

Editorial

Internal Medicine as a Specialty

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‘Internal Medicine’ is the modern, clinical, and scientific medical discipline that is responsible for the care of adult patients with one or more complex, acute or chronic illnesses. Internal Medicine is the cornerstone of an integrated health care delivery service that is needed today’.¹ The term ‘Internal’ in internal medicine does not refer to the interior of the body, as usually thought, but rather a physician who gets inside of a clinical problem by using knowledge that comes from experimental science. One can say that internal medicine means ‘seeing the patient’ and ‘seeing into the patient’.² (Box)

A description of Internal Medicine

“No analytical description..., can ever explain what it means to be an internist. You have to know some really good internists to be able to appreciate this specialty. Good internists are knowledgeable about all aspects of internal medicine, have an uncanny ability to diagnose an acute or chronic medical problem, know when to ignore extraneous information and when to order the decisive test, and have a primary commitment to their patients. Making a lot of money is not a concern of such internists, and they are not jealous of doctors in other specialties who often become relatively wealthy. They take pleasure in acknowledging the fact that they could not practice good internal medicine without outstanding support from radiologists, pathologists, medical subspecialists, and surgeons. Theirs is a lifetime of study, and this is something their patients and colleagues never see, so it remains unappreciated. They care deeply for their patients, sharing both the good and the bad. They communicate effectively and promptly with their patients and thereby relieve anxiety. Their appearance and demeanor reflect the attributes of character described above, best demonstrated by the respect and empathy shown to their patients. They are part of the conscience of the institutions where they work. Most good internists, by this description, are generalists, but subspecialists can also be outstanding internists”.

Terminology: The terminology ‘Internist’, ‘intern’, ‘interne’ are confusing and uninspiring. A better name was tried in the last 100 years when ‘Internal Medicine’ seems to be powerful. Terminology of ‘Internist’ preferably be avoided. The subject of Internal Medicine focuses on science, clinical research and teaching having an academic tone. Internal Medicine is not very popular terminology among the general community. The public perception of specialist as an organ specialist is very popular. As there is no formal referral system in most low middle income countries (LMICs) people used to consult with specialists by their own may be with the support of the social system (‘social referral’) having this perception in mind.

Globally present day health care has been promoted to be an integrated health care and not accumulation of independently working specialties. Countries have limited budget for health sector. Integrated disease management is cost effective means ‘getting the best medicine for the available money’. All attributes of internal medicine, holistic, integrated, total care, patient centred care, continuity of care, cost savers applies to Internal Medicine. In LMICs with weak quality primary health care the role of Internal Medicine is paramount. All subspecialties of internal medicine also need good teaching in internal medicine as cornerstone of their professional formation.

Even in developed countries without adequate basic degree/training (~3 years) in Internal Medicine further sub-specialty training is not allowed so also in some of our neighboring countries.^{3,4,5} Bangladesh is an exception where without having degree in Internal Medicine one can do sub specialty degree even duration of training is grossly inadequate.⁶

Challenges of the specialty on Internal Medicine: postgraduate education to meet the challenges of the profession: knowledge, skills, communication, medical

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humanities, medical economics, scientific and teaching abilities.⁷ Most authorities responsible for overseeing postgraduate teaching have consensus for providing these teaching, that internal medicine be re-established as centre of excellence of teaching and research not dominating but cooperating with units of the subspecialty disciplines. Bangladesh is unique in providing medical education which is under the Ministry of Health and Family Welfare historically although in the very early part of contemporary medical education it was under the education directorate and even in the immediate post independent Qudrat E Khuda Commission the recommendation was to include medical education under the ministry of education.^{8,9} Bangladesh regulatory authorities responsible for postgraduate education should consider to modernize the postgraduate education in general with specific attention to Internal Medicine.^{10,11}

Unfortunately current trend in the courses and duration of training in Internal Medicine and specialty of internal medicine is not in the right track. Also our country need for different specialists including in Internal Medicine are not evidence based which was attempted as early as in 1973.⁹ As a group we need more people to do advocacy and marketing among the different stakeholders to know what internal medicine can offer to the health system of 21st century¹² and the individual patient, and what is the number needed across the country with projection for next 20-30 years. This is for the greater interest of the society.

Like other international organizations we can propose action points for Bangladesh Society of Medicine (BSM)^{13,1}: Publish a position paper. Establish a permanent working group to promote the position of internal medicine and importance of having training/degree in internal medicine before any sub-specialty in Bangladesh's health care systems. Give support by written materials and speakers to the national societies when necessary with key items for the political leaders, policy makers, hospital managers highlighting maintaining or re-establishing the title of specialist in internal medicine. Advocacy for Bangladesh Institute of Internal Medicine (BIIM). Create a prestigious award and/or a BSM

grant to encourage research and academic careers in internal medicine: best department/person. It is high time to establish recommendations for specialist training in internal medicine, and sub-specialties taking into consideration the specific needs of Bangladesh.

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