*Ideas and Opinions*

# The Fall and Rise of Internal Medicine

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During the last decades, internal medicine has significantly changed its complexion in favour of an integrated array of subspecialties, such as cardiology, gastroenterology, endocrinology, rheumatology, hematology, etc. Subspecialties in Albania, as well in other countries, attract more and more undergraduates and young physicians in virtue of a strong scientific and operational performance, and seem also to do better than general internal medicine in meeting the demand for a better quality of prevention and care. In parallel, general internal medicine has lost most of its attractiveness and identity as a specific area of expertise, as a critical element in education and training and as the basis of clinical care for most of the population. Combined with the fact that only a small number of new doctors express interest in general medicine and primary care careers and planned to become generalist instead of a specialist, means a very limited number of generalist can be expected to enter practice each year. Hence subspecialists are progressively increased over generalists, exacerbating the primary care doctor shortage and a presumable further inflation of the expenditure of medical assistance.

Internal medicine was born on April 20, 1882, when the famous German Professor, Theodor Frerichs, opened the first German Congress of Internal Medicine in Wiesbaden. In his speech, he declared with pathos which was usual in those times: "We were leaving more and more the unity of the human body represented by internal medicine. It is the duty of internal medicine to hold together all subspecialties. Internal Medicine is a broad stream, from which the different subspecialties branch off as smaller creeks. They dry out in the sand, if they would be separated from the broad nourishing stream". However, the enormous development of medical knowledge in the last few decades has made the increasing specialization unavoidable. The different organ-centered specialties developed so to speak as the daughter of internal medicine. With their sophisticated technique and methods, the experts of all these fields today achieve diagnoses and treatment results that were unthinkable some years ago. It is therefore understandable that these daughters desperately wanted to emancipate themselves from their internal medicine mother. They no longer want to be subspecialties of this subject, but to become independent specialties. At first glance, such total and consistent organizational fragmentation of the patients into his or her organs seems to be quite clever and logical. However, we have to carefully keep in mind the long-term consequences of such an atomization of internal medicine for our health care system.

The dichotomy between generalists and specialists in internal medicine is the most important topic today. The relationship between them become more and more strained and will have far-reaching consequences for the entire medicine. In fact, generalists and specialists differ fundamentally in their approach to clinical care. Generalists are the first point of contact with the health care system. They confront a greater variety of illnesses compared with specialist, are more accessible, see more patients pe unit of time, charge less for primary care services and are more likely to provide continuity and comprehensiveness of care. Ideally, generalist treat a wide variety of medical problems, match patients' need and preferences with the appropriate and

judicious use of medical services, protect patients from the possible adverse effects of unnecessary care, decrease health care costs and guard against the fragmentation of medical services that results from overspecialization.

Generalists are as well hard to grasp and do not constrict their horizons. They inhabit a cluttered, untidy world, are inclusive, welcoming, know a lot about a lot, and they are always available. However, this ideal often does not match reality.

On the other hand, specialists, due to their advanced education and training, passes in-depth, expert understanding of a limited number of diseases within their respective domains and are qualified to perform many diagnostic and therapeutic procedures not in the repertoire of generalists. They have a focused and demarcated vista, confine their thoughts and actions, avoiding clutter and vagueness, tend to discard the "undoable" patient, are active and move to the next procedure. However, specialty care may lead to increased costs of care due to overuse of expensive diagnostic and therapeutic interventions in the absence of any additional health benefits.

As above, there is no doubt that for optimal patient care, generalists and specialists need one other because although our content knowledge overlaps, some patients require the in-depth knowledge of a problem that only a specialists can have. The traditional model of internal medicine was a collaboration between generalists and subspecialists leading to the best possible care of the patients.

Health care is becoming in fact more and more complex. Increase of elderly people, technical development, demands for high quality of care, exposure to many high risk factors, changing disease patterns and threatening complications, potentially dangerous polypharmacy, need for rehabilitation, home care assistance, centered-patients health service and problematic funding of health care systems (many are and will be everywhere and always insufficient) are all altering the way health care is delivering by providers and accessed by service users. Furthermore, the average age of patients, as well as in our country, is old, often older than 65-70 years. Almost all these patients are polymorbid. Therefore, the care for polymorbid patients is one of the most important and most difficult challenges for our health care system. This is, in fact, the genuine domain of generalitsts, who aim at carefully considering their work-up of the patients and their therapeutic activity. In consequence, the health policy makers should provide important concepts and tools for responding to the challenges of health care in the 21 st century. In this occasion, human resource are critical for health systems and recently has there been more of substantive debate about this issue internationally. In order to cope with a parallel change in health systems, many policy makers believe that the human resources aspect of health must be addressed more effectively within health and public sector reform. In this framework, a consensus has developed that better balance in the preparation of generalists and specialists must be achieved, and this consensus has been translated into a specific proposal: that the percentage of medical graduate entering the primary care disciplines of family medicine, general internal medicine and general pediatrics be increased from the recent level. The crucial role of generalists has sometimes been overlooked. WHO suggests that core generic skill for delivery care to people with long-term condition include skill and knowledge that transcend the boundaries of specific disciplines and are necessary for all professional.

What is the number of generalists we needed? According to several studies in the USA and Europe, 50% of all practicing physicians should be generalists. Any decrease of this figure would have grave economic consequence for the country. As everybody know, today we can simply no longer do everything that is feasible! We need to co-ordinate better diagnostic work-up and treatment plans for those polymorbid patients. In order to do that, we need experienced generalists.

The current approaches to the general professional education of the physicians in our country is unlikely to produce sufficient skill and effectiveness and will be increasingly inadequate unless it is revised. It is critical that the medical education community should be redesigned in conformity with world-wide programs and conducted to provide a general

professional education in medicine. We really need to put much more attention into revitalizing internal medicine and primary care as viable career option. Time has come for a change through redefinition of general internal medicine in its role and contents.

The primary purpose of the medical school's education program is not to prepare new doctors for the practice of medicine, but rather to provide them a general professional education in medicine. The first years after graduating from medical school can be a time of stress but also of much learning. This probationary period recognizes that competences in medicine requires sustained exposure to practice, with increasing responsibility for patients care under the supervision of an experienced practitioner. It is the time when junior doctors gain knowledge located in practice by providing patients care and by reflecting on their own practice and the practice of others clinicians. Learning associated with clinical practice occurs in a context that has the potential to offer learners opportunities to participate actively in tasks and interpersonal interactions and to be supported while doing so. Medical school graduates has recognized in fact for decades that they needed to acquire knowledge and skill not learned in medical school before entering practice. Thus, at the time, all graduates who planned to enter practice completes at least three additional years of training, one year of internship (inefficient in our country) and two years of residency training in internal medicine (lucking in our country). This period of workplace learning fills an important gap in looking at transitions in medicine and has found that newly graduated doctors must develop not just clinical skill but also identity formation. Differently to the world-wide postgraduate medical training, our graduates pass on directly to subspecialties of internal medicine after an unfruitful year of internship. This model may have adverse effects on the development of their professional personality, despite the fact that the complete training represents a sine-qua-non condition for obtaining a European subspecialty diploma. After the fulfillment of internship and residency training in general medicine and receiving their Medical Doctor (MD) degree, new physicians enter a three year residency that focus on internal medicine.

Internal medicine physicians are hereafter specialists who apply scientific knowledge and clinical expertise to the diagnostic, treatment and compassionate care of adult across the spectrum from health to complex illness. Internists are sometimes referred to as "doctor's doctors" because they are often called upon to act as consultants to other physicians to help solve puzzling diagnostic problems. They are equipped to deal with whatever problem of patients brings, no matter how common or rare and how simple or complex. Internists also bring to patients an understanding of wellness, diseases prevention and promotion of health. On the other hand, Internal Medicine is one of the most versatile medical specialties a physician could choose, and internists have probably the most options of any physician in terms of career path. Internists have the option to be employees of a group, clinic or hospital, or they may decide to open and own their own practice instead. In additional, an internist may become a hospitalist, with no additional training or education required. Lastly, internists can choose to focus their practice on general internal medicine or in one of diverse areas of internal medicine. In order to become a subspecialist, an internist must complete at least two years of additional training, which is referred to as a fellowship, in his or her chosen subspecialty before becoming eligible for subspecialty board certification.

In summary, we definitely need both the specialists and the generalists. We owe all scientific innovations to specialists; they can solve most difficult problems in a minority of our patients. Generalists, on the other hand, have learned to care for the majority of our patients in a moderate and cost-effective way. However, their formation is in danger if the decay of internal medicine cannot be brought to a halt.

This was a call for more internists!