

**Letter to editor**

**The art of medicine: a developing country version**

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**Abstract:**

'The art of medicine' is a commonly discussed topic in clinical medicine. It is that aspect of medical practice which makes the physicians more humane over medical scientists. Though frequently reminded by the teachers in academic environment, in a developing country like Bangladesh, the art of medicine is barely practised at any level of care. An effort is made in this article to depict the practice of medicine in developing countries mostly devoid of art, the reasons behind, and some suggestions.

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Years ago, I saw the movie 'Patch Adams', starring Robin Williams. The title character was a physician who dressed as a clown in an effort to bring humour to patients. That might be too much for a doctor who practises art of medicine, but Patch Adams stood for the truth before the judge, "We treat the disease, we win, we lose; but we treat the patient, we always win."

To perform the art of medicine, a doctor has to be very knowledgeable regarding his specialty. Knowledge can be earned from books, especially when the knowledge has to be accepted by other colleagues, be up to date, be evidence-based and be submitted to legal authorities. But the knowledge to treat a patient is really something else. This should be based on the knowledge written in the books, but vastly altered – or customised – to satisfy that particular patient, from a particular society, with a particular problem (or a group of problems), with a particular concern of the patient party, that is rarely a book picture. The art of medicine makes the difference between the scientific basis of medicine and the patient care.

Now, what about developing countries? If we consider science and its service to mankind (in terms of business, the end-users), doctors in my country are the 'scientists' and the 'retailers' at the same time. We have patients mostly from illiterate and under-developed population, who have no interest in the disease; rather symptom-relief is their major concern. On the other hand, we have many rich, over-enthusiastic and arrogant patients, who think money can buy everything, even health. Doctors here don't get much support from the government,

from the legal authority, and, sometimes, not even from the colleagues. Where administration of law and Justice is not strong, where dirty politics ignores professional excellence, and money can buy almost anything, many doctors also have to run after money, and fame, to avail social security for themselves and for their families. Moreover, where people are illiterate and unaware of their legal rights, including malpractice in health service system, many people are utilising and entrapping the doctors to make money in a way that is, in true sense, not legal. Practice of medicine is an art, but, when you declare health is a fundamental human right and supply of doctors is an indicator of provision of health service, the 'art' then becomes a fancy, or a thing to be practised in academic institutes only. Have you ever heard of sending artists or scientists to the community level from the government without the minimum facilities for a professional! So, doctors are neither artists nor scientists here.

'The art of medicine' is probably practised by all the 'good' private practitioners, seniors and juniors, post-graduate or not, in this country. You have to keep your patient symptom-free, whatever drug it requires, in spite of the side effects and wrong diagnoses (or no diagnosis). Some popular doctors like to show 'magic', showing much similarity to the traditional healers, what is also widely accepted and appreciated by the unfortunate patients! Patients also like those doctors who give the least time for the patients because of their busy practice and who make them spent a good deal of money for necessary (and also unnecessary) investigations. So, treatment

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'guidelines' become individualised by some popular doctors, which might neither be ethical nor evidence-based, rather dogmatic. Evidence-based medicine (EBM) is far away from practice, because there is no question of follow up of failure of treatment, rather only success is followed up, otherwise, success is implied! Patients with treatment failure find another doctor or consider disease and disability as fate. As the difference between a post-graduate and a graduate medical practitioner is enormous, young doctors naturally concentrate on achieving a degree, rather than to be a good doctor, or, at best tries to be 'good' to his patients even who don't want to know what is the 'real' good for their health. Another 'good' thing in this society is easy availability of senior doctors of patients' choice, if money doesn't pose a hindrance. So, the art of medicine in practice is questionable.

Despite portraying a rather gloomy picture, I strongly believe that we have to be artful in practising medicine. We have to have a good knowledge that will be applied modified sympathetically according to situations, resources and patients' conditions and desires. We should have the morality and the consideration that diseases are inconsiderate to doctors and their patients, whoever they are. So,

practice should be an ideal one that might have some modification in special circumstances, and evidenced based<sup>1</sup>. In a situation where the patient wants freedom from symptoms, rather than cure of the disease, and there is, of course, lack of qualified doctors, the art of medicine should at least be practised at specialty services. Specialists also should maintain their dignity and should not be available to all the patients in the first place, Should not see patients of other specialities and should see only the properly referred patients with good compliance to the first treatment. Practising medical ethics should be started at the very beginning of professional life, namely from internship. Medical ethics must also be incorporated in the medical curriculum<sup>2</sup>and no stone should be left unturned for preparing quality medical professionals<sup>3</sup>.

At the end, if administration of Law and Justice is not established, the doctor who practises morality and honesty might be considered neglected and suppressed residents of the society, even if he is a good practitioner of 'the art of medicine'.

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