

Ventegodt S, Merrick J. Academic medicine must deliver skilled physicians. A different academic training is needed. BMJ Rapid responses 2004 Oct 09. <http://bmj.com/cgi/eletters/329/7469/0-g-77606>

<http://bmj.bmjournals.com/cgi/eletters/329/7469/0-g#77606>



▼ **Academic medicine must deliver skilled physicians. A different academic training is needed**

Søren Ventegodt, Joav Merrick (10 October 2004)

**Academic medicine must deliver skilled physicians. A different academic training is needed**

10 October  
2004

Søren Ventegodt,  
Director  
*The Quality of Life  
Research Center,  
Teglårdstræde 4-8,  
DK-1452 Copenhagen  
K, Denmark,  
Joav Merrick*

EDITOR---The very important concept of educating the medical student and the physician is addressed brilliantly by the BMJs acting editor [1]. We also believe that the academic training of medical students and physicians can be dramatically improved [2] and have some comments to "the four pillars of global academic medicine". Let us look at them one by one.

"FIRSTLY ACADEMIC MEDICINE IS ABOUT ANSWERING IMPORTANT QUESTIONS THROUGH RELEVANT RESEARCH"

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This is so true and the theoretical part must be set equal to the practical training. Unfortunately many medical schools are only training their students in a very limited spectrum of the theoretical and practical knowledge a physician needs to help his patients. Most medical students are trained in biomedicine and in surgery, while manual medicine [3,4] and holistic medicine [5,6,7,8], although older and a much more integrated part of medical art, are often forgotten. The reason for this is not the lack of good medical theory or fine medical practice – although the theory and philosophy of manual and holistic medicine [9-30] are often harder to understand than the theories and philosophy of natural science [31]. The reason is that biomedical theory – basically biochemistry and pharmacology – has come to substitute all other medical perspectives and toolboxes.

As it is evident that "the drugs don't work" [32] in so many cases of chronic diseases [5], which is a disaster for the patients, who will not get the help they need, and for the medical students as well, who will be extremely disappointed when they realise that they are not dressed up by their academic studies to help their patients sufficiently. Academic medicine therefore must stress the importance of theory and practice of manual and holistic medicine and give these disciplines the same priority as biomedicine.

"SECONDLY, THE EVIDENCE GENERATED BY THAT RESEARCH HAS TO BE

## IMPLEMENTED AND THE "KNOW-DO-GAP" CLOSED"

In medical science noting is as simple as one would like it to be. When we have several complementary perspectives of health, carried by different patients and different medical systems – manual, biomedical or consciousness-based holistic – much of the competence of a good physician is really to choose the right medical paradigm [6,33] to begin with.

As we seriously doubt that this will be adequately explored in the near future by medical science, since almost no government gives priority to such research and no pharmaceutical company are likely to carry out this kind of research, the mastery of medical practice will still be conquered in practice at the medical clinic and not on the school bench. The know-do gap is therefore a learning-by-doing issue, not a standard academic issue learned by listening to even the best lectures. Following in the footsteps of the master of medicine will always be the way to obtain mastery.

Much of the art of medicine is about love, care, communication, relationship, understanding and intuition. We actually believe that this is more important for helping the patient than the academic knowledge itself [34-39]. To do is not only to know mentally; because the best physicians carry their knowledge and understanding of the process of healing [40,41] not only in the mind, but "in the body".

## "THIRDLY, ACADEMIC MEDICINE MUST ENSURE THAT MEDICAL STUDENTS AND DOCTORS ARE ADEQUATELY TRAINED"

This is a very interesting point, because the only way to see if this is done is to look at the outcome of the physicians work. If the physician's patients are healthy, he is good doctor; if they are not, he is a bad doctor. It is really this simple. And as we have so many chronically ill patients in our society, most physicians are simply not good enough. The reason for this is simple: they only master one toolbox, the drugs, and the drugs will not solve most of the medical problems of the patients [42]. The reason why the physicians are inadequate is because their academic training has failed. The physician of today is not equipped with the tool they need to help their patients. But it is not too late to change that. Fortunately the theories and toolboxes of manual [3] and holistic [7] medicine are possible to teach to every doctor, who seriously wants an upgrade.

## "FINALLY, THE QUALITY OF HEALTHCARE DELIVERY MUST BE OPTIMISED, PARTLY THROUGH IMPROVED ACCESS TO HEALTH INFORMATION"

Here we are at the most crucial and difficult point: why is the physician of today losing his impact, power and trust. Medicine is NOT about information, but it is about using information. The patient cannot accumulate sufficient knowledge to be his/her own physician, as many patients of today try to do by reading about their disease on the internet or in medical books. Because every patient has got a different understanding of life, every patient also needs an individual treatment: some needs to talk, some needs to be touched and cared for and some need a drug. In biomedicine, when we do pharmaceutical research, we are using standard concentrations and standard intervals of administration, but having a

carrying physician who gives an individually adjusted dose normally helps a patient much better. The idea that medicine is about information and that everybody, who can read can make the doctor redundant is candidate to be the most dangerous idea of our time, reducing the physician to nothing more than a delivery machine of pills, a clever pharmacist. This is not how it should be: the excellent physician helps his patients to heal and stay healthy. To deliver this kind of physician must be the most important ambition for the academic medicine.

#### FURTHER EDUCATION AND INTERNATIONAL DISCUSSION

In Denmark we see this need urgently and will therefore start a holistic medical complementary academic training for physicians, nurses and therapists this winter.

We have also arranged an international conference on "Scientific Holistic Medicine in Copenhagen" the 1st and 2nd of November 2004 to focus on the recent important progress in this field visible to the medical society [43,44].

#### AFFILIATION

Søren Ventegodt, MD, is a general practitioner and the director of the Quality of Life Research Center in Copenhagen, Denmark. E-mail: [ventegodt@livskvalitet.org](mailto:ventegodt@livskvalitet.org) Website: [www.livskvalitet.org/](http://www.livskvalitet.org/)

Joav Merrick, MD, DMSc is professor of child health and human development, director of the National Institute of Child Health and Human Development and the medical director of the Division for Mental Retardation, Ministry of Social Affairs, Jerusalem, Israel. E-mail: [jmerrick@internet-zahav.net](mailto:jmerrick@internet-zahav.net). Website: [www.nichd-israel.com](http://www.nichd-israel.com)

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Competing interests: None declared