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VIEW POINT

Medical Practice in the new millennium

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Despite rapid economic growth, South Asia still has the largest number of poor people in the world. 'Wellness medicine' with a strong emphasis on nutrition, exercise, stress management and preventive examinations, is becoming more important. In the west, managed care organizations are involved in healthcare delivery. The same is beginning to happen in South Asia also. There is an increasing need for effective communication between doctors and patients, and a rapidly rising patient demand for autonomy and self-determinism in medical decision-making. In future, doctors may have to be educated in behavioural, social, and information sciences, and ethics, in addition to the biological disciplines. Use of E-mail to communicate with patients, electronic medical records, and evidence-based and patient-centred medicine is becoming common. Medical care is more likely to be delivered outside the hospital, and complementary and integrative medicine will become more dominant. Lifelong learning skills for prescribers are becoming increasingly important.

South Asia is a region of stark contrasts. The 'tiger economies' of the region are growing at around eight percent annually. But the region still contains the largest number of poor people in the world.

Wellness medicine is becoming an important concept, the world over.¹ As doctors, we should concentrate on keeping our patients well and out of the hospital. There should be a strong emphasis on nutrition, exercise, stress management and preventive examinations.

In the west, managed care organizations (MCOs) are becoming important players in medical care. There is a greater emphasis on cost control and quick patient turnover, compared to the quality of patient care.² In the new millennium, MCOs and medical insurance companies will play an increasingly important role in South Asia, and doctors may have to work within the parameters laid down by these organizations.

South Asian societies are becoming more affluent, materialistic, better educated and well informed. Like in other regions, there is a need for effective

communication between doctors and patients, and a rapidly rising patient demand for autonomy and self-determinism in medical decision making.³ Future doctors should be able to involve patients in the decision-making process and provide counselling on ethical issues. Doctors must be educated in behavioural, social, and information sciences, and ethics, in addition to the biological disciplines.⁴

The internet is transforming how we communicate and access information. The amount of information available on the internet is huge, and doctors and patients will need to develop critical appraisal skills to make informed judgments. E-mail has been used by doctors to communicate with patients, to process requests for prescription refills, and to refer patients to subspecialists.² Electronic medical records are another major computing development which is sure to be more widely used.

Evidence-based medicine (EBM) and patient-centred medicine are two concepts which are playing an increasingly important role in modern medicine.⁵ EBM relies on meta-analyses or reviews of randomized clinical trials as the 'gold standard' of evidence, for the most appropriate treatments in health care. EBM and clinical practice guidelines are likely to play an increasingly important role in South Asia in the future.

In the future, medical care is more likely to be delivered outside the confines of the hospital. Medical schools must emphasize community-based learning in clinics, community hospitals, primary care centres and hospices. The rapid ageing of the population may create its own set of problems.

Doctors, in the future, will have to develop lifelong learning skills to stay up-to-date. The acquisition of these skills should receive as much emphasis in medical schools as the transmission of factual knowledge.⁴ With the uneven pace of development, change and progress in different regions, illnesses and health problems may become increasingly different. A certain degree of decentralization and autonomy is essential to ensure that medical schools

train doctors according to the needs of their communities. Doctors will have to be knowledgeable about complementary and alternative therapies, and practice 'integrative medicine', viewing the complete individual in his/her physical, cultural and economic setting, looking beyond the narrow confines of their respective specialties.

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