate level focusses on acquiring and memorizing a large volume of knowledge 'better than others in the class' because post-graduation will only be awarded to the person who has larger fund of knowledge and can reproduce it in examinations. The current training programs do not encourage free thinking, but thrust unmanageable loads of information and invite a competition, who remembers best! Due to ever increasing fund of medical knowledge and the need to secure marks, candidates can not pay adequate attention to acquiring skills of interacting with and understanding their patients; instead preferring to visit libraries and mugging up answers from guides. The competitive motto of the current times is well exemplified by this snippet "two medical students are in a jungle and see a tiger. As one gets ready to run, the second asks him, do you really think we will outrun the tiger? He replies-no. I have to only out run you!"

Post graduate training is no different. Analytically minded individuals with some knowledge under their belts set out to seek scientific pleasures out of the illnesses of their

patients. I have often seen medical students gathered around a patient having the most rare syndrome, the like of which they may never see again, discussing the phenomena zealously, but completely ignoring the common 'garden variety' diseases like tuberculosis and leprosy, because these are looked upon as 'not enough for their intellect'. The 'bright' student who diagnoses a rare condition earns respect from his peers. The current system promotes the 'young Einstein' in them but is medicine about the quest for the rare? Is medicine about one-upmanship? When and how does one get them to understand that their job is to treat the common diseases well, and then if a rare condition comes by, use all the guile to catch it as well.

The same illness plagues young lecturers and tutors, who are trying to prove to their eager audience that they know a lot and not truly caring about imparting patient care aspects on the receptive psyche of young students. I have been teaching the MD medicine batches for over two decades and have for myself experienced the slow evolutionary transition in me; from a young neurologist vomiting out all my acquired syndromic knowledge, to gradually understanding the need for imparting values as well. Simple things like thanking the patient for coming along for the benefit of the students, inquiring whether he or she has had lunch, came to me sluggishly. Finally, I started to appreciate the process wherein students not only understood the subject but felt the desire to help the suffering patients. As I reflect, the time taken for this transition was unduly long and no one told me what to teach when I started. Medical teachers need to be taught to include and promote the 'healer qualities' in their teachings as much as the scientific details.

ROLE MODELS AND APPRENTICESHIP

Early years are most impressionable and if one is lucky to see and work with some of the iconic 'role model physicians' he inadvertently imbibes the qualities of such a teacher. These do not restrict to the abilities of making a diagnosis, but more importantly impart understanding and executing good bedside manners, respect basic human dignity and tackling difficult ground realities. In this respect, spending a year or two with a renowned clinician was time well spent, a luxury neither affordable nor available today, due the length of medical courses and the scarcity of role models. Modern students are lucky to have Dr. Google, the knowledge provider, but they still need to follow renowned 'human' [humane] teachers to learn the art of healing.

MEDICAL PRACTICE

So friends, a young post graduate armed with competitive success, deriving pleasure in the scientific aspects of the illness, gets exposed to the real medical world, which today is governed by the corporate czars. He finds himself following their diktats, which are driven with different aims, and soon turns into a mechanistic part of the wheel of the great new system of medicine, his autonomy and identity endangered. As we live in a time of instant success, he is tempted to bend his ways to seek rapid rewards and social positions, as he sees these as fruition of his toils.

As years roll by and personal and social gains accumulate, he begins to comprehend that the 'science' which he spent years to learn, is quite imperfect and hence results unpredictable. He goes through phases like 'if I do not know, somebody will know' to 'nobody seems to know' and at this rather late stage, realises that this incomplete science has to be utilized to reduce the suffering of his patients and then starts to appreciate his role as a healer, using kind words and soothing approach, keeping patient before himself.

As you will see from the above, in this journey of the current medical personnel, keeping the suffering patients foremost has indeed become the last frontier, being acquired much late in the struggle for existence. This exactly is what is not appreciated by the society as they observe us today.

WHAT DO OUR PATIENTS AND THE SOCIETY WANT?

Our patients want us to be available, affordable, amicable and knowledgeable, in that order! Look at how different the society's expectations are from the individual's personal objectives. While the doctor wants to achieve name, peer recognition, social position, a good life etc, society is looking for somebody who is kind, forgiving and understanding. As society sees it, the real requirement of the job is to understand fellow human beings and be able to address to their worries, concerns, doubts and emotions; to be their friend, philosopher and guide. In short, they appreciate the healer in us, but in the modern times the healer is expected to be professional.[3] Society wants us to be human, to understand them, provide caring and compassionate treatment, their secrets guarded and their dignity preserved[4]. This is completely understandable because the very nature of our job requires patients to tell us about personal matters and to submit to invasive procedures and the information arising from them[4]. In the modern times, society also wants us to be well informed, competent, transparent and accountable. With the years we spend in acquiring knowledge, the later parts of the expectation are usually well met but it is the role of the healer, which is neither taught nor discussed[5].

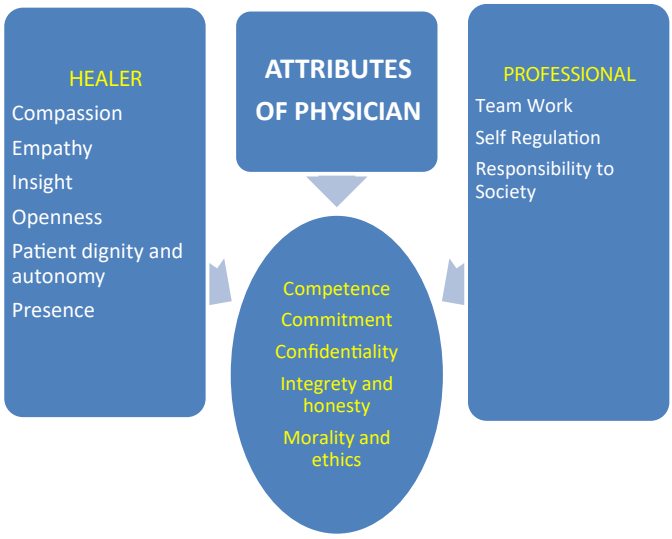
Once we realise this, it is easy to find corrective steps. Medical graduates, from very early times, need to put their perspectives and ambitions right. It should be realised early on that they are in this field to help and alleviate suffering and those are the main goals towards which they need to work; all the scientific knowledge that they acquire only forms the tool towards achieving this goal. As has been said "Don't climb a mountain with an intention that the world should see you; climb the mountain with the intention to see the world." Similarly, one wades through medicine to treat patients well and see their smiles; and name, fame, funds and peer recognition will come along with it. These are by-products of practicing good medicine, not its primary aim.

Working of the human body is very complex and the

cycle of life and death cannot be presently altered. What remains in our hands as physicians is to try to improve the quality of life. In this respect, if patients were to write books, they will consist of very few lines indeed! Our ministrations and therapies lead to many a change in test results and restorations of processes, which do not necessarily change the perspectives and limitations for the patients. This realisation leads us to the understanding of what William Osler has said 'Cure sometimes, treat often, comfort always'. For thousands of years, we have been healers and we shall always remain healers. Modern times have lead to a large evidence base, plethora of tests and methods have been added to our armamentarium, but quite clearly we shall remain healers in time to come, we need to teach our young how to do it professionally[6].

HOW TO EXECUTE THE DUAL ROLES OF THE HEALER AND THE PROFESSIONAL?

In these times of unprecedented change, questioning society, falling status of medicine, the future will depend upon the fraternity's ability to be healers as well as professionals. To perform both roles simultaneously, physician has to nurture attributes which are necessary for exceling in both aspects. These are outlined in the diagram below.



Of the properties that you see in the overlap column, competence is the only one that is really taught in the medical courses. Our books, curricula and examinations prepare the graduates in the knowledge aspect of the science. The column to the left and most of the overlap reflects what it takes to be a healer but is not taught and practised in the training programs. Working with the less privileged sections of the society in the government and municipal colleges, young doctors do not see the need to learn skills of communication, to respect basic human dignity of the patients and to be compassionate. Moreover, there are no text books incorporated in curricula which address to these, so these have to be imbibed from master clinicians and you have to be lucky today to be with one! The last point in the left column, the 'presence' is very relevant. Unless the doctor has this presence, is suitably attired and carries himself well, it is unlikely that the patient will develop confidence in him or her. Pony tails, tattoos, slippers and jeans prevailing amongst young doctors in the wards is one such observation, detrimental to performing the role of dependable healer. On the right are the special attributes of the professional, which are also not included in training and need to be learnt as one comes in to the world of medicine. These will get increasingly important as the present era of reducing individual autonomy in medicine requires coordination amongst medical professionals.

Survey of literature[1,7,8] gives interesting insights into professionalism in medicine. Early literature is supportive of professionalism but has recognised tensions between larger goal of medicine and self-interest. Sixties and seventies have been very critical and have largely documented failures of medicine and even questioned its relevance to the society. Writings from the eighties onwards have reflected on the new reality, that is, the dominance of the state and corporate sector and decreasing influence of medicine men in the total organization[9]. Literature at this time also has begun re-emphasising the societies' need for 'the healer'. The social scientists have returned to faith in the value of professions as a remedy, particularly for medicine. The current needs of the society are of a healer working as a professional. The need is for using knowledge to heal or cure, guarantee competence, to be able to work in partnership with patients, being accountable and demonstrating morality and virtue at all times[10].

WHAT DO DOCTORS EXPECT FROM THE SOCIETY?

Medicine men expect respect, autonomy and a functioning system of medicine which does not put undue demands on its doctors. In India, organised medicine exists in bits and pieces and as a result puts inordinate demands on its doctors. To achieve what we expect from the society, we have to wake up to 'one voice of medicine'. In our country, we have not yet been very proactive towards this and therefore our group is not well heard. Medicine men have to get together, appeal to the society and make our needs felt. We must also look for partners who could be patients, advocacy groups, health managers, corporate sectors and media in an effort to rebuild the image of the professional healer. We must convince the society of the advantages of having us, the 'professional healers' around.

The modern time calls for us to fulfil the role of the healer with professionalism. We must address the principle causes of loss of trust which are, perception of decreased altruism, failure to self-regulate and most importantly, lack of a single voice representing medicine. At the present time there is a need for all us healers to understand professionalism, and to sustain the professional model with integrity, self-regulation and accountability.

THE MOST IMPORTANT PART TO NURTURE IN THIS MODEL IS ITS SOUL –THE HEALER

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