

EDITORIAL

Contemporary Medicine is a fact: what about contemporary doctors?

Irene Christodoulou

Editor in Chief

Contemporary Medicine is a fact. Only current discoveries and updated publications are interesting for readers. However, the magic world of knowledge needs money to feed the doctors with the secrets of novel methods, drugs and protocols. The problem is that all doctors do not have the money to *buy knowledge*...

The wish of being updated has been considered a life-time concern which is facilitated through continuing medical education. The ways to acquire the new diagnosing and therapeutic tools/skills and become better doctor include academic books, medical journals, seminars, courses, congresses, workshops and medical technology devices. Also, *self-training kits* have become very popular, in the form of simulation models kits. Many doctors, especially before they are appointed in a good Hospital position, struggle to empower their CVs and may participate to more than 50 congresses per annum. This of course, in Greece, for example, won't help much, because most doctor appointments are based on nepotistic criteria. However, many doctors continue to buy more and more "evidence of knowledge" because they want very much to find a position. All that money spent for a good CV, sometimes help doctors to find a position, if simultaneously they have found someone to help, as a professor in Medicine or a Director in the National System of Health. In this way, the good CV serves as "evidence" for someone who is appointed in a position thanks to secret nepotistic agreements, only as a weapon for the court, in case he/she is legally prosecuted by an other doctor.

After the appointment run, all this struggling and spending will stop. The doctor may not participate to a congress for 5 - 6 years. It is crazy, but it is true. Also, it is expected to happen, because the doctors who spend a lot of money before they get a position, they decide to spend some money for a house, for their children, for a better quality of life. This change in continuing medical education activities leads to a contemporary validity in doctors' knowledge...

Many doctors try to be educated for free through the internet. However, they don't seem to be so passionate in learning as before. Professor B. Pless and colleagues conducted a very interesting experiment in which a free journal subscription was given to physicians in order to change their attitude towards injury prevention.¹ The conclusion of the study was that no satisfactory response resulted among the studied physicians (220 in total). The reason, in my opinion, is, that to study constantly and become better and updated needs something more than a free journal subscription.

If a doctor is not satisfied in his workplace, for example, if he cannot put in practice new methods, at first he won't spend money to learn more. Later, he won't be interested to participate to free educational activities. *Because he will have lost the motivation to learn.* And for this very bad consequence, the main reason is that the doctor loses his *professional self-confidence*. For example, if you work at a rural Hospital in Greece, you will not be allowed to make any interventions that belong in what we call updated medicine. The commonest reason is that the Director of the Department prohibits the introduction of new methods and practices, because he is not educated to perform them. The most tragical example I have ever heard about was a surgeon who travelled to Japan and was educated for 2 years in liver surgery, and when he came back to Greece was not allowed to perform any of the techniques he was skilled at because the Director of the Department did not allow him to do it.

After spending 10-20.000 Euros, it comes *the period of the chronic professional fatigue*. Not to buy clothes, not to go to the cinema, not to buy a car, in order to buy knowledge, but if you are not allowed to use it, what is the point?

I personally made a research study some years ago, that was about the way pancreatitis is treated in and out Intensive Care Medicine Units. I asked internal medicine doctors, surgeons, ICU specialists and general doctors. The answers were so different, among the different specialties that you could not