Virtual Mentor
American Medical Association Journal of Ethics
July 2001, Volume 3, Number 7: 221-223.

FROM THE EDITOR
It Is Good Medicine
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When we speak of good medicine, we typically mean the science of medicine and its clinical quality—is the doctor providing the most appropriate diagnosis and treatment for my illness? Over the past quarter century, advances in the medical sciences and subsequent improvements in the technical ability of physicians have resulted in our increasing ability to deliver good, science-based medicine. Undoubtedly, the day will come when the details of the Krebs cycle, information that almost all medical students have to learn, will be relevant to providing good medicine at the bedside.

Despite continuing scientific advances, the practice of good medicine requires more than applying the right science at the correct time for a specific ailment. Good medicine demands the practice of medicine as an art because there will always be the point at which our science simply cannot stop the inevitable, and, thus, compassion and comfort are all that physicians can provide to their patients in need. The challenge confronting the medical profession is how to educate physicians in not only the scientific but the artful practice of medicine.

In medical school, the art of medicine is taught in courses such as the doctor-patient relationship or professional ethics, and, compared to the course load in the sciences, the time and effort dedicated within the formal curriculum to the artful practice of medicine is limited and, some say, ineffectual. Factors in medical school that contribute to the challenges of teaching ethics and professionalism range from competing curriculum demands, inadequate support and training for teaching, student resistance to such courses, and the belief that no one can be trained to be compassionate by taking a course[1, 2, 3, 4]. These same barriers are even more difficult to overcome during postgraduate training, where the educational environment of internship and residency oftentimes works against the further development and cultivation of the artful practice of medicine. These experiences in the undergraduate and graduate medical settings can lead to a "hardwiring" that makes professional attitudes and behavior among practicing physicians that much less modifiable.

Given the choppy landscape of ethics education and training, there is a growing realization and urgency among leaders in medicine that a more systematic approach must be developed for imparting ethics competencies and then evaluating whether individuals have obtained them[5, 6, 7]. In short, it seems, paradoxically, that the art of

medicine must have a more scientific basis if it is to promote the practice of good medicine. Medical school faculty are increasingly more innovative as they refine ethics curricula, both formal and informal, to address the educational needs of students. The Accreditation Council for Graduate Medical Education has adopted core competencies that doctors-in-training in accredited residency program must demonstrate. Among these core competencies is the ability to provide ethical care, an accreditation requirement that should lead to structural reforms of the residency workplace that will foster the practice of compassionate care. Lastly, there appears to be a growing demand for ethics CME courses, and this trend will likely further accelerate as more states require these types of lifelong learning requirements for purposes of licensure.

A not-so-famous man once said, "If you can't measure it, it isn't important." In the case of good medicine, it is widely accepted that we need to measure how well physicians are providing clinical care so that we can continue to make improvements. I would argue that this logic applies not only to the science of medicine, but also in many important respects to the art of medicine—otherwise it simply becomes idealistic rhetoric. Today, given the tremendous challenges confronting medicine and the health care system, physicians are expected not only to be expert in the science of medicine, but to be proficient and competent in the art of medicine. Leaders in medicine must work together to develop innovative ways of imparting and evaluating the ethical skills and competencies of physicians. We hope that the Virtual Mentor has contributed to that endeavor for our readers, and we are working hard to develop more innovative means to promote and assess the ethics and professionalism of tomorrow's physicians. Stay tuned.

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