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EDITORIAL

Current practice of medicine[☆]



El ejercicio actual de la medicina

The development of medicine has not been impervious to the changes that have taken place on a global scale. The practice of medicine has undergone considerable transformations and has split into 2 different worlds: those of practice at public and at private institutions.^{1,2}

In the first case, most if not all physicians, have had to be in contact with a public institution, either in rotations during studies, as residents, as a social service, in medical specialties or during their practice as physicians.² It was at public institutions that we learnt, in most cases under supervision, to interrogate, explore and operate, and thanks to all these skills we were able to continue learning and developing our medical knowledge base; we learnt to work as part of a team, which is not an easy thing in the world of medicine. All this should make us remember the considerable value that these public institutions have had for our professional development, and I believe that our commitment towards them in an imperfect system should be irreplaceable and permanent, since it is thanks to them that we have made it to where we find ourselves today and will continue to grow. However, the performance of many colleagues at these institutions often leaves much to be desired, because they forget their origins, the place where they were born as professionals, and do not provide patients with the attention they deserve. In addition, we must also bear in mind that the public who attends these institutions often does not have the opportunity to go elsewhere to be cared for.³

Although professional practice has improved at some public institutions, it still lacks the level that we are capable of offering and which patients and their relatives require and deserve from a profession that we chose through vocation rather than obligation. If we believe that not just the medical, but all healthcare staff, chose their career by vocation, then it follows that that vocation should be ongoing, perfect, and not subject to ups and downs throughout its practice.

Patients should always expect to be treated well, forcing us to keep permanently up to date and maintain a good attitude, communication and relevance, which would lead to a reduction in complaints, long waits in clinics, delays in surgery and appointments. All this can also be applied to the management's commitment, which is usually no better, since the current profile of managers requires a different type of person.^{3,4}

Regarding private medicine, professional practice at those institutions is very different, very heterogeneous even at institutions of the same level, and some of them do not have the minimum level required to offer high quality healthcare services. On the other hand, teaching leaves much to be desired, as they only show one side of professional practice and research, forgetting that patients have to make an effort to be attended, often having to sacrifice resources that could very well be destined to other purposes, given that most would be entitled to care at public institutions. It is difficult to accept that some physicians treat private medicine patients better than public ones. There should be no distinction between them, but if there were to be any, which is unacceptable, it should be in favour of public medicine, since it is only thanks to those patients that we can train under supervision. However, I repeat, there should be no differences whatsoever in care, since our vocation must be the same in both cases. In the case of private medicine, managers are absent, nobody knows them, often not even the staff themselves.⁵

I have observed at both public and private institutions that staff does not keep up to date. In many cases, it is the institutions themselves that fail to promote this. But faced with considerable and rapid changes, we should keep updating permanently, and not just regarding medical aspects.^{3,4,6}

In writing these few lines, I already know that many will disagree and may even have a response; but the fact is that this is the current reality, whereas the situation we had 50 years ago, or more, was closer to physicians' duties and their position in society. I had great mentors in my speciality and I was fortunate enough to meet others who, although without maintaining direct professional contact, I did observe

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and learn valuable lessons from. Our commitment towards society as physicians and heads of healthcare teams allows us to guide all its members in providing the best attention to the public, whilst always maintaining the best possible attitude; the challenge is to change the attitude.⁴⁻⁸

Academics must be exemplary figures, a model to follow in the academic, personal and moral aspects, always behaving with integrity, with love for academia, for their country, and never forgetting either. Those who behave otherwise should not be accepted by either academia or country. Academics should provide and be an example.

References

1. Foucault M [Perujo F, trad.] El nacimiento de la clínica: Una arqueología de la mirada médica. 3.a ed. México: Ed. Siglo XXI México; 1989. p. 111.
2. Frenk J. La transición de la atención a la salud. Capítulo 11. Innovaciones de los sistemas de salud. Una perspectiva internacional. México: Editorial Médica Panamericana; 1995. p. 229.
3. Navarro-Reynoso F, Navarro-Murillo P. Hacia una nueva administración de hospitales. 1.a ed México: Editorial Trillas; 2008. p. 272. ISBN: 9789682485022.
4. Navarro-Reynoso FP. Hacia un hospital moderno. *Rev Med Hosp Gen Méx.* 2010;73:81-2.
5. Navarro-Reynoso FP. Un cuadrángulo virtuoso, complemento de la atención médica. *Rev Med Hosp Gen Méx.* 2010;73:211.
6. Navarro-Reynoso FP. Evolución de la Neumología y su posicionamiento en los próximos 20 años. *Rev Fac Med UNAM.* 2010;53:32-4.
7. Navarro-Reynoso FP. Hacemos lo que nos gusta. *Rev Med Hosp Gen Méx.* 2013;76:4.
8. *Redes Integradas de Servicios de Salud: el desafío de los Hospitales.* Chile: Organización Panamericana de la Salud; 2011.

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