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Pretending physicians and other new breeds

From time to time we hear the encouraging news that the coming of a new breed of doctor is about to transform the medical scene. One of the earlier new breeds was the scientific doctor, who understood chemistry and analysis of covariance, and no longer countenanced the empirical prescribing of drugs of unproved value (even if the patients swore by them). A second coming, in the seventies, was that of the concerned doctor, often with long hair or a pony tail, often in sandals or sometimes without shoes, all set to reform society and shower unlimited health care upon underserved deserving consumers. Now comes yet another new breed, this time with a master's degree in business administration (MBA).

These MD/MBAs promise to bridge the gap between the stethoscope and the spreadsheet, between doctors and administrators. They understand budgets, management, networking, purchasing, and contracts. They are said to be in great demand by hospitals and health maintenance organizations, and have been appointed to executive positions in several institutions. Indeed, some prestigious hospitals now have MD/MBAs as chief executives. According to recent articles, an MBA has become a ticket to success.

To earn this ticket some students have taken combined six year undergraduate courses consisting of four years in medicine and two in business. How much they know about business at graduation is unclear; and there is also some question about their medical skills. Many people have argued that medicine is a jealous mistress that does not tolerate much diversification of effort without a loss of at least some skills. They would prefer to see in leadership positions seasoned doctors who know what medicine is all about and what it is like to take care of patients.

Indeed many clinicians resent medical decisions being made by theoretician staff officers who have never been in the trenches. They contrast the attending physician with yet another new breed, the pretending physician. Such pretending physicians only think they are practicing medicine. There being only so many hours in the day, they feel they can better help humanity by tackling the problems of the many rather than those of the few.

Pretending physicians include some chiefs of medicine who rarely see patients with their students and residents, and most certainly never see them alone. They work on the larger picture, on new cures (bench research), new systems of health care (planning and politics), new breeds of doctors (curriculum reform, selection and promotion committees), new modes of practice (clinical guidelines, chart review, quality assurance, peer review), and new forms of medical governance (bylaws, committees, contracts). How much more exciting and cost effective than dealing with the sufferings of merely one single sick person. No wonder pretending physicians are paid more than mere clinicians.

The latest new breed, according to the newspapers, are this year's new medical students. "There are more women and more students from under-represented minorities." "Gone are the days when you had to be 22 years old and single." "They are being encouraged to consider primary care fields such as internal medicine or pediatrics, because health care reformers believe such doctors are the key to disease prevention and slowing health care cost inflation." They are entering medicine at a time of great change and some are worried about the future. So far they do not even have stethoscopes and white coats, because this year the drug companies have stopped giving them away. They do, however, wear shoes.