Back to the Future

By Prof Robert Kamei and Prof Ranga Krishnan

Our medical system has been brilliant at managing crises and providing specialised procedures – joint replacements, organ transplants, minimally invasive surgery, radiation and chemotherapy. These techniques, procedures and medicines are the visible fruits of the many scientific advances that have transpired over the last century, and the speed of these advances continues to accelerate.

However, in the midst of the excitement of medical discovery, we must not forget a pressing need: caring for our elders burdened by the problems of ageing and chronic diseases. While advances in medicine have prolonged the lives of the elderly, one still has to ask: "Is prolonging life at all cost what our patients desire?" Having a discussion with patients and their families on Advanced Medical Directives is a useful start. Dr Dennis McCullough, a noted clinician and author, suggests that a more reflective and measured approach be used to take into consideration the wishes of the patient. He uses the term "slow medicine" and "less is more" as an approach that focuses on the quality of patients' lives rather than on how long they live. This requires that physicians spend more time getting to know their patients, their families, and the communities that they live in.

Back to the future – while this suggestion may first strike one as an unrealistic return to an age of medicine before we had any helpful treatment strategies for patients besides comfort, it is instead a call to be more conscious of the needs of our elderly rather than focus on our current practice patterns and skills. We have not had the same rapid advances in the care of chronic illness and prolonging a quality life (rather than simply the quantity of life).

Rather than quickly writing a prescription or submitting our patients to any available medical procedure, physicians must be prepared to "slow down" and spend time talking to patients and other members of the healthcare team. They must not only team up with the patient and their families, but also with other healthcare professionals (nurses, physical and occupational therapists, pharmacists, social workers, psychologists, and so on) to provide more options for caring. If we truly wish to support this philosophy from an educational point of view, we must work further to help our students learn how to have conversations with patients and their family members about death and dying.

This is not easy because these discussions are emotional and wrapped up in culture and religion. The shift from "cure to comfort" not only impacts the patient and their family, but greatly impacts the doctor as well. Before our students can successfully hold these very difficult conversations with their patients, they too have to come to grips with their own feelings about death. This takes considerable time (perhaps even a lifetime), even with the help of skilled faculty facilitators.

The system under which medical students are now educated continues to happen in a hospital setting, and is geared toward providing acute care. This model does not reflect our future reality when more and more medicine will involve managing chronic conditions, typically in outpatient settings. While the acute setting remains the most efficient way to teach "pathology" to medical students, it is not the best way to teach them about caring for people.

So, there is much to do. The Association of American Medical Colleges (AAMC) has awarded grants to research on the best way to shift the focus of medical education to chronic disease management in clinics. At Duke-NUS Graduate Medical School, we have taken an important step by incorporating community health and long-term chronic disease management as part of the third year curriculum. We have made teamwork skills a hallmark of our curriculum, because physicians cannot care for patients alone. We need to continually improve the communication skills of all of our doctors, both students and faculty. We look to explore other approaches that will teach our students to establish long-term relationships with patients and understand the challenges that they face daily. Medical school is but one part of this journey and a concurrent effort will need to occur in post-graduate training for our future physicians, so as to successfully practice "slow medicine". SMA

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