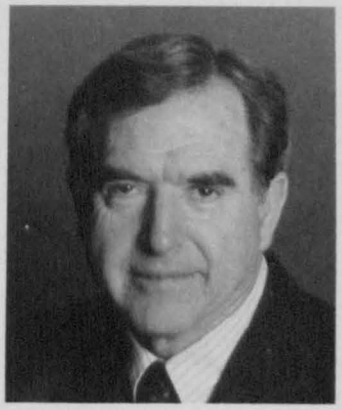

♦ *Editor-in-chief, the* New England Journal of Medicine

What Medical Graduates Need To Know But Don't Learn In Medical School

Arnold S. Relman, M.D.

I'M REALLY DELIGHTED AND HONORED TO BE HERE AND TO EXTEND MY personal congratulations and good wishes to the American Board of Family Practice on its 20th birthday.

I'm very proud of your journal, which is off to such a fine start. It is published by the Medical Publishing Group of the Massachusetts Medical Society, which also publishes the *New England Journal of Medicine.* I have the honor to be the editor-in-chief of the latter journal, but I want to make it clear to you that any opinions that I express here are my own and not official opinions or positions taken by the *Journal.* The *Journal* takes no positions on any social or political issue, and I certainly don't and can't claim to represent the opinions of my bosses, who are the officers and members of the Massachusetts Medical Society. So I stand before you simply as an individual who has spent a long time in medicine. I was in academic medicine as a researcher, teacher, and clinical consultant, and later a medical administrator, for almost 30 years before becoming editor of the *New England Journal of Medicine.*

From that position, which I have held now for more than 12 years, you get a perspective on medicine that is hard to come by when you're out there taking care of patients and teaching students and worrying about keeping a department of medicine or a department of family practice together. And it is from that perspective that I speak.

The question I want to discuss with you is: What should doctors know that they don't learn in medical school? The quick answer to that is, "a lot." Of course, it would be fatuous to deny that medical school teaches you much that you have to know to practice medicine. Without what you learned in medical school you couldn't practice medicine. But the sad fact is that, in their formal curriculum, the best medical schools today don't teach many things doctors really have to understand about the practice of medicine.

First of all, if they can't do anything else, doctors must at least be skillful at talking and relating to patients as human beings. They must understand all the personal, psychological, and social factors that go into the problems patients bring to physicians. I don't know of any medical school—and I've

been in and around a lot of them in more than 40 years in medicine—that teaches this skill adequately. Some, to their credit, are beginning to pay attention to the problem and are trying to organize their educational curriculum to deal with it, but many schools seem to believe that it's much more important to students to learn the technological content of medicine and that they will learn how to deal with patients simply by example. The medical school I went to, the College of Physicians and Surgeons, Columbia University, had that philosophy. We were taught how to take a history and do a physical examination, but were supposed to learn by watching our professors. Fortunately, there were many extraordinarily good doctors on the faculty whom the students could watch, but most of what you learned about dealing with patients came from personal experience. Some students never learned, unfortunately. I can't help but think that a lot more can and should be done. The things patients want most from their doctors, in my opinion, are compassion, understanding, sympathy, being psychologically and emotionally available, and being supportive. So many physicians today, however technically competent they may be, simply don't feel comfortable in that role, or are not interested, or are afraid of relating to their patients as human beings. In my judgment, one of the main reasons the medical profession is losing favor with the public is that more and more patients perceive their doctors simply as technicians and specialists, all too often not interested in them as people, not willing to give the time or the attention or the emotional support they need. So medical graduates need to know how to talk to patients and, with very few exceptions, they don't learn it in medical school.

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Second, I think that physicians by and large have not been adequately educated in thinking their way through the increasingly complex ethical issues surrounding the practice of medicine. When most of us started out, the field of bioethics was virtually nonexistent. Only within the last decade or two has it become an important scholarly discipline. Some medical schools now have courses, lectures, or seminars in bioethics. Dr. Pellegrino can probably tell you how many, but whatever the number, it's not enough. For the most part, most young medical graduates coming out of medical school today haven't really thought about the moral and ethical issues they will have to deal with. Again, they stumble into situations and try to work them out as best they can.

My third complaint is that medical schools teach their graduates little, if anything, about medicine as a profession. They teach medicine as a technology very well, but they don't try to make their students understand what it means to be a doctor, what the social role and function of the medical profession is. They teach little or nothing about the history of the medical profession in America, how it started, what its roots are, how it got to be what it is today. They teach little or nothing about the implicit but very important contract between physicians and society.

Most doctors just never think about the implications of the fact that they are licensed by the state. They know they have to get a state license, of course, but why? If they think at all about it, they say, "Well, that's to make sure that I'm professionally competent." But it's much more than that. They don't understand that what they are given is not just a certificate of competency but

a franchise. They are given a licensed monopoly to practice medicine. No one else can do that. Of course we know that other health-related professions and would-be professions are nibbling away at the fringes of medical practice, but, generally, doctors have a monopoly over most of the services they provide. In most parts of our economy, monopolies are illegal. But the medical monopoly is legalized and socially sanctioned. And it's sanctioned because physicians have a de facto contract with society. The contract says that society will subsidize our education (and despite the bills that medical students have to pay now, they're still being subsidized heavily), give us tremendous authority, with the power to regulate ourselves and to set our own standards of competence. Of course, the state has the legal responsibility to decide in the long run whether we are competent to practice. But the state depends on medical authority to set the standards. Furthermore, society grants us great power and influence over the lives of our patients, who expose their bodies and their psyches to us. They often put their lives in our hands. And, at least until now, society has virtually guaranteed our profession the opportunity to earn a very good living.

SOCIETY GRANTS ALL OF THESE THINGS TO ITS PHYSICIANS IN EXCHANGE FOR one basic thing, which is that physicians agree to serve the health care needs of their patients first and foremost. By the terms of their social contract, physicians are not independent businessmen, are not the independent owners of their own medical business, free to provide services as vendors under whatever terms they choose, without regard to the welfare of their patients. They are not expected to put their own economic or business interests first. The social rules for businessmen are: Don't break the law, don't lie or cheat, don't do harm to anybody; but then they are allowed to follow their own self-interest. Sell whatever they choose to whoever will buy it under whatever terms the market will bear. Market their wares, look out for themselves, but do it honestly. By contrast, physicians are expected to look after the interests of their patients, to offer only those services they believe to be medically appropriate, putting their own economic interests secondary to the health care needs of their patients. What concerns me is that in medical school we aren't making that vital distinction clear enough to students. Nowadays medical graduates too often enter their profession thinking that there's no significant difference in principle between them and a businessman. I find that very distressing. I believe that a growing tendency to commercialize the practice of medicine is one of the most serious problems now facing our profession. The conversion of health care into an industry is one of the main reasons why we now are facing uncontrollable costs and yet are failing to provide adequate access to care for all those who need it.

What medical graduates need to know is that medicine is a calling, a serving profession. It's different from a business.

What medical graduates need to know is that medicine is a calling, a serving profession. It's different from a business. And although it shares a lot in common with other professions, it's unique in many ways. Young people should not go into medicine unless they are willing to make that contract with society. That doesn't mean they have to be willing to make themselves servants of the state; not at all. But they have to be servants of their patients, and they have to be willing to assume responsibility for meeting social needs.

What's happening now, with the turmoil that we see, is that we as a profession have not done all we could to meet society's need for a workable health care system. We have not been able to keep the costs of medical care within reasonable bounds, although I believe we have the power to do it. We have it within our power to provide good medical care at a price the country can afford. But as a whole, as a profession, we simply haven't been able to get our act together and do it that way.

We've also failed to meet society's need for personal doctors. People want access to primary care physicians, not just specialists, but the great majority of us have been choosing specialty practice. We have allowed the graduate education system to work as it will, without any attempt to address national needs. As a result, we have a substantially lower fraction of general primary care physicians than is needed to make our medical care system work effectively, and, as a profession, we seem to be unwilling to take responsibility for dealing with the problem. Finally, we have been slow to recognize our professional responsibility for rigorous assessment of the cost effectiveness as well as the medical value of all the vast array of old and new drugs, tests, and procedures we employ in medical practice.

It's a great privilege to be a physician, but there are terms. And the terms are that we have to be responsive to what the nation needs in the way of medical care.

SO TO PUT IT ALL TOGETHER, I WOULD SAY THAT WE DON'T TEACH ENOUGH of what might be called "social medicine" to our students. We don't prepare them adequately to practice in the new social climate. To which you might well reply: "Well, OK, Dr. Relman, you have all these ideas about teaching how to relate to patients, teaching bioethics, teaching the economic and social aspects of medicine. Where are you going to put it in the curriculum?" I have been on the curriculum committee of two medical schools, and all the time people were coming to us and saying they wanted more time devoted to their favorite subject. Everybody had a personal ax to grind, but there's no room in the curriculum for everything everybody wants to teach. So, where are you going to find time for the new material I am suggesting? Well, most medical schools have a loosely structured 4th year, which is used by students to take electives and visit hospitals in search of internship appointments. I believe the 4th year curriculum could easily be condensed and time made available for new material, which could be inserted at various points in the 4-year sequence.

Now, I just want to say a few more words. I don't believe that anything that you do in the medical curriculum is going to be decisive. I don't for a moment imagine that you can teach really effectively and definitively how to be good with patients or that you can teach really effectively and definitively how to be understanding and sensitive to the bioethical issues or that you can teach all that doctors really ought to understand about the health economics and sociology of medicine. And even if you could, I don't think that it would solve the problems I have been talking about.

WHAT HAPPENS BEFORE AND AFTER MEDICAL SCHOOL IS AT LEAST AS important as what happens during medical school. You have to select the right kinds of students, and they need to have appropriate educational experiences before medical school. And then after they get out of medical school, the system that they practice in has to reward the right kind of behavior and the right kind of attitudes. It's all very well to say that we should be

cognizant of the problems of health care costs, and doctors should do more to control health care costs than they've done. But if the system in which we have to practice doesn't reward compassionate cost-effective medicine — or, indeed, actually discourages it — we cannot expect the lessons learned in medical school and residency to have much effect. So, I believe the system has to be improved and the incentives made more consonant with society's needs. If the system were different, you'd attract different kinds of students, and with different kinds of students, the system could be improved even more. All three components, the premedical experience and the quality of the students, medical school education, and the health care system have to be changed in order to solve the problems our profession faces today.