

Diabetes, Internal Medicine and Endocrinology

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It was already after having delivered for publication in the Diabetes Portuguese Society Journal, my work “Roads to a planning of diabetology assistance at national level” that I read the article by Prof. Pedro Eurico Lisboa “Diabetology Clinic and Internal Medicine” on Internal Medicine Journal, vol.1, no.1, 1994.

Approaching again such subject, I do not intend to be polemical, aware that often, differences of views are not more than different perspectives of a same landscape. I just come to present some objections to the view in such article, hoping to shake some ideas which will help to clarify this current issue.

Prof. Eurico Lisboa advocates that the Internist is “particularly well placed” to a practice of a diabetology clinic, for two main reasons he develops – the existence in the past of great Diabetologists Internists and the multidisciplinary nature of diabetes.

The inexorable destiny of all science branches is the progressive dichotomization, due to the growth of the respective areas, whether in knowledge whether in technological intervention and operational logistics. One of the most exemplary models of such evolution is, no doubt, Internal Medicine.

Therefore, Internal Medicine, sharing for the last one hundred years with the General Surgery and with two or more specialties, all of Medical Science, has been progressively fragmented, through successive processes of endogenous dichotomization. At present, it is even questioned the permanence of its identity being such discussion a very interesting one, but not within the scope of the subject I am dealing with.

The last big textbook on Medicine, written by one only author, was probably “The Principles and Practice of Medicine” by William Osler, published in 1892. From then onwards, all the important Medical

textbooks had, more and more, the cooperation of a number of specialists in very restrictive areas.

The process of differentiation and individualization of specialties within the scope of Internal Medicine, among us as abroad, it has been occurring in a gradual but irreversible manner, by initiative of some of the most marking personalities of our hospital sectors, namely in Lisbon Civilian Hospitals.

Diogo Furtado created Neurology, Bettencourt - Cardiology, Iriarte Peixoto – Endocrinology, Alvéolos – Gastroenterology, Valadas Preto – Hematology, Adolfo Coelho – Nephrology. And if it is true that the founders had predominantly an Internist background, their followers had mainly a subspecialty background.

This way, does not seem to be a sound argument to handover Diabetes to Internists, on the grounds of having had great internists diabetologists.

On the other hand, I also have many doubts on whether the multiplicity of involved systems in the diabetes is a heavy reason, to consider the Internist has a special aptitude to assist in such disease.

I suspect the same deduction can be applied to hyperthyroidism, with its severe complications on the eyes, heart, muscles, thyroid toxic crisis and many different therapy options; intestinal inflammatory diseases, with their multiple repercussions on rheumatism, eyes, liver and deficiencies; to the mitral stenosis with its unbalances of pulmonary and hepatic involvement, infectious endocarditis, embolism and nephropathies, so on and so forth. If we adopted in general, such position, we would have a true involution in Internal Medicine, what does not seem viable.

In my view of what Internal Medicine should be, and I will not expand on it, I believe the Internist should be interested specially by a specific area of subspecialisation. But such differentiation is intended to be practiced mainly within the service itself, particularly at ward level, and completely in the emergency service and in the external consultation. Internal Medicine is, above all, a specialty with a ward vocation. The commitment in such sector should be so integral

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that does not leave room to anything else.

At present, the diabetology sector of any demographic environment, from a certain dimension onwards, should be led by a team of doctors, almost in full dedication, having their own and adequate premises and helping staff. The internist can cooperate to this sector occasionally. To achieve it totally he must leave or reduce significantly its internist activity.

On the contrary, being Endocrinology, a specialty with a vocation predominantly to outpatients, it is much more available to be in charge of keeping sectors truly functional on supporting diabetes.

The differentiation while assisting the diabetic patient does not offer any difficulty nor transcending barriers, apart of the interest, dedication and a minimal training in a specialized center, as emphasized Prof. Eurico Lisboa.

They are not the information on the modalities of insulin treatment, oral or dietetic or the aptitude to detect on time complications in the eyes, kidneys, neurological, vascular or urologic which are at stake. All this can be guided by appropriate protocols and above all by the cooperation of the different subsidiary specialized sectors.

What is at stake is the availability to assist each diabetic patient, in appropriate centers, with the due attention and care, charged with a number of personalized issues.

The due dispersion of such centers, for convenient widespread diabetology assistance in the country, could be solved creating in the main peripheral hospitals an Endocrinology service, at present also totally justified by the need of assisting the remaining endocrinological pathologies.

To what we have assisted so far, it is the partial implementation of the good will, worth of praise, from a number of colleagues, internists or endocrinologists, improvising, before the indifference of those in charge, strikes of assistance in borrowed spaces, without a minimum of resources, whether material or human, in that attitude of defeated resignation which has always featured us.

For all this, what seems to me more important is that the future outlook, will be, with diabetologists of any background, totally different! ■