Education and debate

Mr A to Mr B: “I am puzzled. You always make nice comments about Mr C. On the other hand, Mr C always says bad things about you. Why?”

Mr B to Mr A: “Perhaps because we are both liars.”

Recently, a close friend told me that another friend, a gastroenterologist, had told him that I “wasted my talent” by becoming a family doctor, who was “a gatekeeper and nothing else.” My feelings were hurt, but I was not surprised. When I chose family medicine, one of my mentors had expressed genuine shock and told me that I was “shortchanging” myself.

It is a tradition in the family medicine to disparage specialties other than our own. Internists wonder out loud if a surgeon is capable of grappling with complex cognitive problems. To them, a surgeon is just a technician. A surgeon may look down on everyone else, but everyone else has eroded the specialty—the vascular surgeon looking down on the orthopaedic surgeon as if he or she were mentally challenged.

Family doctors think that they are special because they care for the whole family. All the specialties look down on psychiatry, while the psychiatrists wonder why anyone would become a pathologist or radiologist and have so little contact with patients. The basic scientists boast that clinical medicine depends on them, while clinicians feel sorry for the basic scientists, who can’t take care of sick people.

Then, there is the great divide between medicine and its poor cousin, public health, ignored and unacknowledged until an epidemic strikes. Public health professionals, already at the bottom of the status barrel, question their identity and long for a better relationship with medicine, which never really happens. Overly and covertly, we pass on these prejudices to our medical students, residents and house officers. Attending physicians, classroom teachers, and clinicians perpetuate the negativity for the next generations.

If the energy now invested in disparaging our colleagues were turned right around when she converted pounds to kilograms (13 January, p 118), Two pounds is equivalent to 0.9 kg, not 4.4 kg as stated in the opening item.

Results of genetic testing: when confidentiality conflicts with a duty to warn relatives

In the first article, by Wai-Ching Leung, in this Ethical Debate (9 December, pp 1464-6) the references unfortunately deleted themselves electronically somewhere in the publication process. They have now been reunited with the article (which can be found at www.bmj.com/cgi/content/full/321/7274/1464).

All in the family of medicine

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