Thoughts and considerations of an internist on showing by example and daily practice

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" (…) But what won him over, above all, was that the Master had been concerned about him as soon as he had invited him to come and visit, and that in the middle of his work, this man, overburdened and often so very tired, would set aside some hours, and not only hours! If this initiation into meditation produced in him such a deep, lasting effect, it was not, as he would later come to see it, because of any special subtle or original technique, but solely due to the person and example of the Master. The teachers whom he would come to have later, and with whom, the following year, he would learn meditation, gave him more recommendations, more precise teaching; they practiced a more penetrating control, they asked more questions and knew how to correct better. The Music Master, with a more certain power over the adolescent, did not speak and taught practically nothing, he was content, at heart, to recommend subjects and show by example(…)" . [translation from the Portuguese]

In *O Jogo das Contas de Vidro*, de Hermann Hesse, Ed. D. Quixote.

One warm afternoon, in the cool shade of our living room, I was playing chess with my son. In fact, I was teaching him the principles of the game: how to lay out the board – bottom white corner to the player's right -, the names of the pieces, their movements on the board… A respected tradition, just as it had been taught to me decades earlier, in a remote colonial settlement where I lived until the start of my teenage years. It was the dead of night by the time we packed up the pieces and the board, and the boy fell almost immediately into a peaceful sleep.

In the day-to-day practice, with the inevitable routine of the doctor, particularly the internist, these moments of pause are very rare nowadays. Tiredness and overwork take out the most creative part of the time, so that all that remains is a glimmering vestige of it. First thing in the morning, taking coffee, as the nursing shift is changing, greeting the interns and colleagues, while attending to the progress of our patients, with their stereotypical symptoms and incapacities, the sufferings and threats that surround them, the proliferation of complementary exams, which often, unfortunately, did not resolve the problems and enigmas. There is probably no area of specialization like Internal Medicine that deals with such a broad range of uncertainties, and this burden, far from defeating us, challenges us; this burden, which is an inherent characteristic of our practice, must be passed on to the young interns, whether they belong to the complementary internship or the core disciplines.

We do the rounds, visiting and listening to each patient whose fate lies in our hands, either directly with the intern, or giving him first-hand support where necessary, discussing cases throughout and at the end of the morning, or perhaps into the afternoon, after lunch, outside working hours if necessary. The truth is that the majority of patients present situations that are far more complex, and in general, more severe than they appear. Even doctors with lots of experience, dedication and responsibility have difficulty diagnosing and resolving some of these clinical situations in a timely manner, in fact, some patients die as a result.

I believe that for a true internist by vocation, transmitting knowledge based on the anamnesis and physical examination of the patient is a pleasure and a challenge that is more gratifying than requesting costly complementary exams, which are becoming increasingly available everywhere. These exams are often indispensible, and this criteria for their use should also be passed on to the interns. Similar attention should also be paid, on the other hand, to the costs and the potential of incidental discoveries and the iatrogeny of all the exams or investigations, particularly invasive ones.

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The hours pass, and the internist's presence on the ward is always taken advantage of by the nurses, to call attention to some problem or worsening of a situation, an incorrect prescription, or one that is difficult to interpret, a family wanting to speak to the doctor about their loved one in hospital. It is not easy to spare the extra time needed to satisfy all these demands, but doing so emphasizes the example that we should give to the interns. Our disciples often have theoretical knowledge in excess. What is expected of us, the masters, is that we will transmit accurate knowledge and attitudes, based on a theoretical knowledge and solid practice that only study, experience and reflection on our day-to-practice can give us, and where possible, reinforced by our integrity and our example.

This dedication to working overtime, which is not unique, but is more common among assistants in Internal Medicine in our country, due to the system of exclusivity in the majority work, enables a store of experience and a passing on of knowledge to the younger and less experienced, so that all can enrich their knowledge, and simultaneously, contribute to the curricular development. When the number of patients in the ward is very high, as occurs at times of greater flow of patients to the hospital or less human resources, for example during periods of Summer holidays, this sense of purpose often leads to the internist arriving home very late, where the family asks questions and has difficulty understanding and accepting these delays.

But the sense of fulfilled duty is, I believe, a delicious, inebriating compensation that relaxes body and mind. A feeling that at the same time ennobles us, and even when an unhappy outcome disturbs us, causes us to press on, without wavering. This sense that there is something missing, almost without need to be expressed, perhaps due to a certain modesty that is inherent to the profession, is a kind of inner motivation. It is just as necessary as recognition by the patients and family members for our effort and dedication, which seems to be less nowadays than it once was. In reality, many more patients than before have a dulling of their temporary or permanent faculties, others are admitted so many times that they fail to recognize the efforts of the professionals; many family members, meanwhile, are equally incapable of recognizing these efforts, because their loved ones often have underlying pathological situations that, even with enough improvement to save them, cannot restore them (impossible) to lucidity of mind, and independence – they generally remain weaker or more dependant than before, which generates, in some of these families, ambivalent feelings towards their loved ones, and the doctors. They often visit their sick as though they were quickly discharging an obligation, with a brevity that is even shorter than the doctor's visit; some family members, having asked a nurse for the doctor to come and give them information about the patient's condition, have disappeared by the time the doctor appears, if he delays more than fifteen or twenty minutes…

Nowadays, various circumstances bring to my mind former colleagues and leading professionals that I knew, and with whom I dealt directly. Doctors with enviable technical and human qualities who have now left us, like António Celso Fontes, Rui Seca, Soares de Sousa, to name but a few whom I knew personally, and who had a profound effect on me at the Hospital de Santo António, in Porto. Circumstances that sometimes cause me to ask whether other, less demanding and more linear and/or clearly-defined professions or occupations would not be more satisfying – with more time for sleep, leisure, family, much more and less compromised availability.

And so, on that night, after kissing the boy on the forehead, I turned out the light and put the chess set away in the cupboard, I smiled to myself with rare sense of benevolence. ■