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The Physician

ARTHUR T. JANECKE, M.D.

The position of the doctor in society has always been one of special importance and from time immemorial has been surrounded with a peculiar respect and even mystery. His profession has never been looked upon as a mere means of gaining a livelihood. Men have regarded the doctor as one apart, in whose hands they have to place the important matter of their bodily well-being. Generally, through the ages, men have done so with confidence. Whether in our own time the ideal and moral standard of doctors is lower only history will be able to tell. The Catholic doctor can have no excuse for not living up to the requirements of the Hippocratic Oath and indeed of an even more perfect professional ideal.

The *basic* role of the physician in the care of the family unit now and in the foreseeable future will not change from a moral point of view. His first obligation now and in the future will be to acquire a reasonably full and competent knowledge of the science and art of medicine. Following this medical knowledge, the physician must be continually aware of the need to keep abreast of the advance of medical research and practice, especially if he finds that a good bedside manner ensures him a sufficiency of patients and perhaps even a very busy and lucrative connection. Besides this medical knowledge the

physician must now and in the foreseeable future see to it that he knows the correct ruling on the ethical points that may be involved in practice. This is a really grave obligation.

Another serious responsibility of the physician is to give to each case the full attention which is due to the patient by the implicit contract entered into when he undertakes the case. He should know when it is necessary to call in a consultant but his own knowledge should be such that it should not be necessary to get the help of a consultant in the treatment of what we may call normal difficulties. If his incompetence makes consultation necessary in such circumstances, he is guilty of injustice to his patient.

This noble profession has as its first object, the giving of its services to humanity. Now and in the future, our material recompense or honorarium should be reasonable, so that we may live well, personally, but it should always be proportionate to the treatments, the economic and social conditions of the patient and the accepted custom. Gratuitous services which are sometimes necessary, can never be an excuse for negligence. It behooves all of us involved in the sublime work of healing ills, to promote true morality and to aid in the healing of ills of the soul as well, thereby pointing the way to eternal salvation.

Medicine now and in the future must emphasize the sense of nobil-

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ity and health which all, who deal with human life and human personalities should possess if they are to be worthy of their vocation as God's human instrument of healing and comfort to the sick, the poor and to the enfeebled in mind or body.

My definition of a general practitioner is the following: A general practitioner is a legally qualified doctor of medicine who does not limit his practice to a particular field of medicine or surgery. In his general capacity as a family physician and medical advisor he may, however, devote particular attention to one or more special fields, recognizing at the same time the need for consulting with qualified specialists when the medical situation exceeds the capacity of his own training or experience.

It has been my observation that over this period of years the general practitioner is declining rapidly in numbers. The reasons for this have been cited by many, the prestige factor of specialization, higher income, more reasonable hours, and, perhaps most important of all, the orientation provided by medical school faculties. Emphasis on research and teaching and on securing the best possible education, which has by and large meant specialization, has drawn the attention of the student away from the importance and rewards of family practice.

Another very significant fact has been the tendency to exclude the general practitioner from the hospital because he isn't Board Certified. I won't comment on this,

except to say that it is a shortsighted and ill-advised trend. It reflects the difficulty of facing up to decisions in a democratic society. It is easier to exclude all general practitioners because they are not Board Certified than it is to exclude the less competent physician because he cannot meet the responsibilities which he is unwilling to accept. Actually, there is no good solution to this problem. In a *well-organized hospital*, it hardly exists. Its correction is a matter of education, and good example.

What can be done about the decline in the number of general practitioners? I support the premise that general practice does not need to be preserved but it needs to be rebuilt. The need for general practitioners is declining, only the number of general practitioners are declining, so we must call upon organized medicine to take effective action. Medical schools and organized medicine must come to grips with a new concept of the general practitioner. Who is he? What is he? What specific role can he play? What should be his relation to the internist, the pediatrician, the psychiatrist, and the surgeon?

One thing is certain. It is not possible to pick up the general practitioner of today, dust him off, and turn him into the image of the horse and buggy doctor of yesterday, nor do I feel that we need to return to the "good old days" of horse and buggy doctors or unscientific medicine. It can't be done, and that kind of doctor can no longer do the job. Moreover, it must be realized that among many

present day general practitioners, we already have the prototype of what is needed, namely a broadly-trained physician, interested in providing the most modern, first-line, personal care. I feel that the medical centers and the super-specialists who work in them, provide the thrust for our great surge of medical progress. But we do need a sense of proportion. We must have enough well-rounded, well grounded physicians who will practice general medicine. I feel the patient is best served in his own community by physicians who know him well and regard him as a person rather than a case. At this point I wholeheartedly agree with the thinking of Pope Pius XII who stated: "Before everything else a doctor has to consider the entire man in the unity of his person, that is, not only his physical condition but also his psychology, his moral and spiritual ideals, and his place in society."

Among my best friends are men who provide ideal family care as general practitioners. They visit homes, look after children, deliver babies, treat diabetes and coronaries, counsel families, recognize early cancer, diagnose rare diseases, do surgery within the limits of their training and experience, and work hand-in-hand with specialists and consultants. They have hospital privileges in the various clinical departments of the hospital, have not been Board Certified, but they are loved and respected by their patients and colleagues. Unfortunately, there are not enough of them, and they are overworked and underpaid. The question is how

can this situation be improved?

First, the general practitioner must become the central figure in a new pattern of medical care. He must be so competently trained that he can, in varying degrees and depending upon his own interests, replace to a considerable degree the internist, the pediatrician, the psychiatrist, the obstetrician and gynecologist and the surgeon. At least, he should be able to do this as a part of initial medical care. His surgical performance will require special training, and the time consumed in providing surgical care will, of necessity, limit the background he can acquire and the extent to which he can contribute to family care. On the other hand, he should have sufficient surgical training to provide emergency surgical care, if he chooses to do so. The extent of his preparation will depend upon his ultimate objective. Professional skill, or the art of applying successfully one's knowledge, is acquired in various ways: by practice, by observation, by work and formal training, by emulation and by means of natural gifts. Experience, which, however, does not outweigh either science or conscience, increases still more one's professional value, but is not necessarily measured by the years one has practiced. A physician who does not learn something new every day will never reach the highest efficiency, nor will those who are content to leave unsolved many problems that come before them, never troubling to find even elementary explanations or solutions for them.

Secondly, the general practitioner can no longer practice solo. The time has passed when one man can provide complete full-time family care. He must work as part of a team with one or two men in some type of group practice, in order to meet all the demands. Around the clock service is essential, but there must be time for relaxation as well as for continuing education.

Thirdly, directly within the group or indirectly by voluntary association, he must have close contact with specialists. The medical profession must do some serious soul-searching in this regard, because close identification and rapport between the general practitioner and the specialist is essential for the best care. In doing this it will of necessity raise the cost of good family care. The kind of family physician of whom I am speaking must be compensated for his services at the same general level of the specialist. This means a basic change in our thinking, and, I believe, implies a voluntary standardization and fixation of the specialist's fee, with a corresponding increase in the recompense of the key person in the whole development, the general practitioner or family physician.

If our mission in medicine is in part to fight against error by seeking light and truth, we must take whatever means are necessary to obtain them. With this in mind all of medicine must be mindful of the fact that the general practitioner's aim is to render a service that complements, not competes with members of the various specialty boards.

The medical profession along

with all professional societies which are small societies with a greater one have the right in their own sphere and for the good of their members to make rules, to enforce their observance, to punish delinquents and to expel the unworthy. However, it is my opinion that the authorities should consider each physician and his privileges individually according to his competence, training, interest, knowledge and experience. This should be done with integrity and justice and in no way should it contribute to the intellectual stagnation of the general practitioner. Never should an entire group have privileges removed or stymied because of the incompetence of one individual member of that group.

The majority of our general practitioners are honest, ethical, moral men who practice good medicine and have done so for many years. Most of these men are engaged in the practice of general medicine after considering many other fields and decided that the exclusion of any area was undesirable. These men have long ago decided that it is probably just as important to know not only what they can do but what they should not do. These men have long ago learned that it would be far easier to be a good specialist than a good general practitioner. It is to that latter goal that the majority of them have disciplined themselves to a continuous, never ending educational program. It is these men who can be the foundation for the rebuilding of general practice and the key to the whole, much needed and desired development of the family physician.