Correspondence

Head, Heart, Hand

To the Editor: Dr. Pellegrino's stimulating essay on balanced compassion comes at a time of quiet desperation in my professional life. In entering my sixth year of private solo practice, I have recently agonized with the feelings that the multitude of agencies that now govern, legislate, oversee, license, and regulate the practice of medicine is ideologically mutually exclusive with compassionate behavior.

Having had "disagreements" with the forces of HMOs, PROs, Medicare, DPR, and DEA over what was appropriate at any given time for any given patient, it seems that their decisions and as such subsequent reprimands and punishments, both financial and emotional, are void of consideration for compassion. At a time when society in general is requesting more compassion from physicians, it is becoming more difficult to deliver this needed commodity without fear of some "overseer" slapping our professional wrists. The all too familiar statements of "medically unnecessary" and "admission denied" (of course, in retrospect) ring throughout one's practice now. Social considerations and compassion have taken a back seat to dollars and cents!

Teaching the physician compassion is a complex undertaking as well illustrated in Dr. Pellegrino's fine essay, but teaching the HCFA and the PROs compassion is a monumental task indeed.

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To the Editor: One hesitates to challenge a single paragraph in the excellent essay by Edmund D. Pellegrino, M.D., which appears as the lead article of Volume 1, Number 1, of *The Journal of the American Board of Family Practice*.[1] However, the paper contains the following assertion that could be counterproductive in the effort to create and sustain the exemplary level of practice that the author champions: "A third myth is the supposed inherent antagonism between scientific and technical studies and compassion. There is no evidence for such a contention. . . . "

At a theoretical level this statement is correct. There is no reason why a physician should not be simultaneously an exemplary medical scientist and a caring, understanding human being in the model of Sir William Osler. In practice, however, the American medical education system sometimes rewards cognitive performance while imposing negative incentives for the development of desirable human characteristics in future physicians.[2] I have had some illustrative experiences in recent years while working with first-year medical students in a social issues in medicine course. It was clear on many occasions that we were competing for attention with basic science courses. Students would tell us that they didn't need to come to our class because they could pass our final examination by reading the syllabus and material from the student note service. They felt obliged to spend the time studying for National Boards rather than taking part in our presentations. If we had the temerity to schedule a session the day before a basic science examination, we could expect as few as 15 percent of the class to show up.

Analogous problems arise frequently in subspecialty rotations. Let a student or resident on cardiology service rounds mention lifestyle or family problems that may be important in relation to a patient's myocardial infarction, and the irritated looks on the faces of his mentors will make it painfully evident that they feel he is wasting their time. Addressing "placement problems" is often thought to be beneath a doctor's dignity; these are to be passed off to a social worker. Family members are viewed as pests rather than concerned people to be recruited as allies in a patient's ongoing care.

These and other observations make it clear that our medical education system has some characteristics that tend to interfere with the process of developing in young physicians the personal characteristics that Dr. Pellegrino so properly advocates.

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References

1. Pellegrino ED. Balancing head, heart, and hand in the physician's education: A special task for family practice. J Am Bd Fam Pract 1988; 1:4-14.
2. Cassell EJ. Practice versus theory in academic medicine: The conflict between house officers and attending physicians. Bull NY Acad Med 1984; 60:297-308.

To the Editor: Edmund Pellegrino's exposition on compassion and humanism in medicine is very relevant for our profession. Dr. Pellegrino has certainly reasoned clearly and written and spoken eloquently. He concludes that the single, most effective method to instill and to develop compassionate behavior in neophyte (and seasoned) practitioners is to be exposed to compassionate, competent clinicians. This conclusion leads to certain consequent observations.

Physicians are inclined to behave and conceive of themselves as different from their patients. Sir William Osler described an attitude that is still prevalent today: "Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others."[1] In corollary, some physicians act as though they themselves are invincible and immune to illness.[2] Often one can observe physician responses to patients and descriptions of them as aberrant members of humankind—that the elaboration of their

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