Training in Internal Medicine. Reasons for a vote

M. M. Camilo Sequeira

On 27th May of last year, the General Assembly of the Colégio da Especialidade de Medicina Interna of the Ordem dos Médicos approved the Training Program for the Medical Internship of the Specialty that will soon become Law.

This document is the result of extensive work carried out in recent years, and it is believed that it will be the one that best meets to the needs and interests of future Internists, and of the Institutions where they practice their skills.

I took part in this General Assembly, but unfortunately, I did not vote in favor of the Program (which was approved with a significant majority, as I believe there were no other votes against it).

The reasons for my negative vote are still relevant, and because I believe they can stimulate reflection, I decided to reveal them in the Journal.

My "reservations" relates to two aspects of the Program: The requirement, as a performance objective, that the Intern be capable, at the end of the training, to autonomously perform techniques such as pericardiocentesis, the low value attributed, in the performance assessment, to "human relations in the workplace", and the excessively high value attributed to the variable "ability to perform technical procedures".

In the discussion that took place, it was possible to alter the original proposal slightly.

The weighting of "human relations" was increased from 1 to 2, and that of "ability to perform technical procedures" was decreased from 4 to 3.

But in my opinion this is not enough.

It is my deep conviction that in a medical specialty where communication is the basis of a semiological training, and where the relationship is the basis of the healthcare qualification. It makes no sense for either "professional responsibility" or "human relations" to be considered the variables of least importance in the evaluation of competences of the Medical Intern.

And it is not because I believe that technical skill is of less importance than these. I even allow that in certain circumstances, the ability to perform technical procedures autonomously can be an added asset for the Internist in environments requiring fewer healthcare skills.

What I defend is that the different assessment parameters should be considered in precisely the same way.

Because for a Specialty in which, I insist, communication with the other is the bases of the semiological orientation, in which an open relationship is a way of gaining cooperation, and in which interaction with the patient (and their companions or family members) is, in itself, a therapeutic technique, it makes no sense, to me, that "professional responsibility" and "human relations" are given lower value at the end of the training than the "ability to perform technical procedures".

Mainly because the sickness is more than what is defined in the textbooks and scientific articles. It also includes, and I must confess in a society which is erroneously called the "information" society, it increasingly includes what the patient feels, how he feels, and why he feels that way and not another way, in short, the disease is also the cultural image that each patient develops, in his suffering.

And it is not for the excellent execution of techniques that this reality is perceived and valued.

But it is for, and it should be for, listening to the patient, for adapting our knowledge to that person who is suffering, for the highly competent ability to perceive the indications of each technique, to propose them to the patient, and to have the patient accept them.

And afterwards, if possible, to execute them.

But when this is not possible, the skill will be to ask that they be executed by those who have professional training in their practice, as is the case, in my view, with pericardiocentesis.

And so we arrive at my other point of disagreement with the document.

That it will become Law.

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And we all know that a Law is a normative, orienting, binding document.

Those who act in the terms defined by a law are complying with it.

Those who do not are acting illegally,,with unpleasant consequences in the vast majority of cases.

And the requirement imposed by the Law, of autonomy in the execution of techniques like pericardiocentesis have, as a potential evil, the risk of turning back against the Specialist in Internal Medicine.

I exemplify as follows:

In a certain Hospital Service, the Internist on duty receives a patient, and after the correct semiological evaluation as befitting his competence, he considers that the patient needs a pericardiocentesis.

And considering his lack of experience in this technique (and I believe there will be many who have this perspective, as I myself, with my seven years working at the Medical Emergency Unit of the Hospitais Civis de Lisboa, not only never carried out the technique, but I recall only two pericardiocentesis ever being performed in the Service) he sends the patient to a Colleague who has training in this technique.

And the patient is treated, recovers and restarts his cycle of clinical follow-up.

Apparently the patient's well-being and good practice were satisfactory.

But we live in a time of "intelligent management of local government"

In which the following scenario could occur:

When the request for payment for the technique carried out at another location arrives at the Hospital of this Internist, the Manager may ask himself about the fairness of the expense proposed to him.

Because he believes the Law states that "his" Internist has the autonomy to carry out the procedure, i.e. that he does not have authority to propose the other entity.

And on checking the Law, he sees that his theory is correct. In fact, the Internist Training Program affirms that he has the autonomy to carry out the pericardiocentesis.

Therefore, he will think to himself, why did the internist send the patient elsewhere?

And he will conclude that it only could have been because he does not possess the skills that the Law states he should have.

In other words, the Manager, with legal support, will call the Internist and tell him that he doesn't want him in the Hospital because he does not satisfy the professional requirements in terms of ability to carry out technical procedures, which led to him being hired in the first place, and for which same reasons he is now dismissed.

And eventually, he penalizes the internist with disciplinary measures for having created an expense for the Hospital that he runs, because he the internist is not up to his professional responsibilities.

This Manager considered the legal text as his guideline on what should be expected of the Internist at his Hospital.

And who could object to that?

For it was the Internists themselves, through the Colégio da Especialidade da Ordem, that imposed this interpretation.

Both the Manager and the College ignored the fact that the Internist has the right to assess the patient, gather the indications of many diagnostic or treatment techniques, and in many cases, have the skills to execute some of those "that the Law does not have establish".

Mainly to prevent this Law from turning against the very ones who devised it.

And there is no point saying that the Law "only" gives generic guidance because, in fact, it is not so.

The Law, by definition, determines.

And it is exactly this feature that makes it … Law.

At the meeting in question, it was explained to us that we either approve the document, or nothing would change in the near future.

That would be worse that approving a document that was still polemic.

And in this perspective, I did something that has nothing to do with me: I abstained.

Although I was unable to vote in favor, neither did I want something that was the result of an arduous work of many months to be annulled.

But after the approval of the draft project, and its inevitable transformation into Law, I believe it is absolutely essential to reflect on the text in question, for two reasons.

One is to attempt, through normative and regulatory dispatches, to alleviate as far as possible the risks that the objective coldness of the Law can incur.

The other, over a longer period, is to promote wider discussion, seeking to consider the multiple diversities of the practice of a responsible and competent Internal Medicine, and create an alternative

document to the one now approved.

This, in time, should be proposed as a new Law, which will be thought of as more appropriate to the reality because it is built on the experience enabled by this one.

And we will have to say it this way, in order not to be accused, in an Assembly of the College, of having approved a normative document relating to our training which, in the end, was not suited to that purpose.

In fact, in these issues of legislation, we must not lose sight of the way in which the facts of the Legal professionals are interpreted.

Although not always exemplary, they are viewed as such, despite, too often, being (or appearing) frankly perverse.

With social costs that are significant, and are paid by all… ■