

Magnificus in distress

When Professor Magnificus does ward rounds followed by his extensive retinue, everybody admires his exquisite bedside manner. If he detects a murmur that nobody has heard, or feels a spleen that nobody has felt, the students think that he is the very incarnation of Sir William Osler. Brilliant are the comments that he makes after each case presentation, as he draws from his extensive clinical experience and brings in relevant or irrelevant facts from his bench research. Indeed, he represents the incarnate role model of the compleat physician.

Of late, however, clouds have been blackening the professor's horizon. At the university many of his research grants have been approved but not funded. Moneys for faculty salaries must increasingly come from clinical activities, just as managed care organizations are signing up the university's patients. He now spends endless hours in meetings on recruiting patients; on referral networks; provider satisfaction; managed care contracts; clinical guidelines; and quality assurance. New standards of note taking have been promulgated: bureaucrats and malpractice lawyers say that what is not documented is considered not to have been done. Several hospitals have been sold or merged; and there is constant talk of consolidations, downsizing, rationalization, and "developing synergies."

The professor is also swamped with paper work to satisfy numerous accrediting and review bodies. He spends much time credentialing, being required to regularly review the performance and qualifications of dozens of doctors and even nurse practitioners. He is expected to comment on their ethics; cooperation with other providers; attitude towards patients; compliance with educational requirements; attendance at meetings; malpractice claims; and reports from quality assurance and medical records committees. He has been assigned to several task forces; has a book to review; a manuscript to complete; and still tries to keep things going in the laboratory. He has frequent meetings with the dean, who expects more grants, more research papers. At night he is too wound up to sleep, but wonders what new problems the morning will bring. He thinks of the old days when there were no provider networks, no managed care contracts, when grants were plenty, when research fellows flocked to his unit, and he had plenty of money to pay them

in a statistically non-significant and clinically uncertain manner. Some people will no doubt want to try taking zinc, but they will need to take a lot of tablets and may experience some side effects. Others may decide that it is not worth the trouble, and that a hefty refreshment "au zinc" may work as well and taste much better.