Robert L. Wortmann – Am J Med 1998;104:323

The term that may best characterize an internist is diagnostician. Making diagnoses is what we do best, what we find most stimulating and enjoyable. We delight in the process of problem solving and, simply stated, believe if one knows the diagnosis, then it is relatively easy to determine the most appropriate management strategy. More simply stated, the known treatments for all diseases are written in books. Thus, we can always look up the therapy. The key is knowing which page in which book to read; and to do so, we need to know the diagnosis. These comments are not meant to trivialize treatment or management. Clearly these require expertise, skill, and humanism. Rather, these comments reflect the philosophical focus of the internist. Our focus on diagnostics is consistent with the deductive or scientific approach to patient care we advocate. (...)

Whereas the internist takes pride in the role of diagnostician, others often afford us the role of caregiver for sicker adults with complex medical problems. Our philosophy of using a deductive approach helps sort out multiple problems and serves us well in the care of such patients. (...)

Training in internal medicine prepares us for a consulting role. In addiction to working with sicker and complicated patients, we gain focused exposure to the medical subspecialties. (...)

Finally, internists are typically people who are constantly asking the question *what*. All physicians share in the curiosity of *what* in the diagnosis and *what* in the treatment. The internist tends to carry these questions further. *What* caused the disease? *What* is the link between the disease and basic biology? *What* is the mechanism of therapeutic action? Some have termed this characteristic intellectual curiosity.

E. Ernst – Br Med J 1996;313:1569

Links are revealed this week between the colour of a pill, its name , and its pharmacological action. This news will come as no surprise to many. Pink pills and tonics were the mainstay of many physicians – perhaps their main resource – before the era of antibiotics. But what are the active ingredients of the placebo effect and how can we make the best use of it?

Many non-specific concomitants of treatments help to determine the direction and size of the placebo effect. These can be placed on a continuum ranging from the tangible to the intangible. The form of medications, touch, words, gestures, and the ambience of the consultation can all play a part in conveying a doctor's confidence in a treatment, empathy with the patient, and professional status. Non-specific aspects of the remedy itself can also have a powerful influence; the more invasive it is, or the more actively involves the patient, the larger the placebo effect.

All of these determinants relate to the fact that the mind can influence the body. This notion has always been accepted in good medical practice, and much evidence exists to show that the effect is clinically relevant. It would be desirable to know how the use of placebo effects differs between mainstream and complementary practices. Preliminary survey data suggest that patients who use both forms of treatments are more impressed by the therapeutic encounter in complementary rather than mainstream medicine.

Jerome P. Kassirer – New Eng J Med 1998;339:1549

Many American doctors are unhappy with the quality of their professional lives. Abundant anecdotal evidence and several surveys identify some of the factors that underlie their discontent. The action doctors are taking confirm that there is substantial dismay. What are they complaining about, and what are they doing about it? (...)

Frustrations in their attempts to deliver ideal care, restrictions on their personal time, financial incentives that strain their professional principles, and loss of control over their clinical decisions are a few of the major issues. Physicians time is increasingly consumed by paperwork that they view as instructive and valueless, by meetings devoted to expanding clinical-reporting requirements, by the need to seek permission to use resources, by telephone calls to patients as formularies change, and by the complex business activities forced on them by the fragmented health care system.