

## Clinical medicine: *better or bitter?*

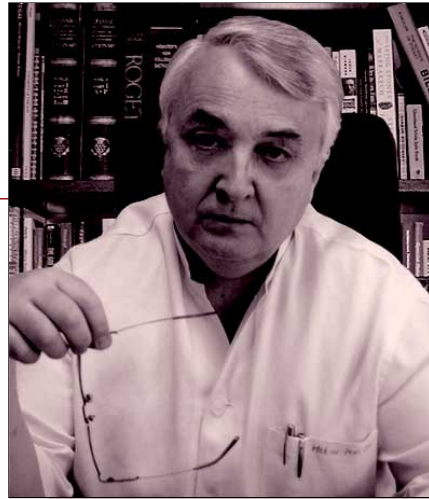
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**A**t the beginning of the 3rd millennium, medicine is facing a crossroad. The doctor finds himself under the pressure of a three-armed vice, if we are to be forgiven for this figure of speech.

The first arm is the professional one: the need to run through all the investigation methods when having uncertain diagnosis, and to try the best treatment when confronting with less than ordinary disease, with no quick answer to classical therapy. That is, to follow the most recent and competent guidelines.

The second arm is the monetary one. A considerable budget is to be involved in accomplishing the entire guide's recommended investigations, beginning with the 90 percent successful ones, all the way up to those being of only 10 percent success. But, even higher amounts of money are necessary for the continuously appearing new therapeutic methods, more and more expensive every time. Not to mention the on-going medical education costs, facilitating the doctor's continuous knowledge of all the new procedures. How can you make your choice when money is not enough? In most cases, the answer is not to be found in books and guidelines.

The third arm is represented by the patient's attorney. In mildly complicated cases- that is in, at least, one quarter of them- there are, let's say, two options to be considered by the doctor, as well as by the patient: a 70 percent successful one, and another one, only 30 percent successful. The doctor's choice will always go to the 70 percent option, judging by experience, books and guidelines. This means failure in the rest of 30 cases out of 100. This is just what the attorney is waiting for: in many of those 30 cases, where statistics goes wrong, an action at



law for the malpraxis is initiated and, often, it comes out successfully. Having a malpraxis insurance is far from being enough for the doctor. In spite of briefing a lawyer and not having to go to court, and even if the insurance company pays for all real or imaginary damages, a doctor will find it impossible to regain his former tranquility and serenity when having to stay face to face with all his future patients.

Have I not missed the onset of a certain procedure?! "I wonder if my manager is going to question my stepping-over the budget limit?!". "Is the patient's family blaming me for not choosing the latest most media praised therapy?!" Here are some incessant questions for the clinician... They replaced the somehow idyllic 30 years ago situation, when I started studying medicine. There were no guidelines at that time. There was a limited number of procedures, a limited amount of equipment, a limited truly efficient medication, therefore, there were rarely endangering budgets. The single "holy" judgment was that coming from the master, the chief of the clinic, who based his assertions on what had been written in the manuals published by the two or three imposing schools existing for each speciality. It was only

that masterly decision that was followed by the doctor, without any trace of hesitations and qualms of conscience, and accepted both by the patient and the managing director.

It was also in those days when the simple clinician doctor was requested by the masters, first to think about the wellbeing of the patient in front of him, and afterwards, about The Oath of Hippocrates; and, last but not least, if possible, to be gifted.

Nowadays, the clinician first thinks about the budget and his manager, and only after that about the national medical guideline and the local clinical protocol, different in each the year, and, finally, about the patient's attorney and the possible judgment coming from colleagues and justice; briefly, he is more likely to defend himself than to dedicate to the patient.

From the time of gifted doctor based medicine, we got into the time of defence based medicine.

Why so? Is there no turning back or, rather, turning forward to a different direction, closer to the simpler, but more pure and honest medicine of the past?...

Doubtless, the medical world must obstinately look for such a direction, in order to gain its own peace and dignity.

The most important, and, possibly, the only condition is for the doctor TO KNOW relentlessly. But not just the knowledge got out of books and courses during the nine to twelve years of medicine apprenticeship... He ought TO KNOW the progress in his field, renewed every single year. Statistics say that at each five years a quarter of this knowledge is completely changed. Second, he has TO KNOW the costs of both the new and old procedures. This is an issue neither written in medical books, nor discussed at congresses. Besides, he has TO KNOW how to find the fair balance between a valuable but expensive procedure, and an uncertain but less expensive one. He has TO KNOW the rules and laws under which his activity is going to be carried on tomorrow, others than those of today. The short 24 hours of the day leaving the doctor little possibility to learn all these things by himself, one solution would be to have a chronicle of the new laws and rules, as well as prompt access to the adequate comments of the experts.

**Only if you KNOW,  
you may CHOOSE properly.  
BEING RESPONSIBLE.**

If such an information is gathered in one and the same medical publication, the "guild" interest in it could be significant. Moreover, the value of this publication will be even greater if it includes, besides comments, the personal work, intelligence and creativity of its readers, the doctors. Fore and foremost, creativity which, naturally, is the motive power and the value highest criteria.

"*MÆDICA - a Journal of Clinical Medicine*", a magazine set up to make such an attempt.

First, its goal is to publish a considerable number of original articles, which should illustrate creativity and value in clinical medicine.

Second, the magazine intends to include a significant number of scientific editorials, "Progress in Medicine" and "State-of-the-Art" papers, where medical personalities would maturely synthesize the forward-made steps in different specialties and subspecialties.

Third, it is set to publish articles which adequately present to the clinician the science of pharmaco-economy and economic considerations concerning all medical procedures, either regarding diagnostic or therapeutical ones. Unfortunately, until this very moment, this type of approach was not the topic of the books, and it was seldom presented at congresses or in publications of clinical medicine.

Fourth, the magazine is set not to miss any major event that would happen in medical science, generally speaking. The Nobel Price for Medicine is usually conferred to a fundamental medicine researcher. But, still, in most cases, it is conferred to inventions which, later on, have a major impact on clinical practice. *MÆDICA* is set to comment the potential as well as the implications of the discoveries in fundamental biological science, with the assistance of our colleagues who carry out their activity in this field.

Last but not least, *MÆDICA* wishes to be a mirror of the clinical medicine trend at the beginning of the new millennium, by promoting or making comments upon any meaningful event.

It is up to us, all together, to contribute to the successful building up of this mirror, of this picture of who we all really are, the clinical doctors, nowadays; those who practice a profession for which "gift" is the first condition and ultimate value.