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# The Practitioner as the Essential Partner in Education and Research

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Vannevar Bush has said succinctly, "All professional men are confronted with the dilemma that there is too much they need to know and too little time to do it." Most of us are in agreement that there is a widening gap between medical knowledge and its application in medical practice. To bridge the gap a physician may read much or little. He may attend meetings. He may enroll in any one of the currently listed 1,200 or more postgraduate courses. Some do these things all the time, some occasionally, others never.

There is a change needed not only to benefit the practitioner, but equally as much the medical schools. The cost of facilities, the demands of research, the often sheltered life of the full-time faculty member makes it essential that there be a change in the intrinsic structure of the medical school and equally as much, if not more, of a change in the attitudes and goals of the practitioner.

There are several areas in which the university hospital and practitioner can become more profitably united. One area is medical education and the other research. The atmosphere of the university hospital

dealing with the most complex patients, the unusual, and the dramatic, may find itself training young men best equipped to suspect the rare disease entity without giving concern to the common. I am reminded of an experience only a few days ago when on my morning rounds an excited, enthusiastic house staff and group of students anxiously awaited my arrival because of an interesting problem of diabetes insipidus in a middle-aged woman who had just been admitted the previous day. All of the classical historical information and symptoms (thirst, excessive water, excessive urination) supported this diagnosis. I shall not forget the disappointment and disbelieving countenance of the house officer of whom, after hearing this story and all the findings, I asked a question. The question was not about the pituitary x-ray, the response to pitressin, the visual fields or other similarly pertinent questions. I asked: Does the woman wear dentures? Do they fit? This was a disturbing question to be asked by the professor when he should have been talking about anti-diuretic hormone, nicotine stimulation of ADH and the effects of alcohol on ADH. The important point to be made was that oral conditions — such as ill-fitting dentures (which turned out to be the case) or inade-

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quate saliva — are among the most common causes of excess fluid ingestion and subsequent excessive urine output.

Every practitioner knows he must be practical and think of the common and not the rare or the unusual. He must be a percentage player in the continuing game of diagnosis. He has to be. Should he resort only to considering the unusual, only using consultants, he would soon be a pretty poor physician — medically and financially. But this is the very point I wish to make and emphasize — the very nature of medical practice conducted by the general practitioner or internist who sees patients in his office can be valuable to medical colleagues and medical students. The character of his work places him in intimate contact with a special kind of medical experience frequently quite unknown to full-time faculty members of a medical center complex. This knowledge should be imparted to others. This can be done by his taking an active part in the teaching functions of a medical school or teaching hospital. I do not have in mind the outmoded practice of having preceptorships but rather the practitioner participating directly in the intra-university and intra-hospital programs where students and house-officers will benefit.

The other important reason for our encouraging the participation of practitioners in medical center objectives is to further medical research. He can be given an opportunity to do clinical research and

to contribute to important medical developments that would be impossible or extremely unlikely during the life of his medical academic colleagues. The ideal composition of a team conducting clinical research is: one, a seasoned veteran in research who is usually academic full-time; two, a cautious, practical, experienced, devoted practitioner, and; three, a querulous, enthusiastic, spirited young house officer. This is a team that does for clinical research what the Four Horsemen did for Notre Dame. The development of our knowledge regarding oral hypoglycemic agents was delayed because all the early studies were carried out in university hospitals by full-time investigators. The excellent effects of these drugs were attributed to their ability to control insulin secretion and glucose metabolism. Its failures were often ascribed to a loss of drug effectiveness. Some even considered initially that these agents were better than insulin since many diabetics previously poorly controlled by insulin were now well controlled by taking these pills. Some even thought these drugs must cause the individual to produce a better insulin or his own insulin was made more effective. It remained for a practitioner to learn from his office patients given these drugs that the reason for the better control of many diabetic patients was not the remarkable properties of the drug, nor that a better insulin was produced nor that their endogenous insulin was made more active, but the simple observation that one

reason such drugs were so effective was that for the first time diabetics so treated were adhering strictly to their prescribed diets. Diabetics were doing better with their diets and being better regulated because they knew that unless they remained well-controlled on the pills they had only one recourse—to return to taking injections of insulin—which they did not have any wish to do if it could be avoided.

Many young physicians seek university hospital positions. They want to conduct some research and do some teaching, but mainly they want to practice medicine. This is admirable. They are not dissuaded from following such a plan, but the number of them who follow through with this intent after the first year

is remarkably small. The hospital is there; the research and teaching need is there; the full-time academician is there; but, the practicing physician is not. He has defaulted. He has let slip a great opportunity and chance for gratification.

It is my firm conviction that no university-directed or community hospital-directed program—whether in education or research—can continue a high standard without the direct participation of practicing physicians. Conversely, unless he is a part of teaching and education pursuits of such institutions he not only becomes a progressively obsolescent physician, but he is missing the most exciting, pleasurable, and continuing experience of his life. Each needs the other. Let us not wait too long to realize it.

