

O Futuro da Medicina Interna como um pensamento de Ano Novo

The Internal Medicine Future like a New Year thought

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Internal Medicine is a unique specialty. Valuing the patient as a whole, integrating symptoms in syndromes, an early evaluation of the pathology severity, balancing additional means of diagnosis and the timely implementation of therapy proposals avoid diagnosis and therapeutic obstinacy so often seen in Medicine.

The future of Internal Medicine, as a New Year thought, requires a reflection on what exists proposing some opportunities to improve on. Managing hospital patients, liaising with other specialties, researching and publications are crucial for patients and for Internal Medicine.

Two papers are published in this issue justifying clearly such statement:

- “When General Practice and Internal Medicine work as a team ... smoking cessation clinic: a 2-year retrospective study” is a paper assessing a prevalent disease in Portugal, an important cause of morbidity and mortality. The cooperation between these two specialties, Internal Medicine and General and Family Practice have been crucial for developing an outpatient clinic project of smoking cessation. The Internist left the hospital, moving in the Health Centre valuing his knowledge, his ability to liaise with the General and Family Medical Practice, and mainly with the patient. The presentation of the outcome of such project is a reflection promoting the project and enabling its reproduction.
- “HIV Infection diagnosis – What changed in 10 years” is a paper approaching another disease also an important cause of morbidity and mortality. The early diagnosis, screening comorbidities, implementing an appropriate therapy have been crucial to the patient. In this article two groups of patients are divided in two biennial periods separated by a 10 years gap. The change of the more frequent motives of serum screening of a “presence of opportunistic disease or sexually transmissible diseases” to the “existence of risk behavior/ infected partner and the emergence

of an opportunistic disease” demonstrates how the patient is valued in his entirety.

The change on reference sources regarding the clinic of HIV infected patients should be also valued because the admission, the Emergency Services and the infected patients followed up in the clinic became the most prevalent sources. In spite of all this, much more can be improved to achieve a diagnosis in the early stages of the disease with an improvement of the clinical prognosis, as well as the implementation of the patient’s education and psycho-social support in the sense of reducing the infection transmission and to control progressively the pandemics.

Internal Medicine is the patient’s anchor during the development of symptoms and signs, changes in the diagnosis additional tests, admission in multiple subspecialties and the implementation of many different therapeutic methods. Being in charge of most hospital patients, Internal Medicine has also the duty of becoming the anchor of knowledge increasing the number of publications.

The future of Internal Medicine can be: improvement of what already is and doing what has not yet been done. ■