On Being a Good Pulmonary Practitioner

Physicians are defined as those “persons skilled in the art of healing” [1]. When we include the term respiratory physician or pulmonologist, we include in such skill, the understanding of the art of healing of the respiratory system. From the nose to the alveoli, such a clinician is responsible for identifying anatomical abnormalities, physiological conditions, that may cause illness and understand a very comprehensive list of maladies related to this organ-system.

Over the years, one of us has come to the realization that pulmonary doctors are different than most other clinicians and the other one is rapidly learning such facts.

Firstly, there has to be a passion for respiratory sciences in order to achieve the goal of practicing pulmonary medicine. This seems obvious, however, becoming a pulmonary doctor takes years and many sacrifices. Just the schooling takes many years in the endeavor to become a general medical practitioner. In the United States, for example, 4 years of pre-medical courses, followed by 4 or 5 years of actual medical school are required to obtain the degree of a medical doctor [2, 3]. In other countries, medical school can start straight out of high school, and requires between 5 and 7 years. This initial process is not for the light-hearted. Day and night study is required, as well as many missed birthdays, anniversary and outings with friends and family. The student not willing to compromise on these things will not even make it through the first semester of medical school. Once a doctoral degree is obtained, then most pulmonary physicians have to endure a few years of internal medicine residency prior to starting a pulmonary fellowship. This advanced training may take 2 to 4 additional years, depending on the program [4]. Once again, at this point, many people fail. Indeed, many will say “it is too big of a sacrifice”, and will finish their internal medicine residency and do not pursue a fellowship in pulmonary medicine.

In order to be able to go through all these years of education and training, a true passion for this field i.e medicine, and specifically the respiratory system is required. In addition, knowledge and competence in performing and interpreting tests and procedures must be acquired. These skills take time to develop. Most pulmonary programs require a minimum of 24 months of clinical pulmonary work. Expertise must be developed in monitoring and supervising special services and facilities - such as critical care or respiratory care units, pulmonary function laboratories, respiratory care techniques and services, and respiratory physical therapy and pulmonary rehabilitation facilities. Those who already finished such tasks understand that this takes time and patience. In addition, if additional training is desired in either interventional pulmonology, sleep disorders or critical care medicine, additional training is required.

Secondly, good pulmonary physicians need to be well versed in all areas of medicine. Pulmonology has been classified as an internal medicine subspecialty, however, these practitioners require extensive understanding not only of lung-related issues, but because of the variety of clinical problems encountered, vast knowledge of internal medicine and other specialties (such as cardiology, endocrinology, infectious diseases), is required in order to be proficient and, in many countries, obtain certification as a pulmonary specialist. These dedicated physicians, regardless of their ultimate path, gain broad experience and competence also in the treatment and management of critically ill patients. In many countries, the vast majority of pulmonary specialists manage the intensive care units [5]. In addition, pulmonary medicine consults are extremely common in other areas of the hospital setting, such as the medical and surgical wards [6].

Thirdly, being a pulmonary specialist does not come naturally, it takes hard work, and dedication to the art of this unique specialty. When the clinician has the passion for healing, that is even greater than him/herself, such pulmonary doctor doesn’t work to satisfy “numbers”, but to become the one who really does appreciate healing. These pulmonary clinicians know that what most call “going to work”, in their case is “going to educate and save lives”. A good pulmonary doctor enjoys “going to work”. Indeed, with recent changes in reimbursement, pulmonary physicians truly go to work because of the love they have for pulmonary medicine. That is to be commended. However, the only gratitude the good pulmonary physician needs is a healthy outcome for their patients. These individuals become the life of the pulmonary specialist, and acceptance of patient care by most of them, as the love they have for the field, which is greater than any economic advantage.

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REFERENCES


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