

■ *Guest Editorial*

## Practice of Medicine in the 21<sup>st</sup> Century

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*"One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring the patient."*

**Francis Weld Peabody, 1887-1927**

The practice of medicine has undergone vast transformations over the last few decades mainly due to advancement in molecular biology, invent of new sophisticated imaging techniques and application of computers and information technology in the health care delivery system. Meanwhile, the level of knowledge and sophistication regarding health related issues on the part of the general public has also grown rapidly as well. This resulted in more expectations from health care system in general and of doctor in particular.

Today an increasing number of doctors, including specialists practice in groups or in hospital teams. This shift in approach of medical practice from individual doctor to team caused an alteration in the traditional one-to-one doctor-patient relationship. At the beginning of the century, approximately 70% of doctors were general practitioners; in the United States today, nearly 70% are specialists and many are working in the subspecialties (1). Specialization promotes expertise and more proficient practice but weakens the bond between the patient and the doctor. In the past, doctors frequently knew patients and their families over a life time, creating a bond that increased doctor loyalty. Today, life-long patient-doctor relations are rare. Medical care, frequently delivered through large organizations, is often fragmented. Patients commonly consult specialist for a single problem and may never deal with them again. Not only this, the various strategies to monitor or control the cost of health care introduced by government or applied by the third parties ( such as medical insurance companies, private hospitals) may

also affect the doctor-patient relationship to such an extent that patient's right's or the doctor ethical duties are seriously challenged.

Today doctors are held accountable not only for the technical aspects of the care that they provide but also for their patient's satisfaction with the health care system including the costs of the care. This has led to increase in the violence and the medical suites against the doctors in developing countries like India, China etc., leading to serious concern in terms of doctor-patient relationships in the last few years. Recently an article was published in *The Lancet* which discussed measures to end violence against doctors in China (2). The strategies discussed in the article are also applicable to other South Asian countries including the SAARC countries.

The role and responsibilities of doctors are also evolving with the changing societal needs and expectations requiring new knowledge and skills for today's and tomorrow's doctors. The forces that are changing the role and responsibilities of today's doctors are many which include the biomedical and clinical research, biotechnology, medical ethics, economics, politics and of course, the patients. To deal with the forces, the doctor should be well educated and well trained in the newly articulated competencies like the system based care; evidence based medical practice and information access and management. Coincident with these new competencies, doctors practicing in the 21<sup>st</sup> century health care system must be knowledgeable and skillful in team and leadership dynamics, including the function and culture of organization. A doctor's

professional education should include basic concepts of team-structure and function and the concepts of effective leadership.

Today's doctors have to please many different groups with varied agendas such as primary care organizations, governments, patients, colleagues, politicians, employers, lawyers and the media persons, to name but a few. The ability to reconcile these, at times, conflicting interests is one of the most difficult challenges.

Many diverse influences are responsible for the current state of the practice of medicine in the developing countries but in spite of all these the doctors has to serve the patients. He has to adapt to the practices and priorities of our political, social, and economic structures to provide quality care. To achieve this, professional competency is clearly the key; a caring attitude and professional honesty is vital. The 21<sup>st</sup> century doctor needs to be responsive to change, for better or worse and provide care that is patient-centered and comprehensive (body, mind, and spirit), care that is focused more on preventing disease and injury.

The practice of the future will be provided by smoothly working teams that will include doctors, nurses, paramedical personnel, complementary and alternative health practitioners. Tomorrow's doctors will consistently assess new evidence, to ensure that their practices meet the highest standards of quality and patient outcomes. One goal of future practice of medicine will be to guide and empower patients toward self-healing.

*"The clinical learning environment must be transformed so that students and residents can see and experience the ideals of medical professionalism at work in shaping patient care and can better understand society's expectations of them as future practitioners."*

**-Whitcomb.**

### References

1. Marc A. Rodwin. Medicine, money, and morals: physicians' conflict of interest New York: Oxford University Press; 1993.
2. The Lancet Editorial . Ending violence against doctors in China. The Lancet. 2012 May; 379(9828): p. 1764.