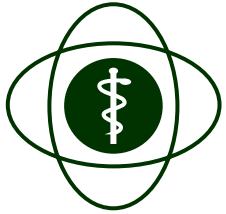


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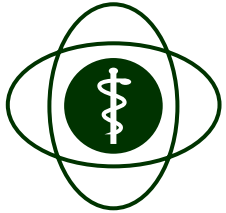
# Internal Medicine in Europe (and worldwide): Professional Issues

Werner Bauer



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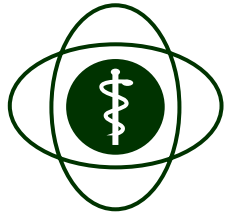
- EFIM = 34 countries
- 34 countries = 34 health care systems
- 34 health care systems = 34 laws and regulations about medical specialties
- 34 laws and regulations = 34 lists of competencies
- 34 lists of competencies = 34 training programs
- 34 training programs = 34 different ways to become board certified



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## Many different ways of practicing internal medicine in Europe

- in the hospital
- in the hospital and in outpatient medicine
- as a consultant
- as a primary care physician
- in acute medicine
- as a general internist
- as an internist with subspecialty
- as an internist with a special field of interest
- as a specialist with an interest in internal medicine (?!)
- ... ..



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Some EFIM/UEMS spotlights:

European school of internal medicine: EFIM flagship

Thank you very much,  
merci bien,  
herzlichen Dank,  
gracias,  
gratias vobis ago:

Christopher Davidson  
Antonio Martins Baptista  
Janet Stevens



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Some EFIM/UEMS spotlights:

European school of internal medicine: EFIM flagship

European examination in internal medicine: on hold

EFIM core competencies project: work in progress

UEMS standards for training centres: in progress

European exchange program: pilote phase



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## WORLDWIDE PROBLEMS/CHALLENGES OF INTERNAL MEDICINE

### A LOOK ON EUROPE:

- Position in the health care system:  
hospitals, primary care, medical schools ...
- Relationship generalists/specialists
- Relationship physicians/emerging professions
- Research in internal medicine
- Training
- Sinking number of internists in training
- >>> Identity, profile, attractivity: a modern discipline!

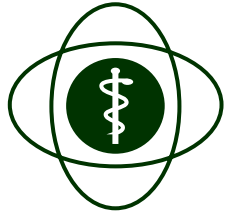


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Many problems – many differences –  
many challenges!

**BUT:**

- Internists have many characteristics in common
- Internists have a common view of the patient
- Internists have a common way of decision making
- Internists are needed today



*SGIM PLATIN Symposium 2009*

*Die Innere Medizin – Eckstein eines modernen Gesundheitswesens*

## **Ohne ihn ist ein SGIM-Symposium undenkbar:**

(no symposium of the Swiss Society of Internal Medicine without a reference to him)

*„Gentlemen, if you want a profession in which everything is certain you have better give up medicine.“*

*Author: ?*



*SGIM PLATIN Symposium 2009*

*Die Innere Medizin – Eckstein eines modernen Gesundheitswesens*

„One cannot practise medicine alone and practise it early and late, as so many of us have to do, and hope to escape the malign influences of a routine life.

The incessant concentration of thought upon one subject, however interesting, tethers a man`s mind in a narrow field.

The practitioner needs culture as well as learning.“





## *Sir William Osler:*

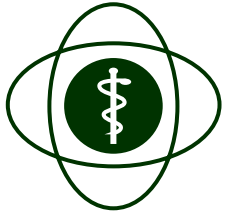
- *born: July, 12th, 1849 in Bond Head, Ontario*
- *McGill University Medical School (exam 1872)*
- *1878 professor of the Institutes of Medicine at McGill*
- *1884 professor of clinical medicine at the University of Pennsylvania*
- *1889 chair of the department of medicine of the new Johns Hopkins Medical School - his comment after the election (communicated to the pathologist Welch):*  
*«Well, we are lucky to get in as professors, for I am sure that neither you nor I could ever get in as students.»*
- *1905 professor of medicine in Oxford*
- *died 1919 in Oxford*



*Internal Medicine is hard to delineate:*

*I wish there were another term to designate the wide field of medical practice which remains after the separation of surgery, midwifery and gynaecology. Not itself a specialty, (though it embraces at least a dozen), its cultivators cannot be called specialists, but bear without reproach the good old name physician, in contradistinction to general practitioners, surgeons, obstetricians and gynaecologists*

*W. Osler, Internal Medicine as a vocation, in Aequanimitas, 133*



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## Definition and mission statement of internal medicine:

(EFIM working group on professional issues in internal medicine in Europe)

Internal medicine is the core medical discipline that is responsible for the **care of adults with one or more complex, acute, or chronic illnesses**, both in the hospital and in the community. It is **patient-centred, scientifically based and committed to ethical, scientific and holistic principles of care.**



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- Definition and mission statement for the modern discipline of internal medicine (2):

Internal medicine, a **clinical and scientific discipline**, creates and promotes medical knowledge, methods and clinical abilities. It analyzes the findings of other medical specialties and integrates them into **strategies for diagnosis, treatment and care for the individual patient.**



- Definition and mission statement for the modern discipline of internal medicine (3):

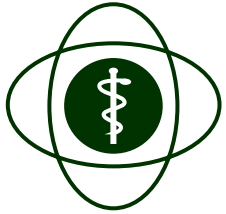
Specific fields of interests include problems caused by polymorbidity, patients with difficult and complex diagnoses as well as preventive, acute, chronic and palliative care. Internists are able to translate this knowledge into patient care. Internists cope with the challenge of developing standards, decision-making, quality improvement and patient safety tools, and **integrated health care delivery systems.**



Sir W. Osler: There are disadvantages of specialization!

Specialism is not, however, without many disadvantages.

A radical error at the onset is the failure to recognize that the results of specialized observation are at best only partial truths, which require to be correlated with facts obtained by wider study. The various organs, the diseases of which are subdivided for treatment, are not isolated, but complex parts of a complex whole, and every day's experience brings home the truth of the saying «When one member suffers all the members suffer with it.»



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Osler is not alone:

"Accustomed to legerdemain and quick results, the surgeon is apt to regard the diagnosis and the treatment of a headache, for example, as a trivial matter, forgetting that the internist may require hours of probing before discovering that what the patient needs is not a new pair of glasses but a different mother-in-law."

Thomas Findley (1944)

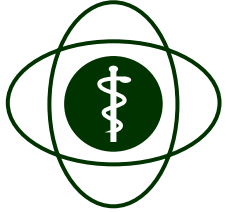


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That`s why:

Internal medicine is a  
cornerstone of a modern health care system

(... in Europe and everywhere!)



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Just one example:  
Improvement of quality and cost efficiency –  
a key role for the internist

... a key role!!!

... a key role???

... *yes, of course a key role.*



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Internists try to give their best in caring for their patients, they work hard to obtain good quality and they take into consideration the costs.

... that is how we feel.

... but: that is not enough any more.



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# We have to prove it!

- to health care agencies, to the governments
- to insurers
- to politicians
- to the public



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## Costs will go up!

- demographic changes
- new methods
- new disease entities
- new guidelines and standards
- demand of the public



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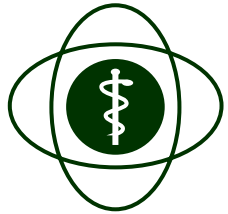
A difficult (impossible?) task:  
Limit costs – maintain quality!

The magic word:

**Cost effectiveness**

Effectiveness:

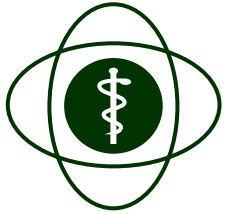
The extent to which medical interventions achieve health improvements in real practice settings



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Improvement of quality and cost effectiveness –  
a key role for the internists?

Why?



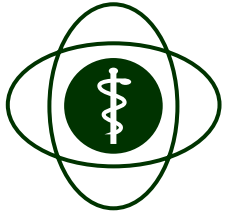
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## Improvement of quality and cost effectiveness – a key role for the internists? Why?

First, because internists often have (and should have) in hand the key to the specialized, invasive and high cost procedures (referrals).

Second, because they already are familiar with many useful tools for quality and cost efficiency improvement.

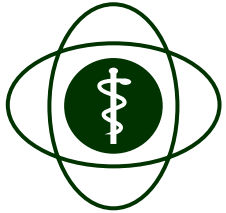
Third, because most internists feel a commitment to improve quality of care as emphasized in the Physician Charter on Medical Professionalism (ACP/ABIM/EFIM, 2004)



## Remember:

- Definition and mission statement for the modern discipline of internal medicine (3):

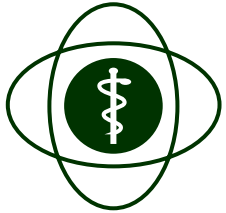
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Internists skills and tools which are needed in studying and realizing quality and cost effectiveness improvement programs:

- Care management, coordination
- Communication
- Decision making
- Pre-, in- and post-hospital care
- Outcome research, clinical research
- Comparative effectiveness evaluation
- Clinical standards
- Strong links and networks with specialists



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## Comparative effectiveness:

Comparative effectiveness analysis evaluates the relative (clinical) effectiveness, safety, and cost of two or more Medical services, drugs, devices, therapies or procedures used to treat the same condition.

“Improved availability of comparative effectiveness information (...)”, a policy paper of the American College of Physicians, 2008, in which the ACP strongly supports the establishment of a center for comparative effectiveness information in the US.



## Two examples:

- ACP QI (quality improvement) Programs

(free participation, CME credits, programs cover a wide variety of clinical areas important to internists and are based on recognized performance measures)

- The Swiss Medical Departments Complications Register

(Max Stäubli MD, about 25 hospitals, voluntary, anonymous, published four times per year)

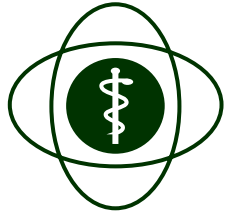


## Conclusion:

Internal medicine –

cornerstone of a modern health  
care system

(... and that means it has a key role in improving quality  
and cost effectiveness)



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... and let`s say it clearly:

The modern discipline of internal medicine –

it`s **YOU**, the young internists!