The Oslerian Tradition:
Internal Medicine on the Centenary of the American College of Physicians

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American College of Physicians
South Carolina Chapter
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Questions

• Who was Sir William Osler?
• What is Internal Medicine?
• What is the Oslerian Tradition?
• What would Osler do if he were alive today?
• What can YOU do to advance what is best about internal medicine and the Oslerian tradition?

Centenary of the ACP
Boston Convention and Exhibition Center,
April 28–May 2, 2015

Sir William Osler,
the "Father of Internal Medicine"
Who WAS Sir William Osler?

A Canadian physician?

Sir William Osler
• Born in Canada, 1849
• M.D., McGill, 1872
• Montreal (1874-1884)
• Philadelphia (1884-1889)
• Baltimore (1889-1905)
• Oxford (1905-1919)
• Died at Oxford, 1919
Hagiography?

- Four biographies
- Nearly 1,900 articles in the secondary literature
- Eleven special issues of medical journals
- Numerous lectures and orations
- "Osler societies" that meet regularly

What IS Internal Medicine?
American internal medicine

- "Institutional importance and definitional ambivalence" (Stevens, 1986)
- Emerged from the tradition of the generalist consultant, borrowing the German concept of *innere Medizin*
- 1885: Association of American Physicians
- 1892: Osler’s *Principles and Practice of Medicine*
- Osler → Christian → Weiss → Stead & others

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General practice

Specialty practice

Oslerian ideal of the broadly-knowledgeable generalist-consultant

KEY POINTS:
1. Psychiatry, neurology, and dermatology had already organized prior to 1885
2. Osler’s 1892 textbook solidified the notion of the “encyclopedic internal medicine specialist”
Pepper’s 5-volume, multi-authored system of medicine (1885–1886)

William Pepper (1891)

“General medicine and general surgery today are federations of specialties; and the general clinician, even of the broadest gauge, in dealing with obscure and complicated cases, acts but as the leading partner in a medical firm.”

Osler’s ambivalence (1905)

• “That flower of our calling—the cultivated general practitioner…. May this be the destiny of a large majority of you.”
• “In the bewildering complexity of modern medicine it is a relief to limit the work of a life to a comparatively narrow field which can be thoroughly tilled …”
Osler’s ambivalence (1905) (2)

“To many men there is a feeling of great satisfaction in the master of a small department, particularly one in which technical skill is required…. Then, as a rule, the specialist is a free man, with leisure, or at any rate, with some leisure; not the slave of the public, with the incessant demands upon him of the general practitioner.”

Osler on Work

“I propose to tell you the secret of life as I have seen the game played, and as I have tried to play it myself…. Though a little one, the master-word … is the open sesame to every portal, the great equalizer in the world, the true philosopher’s stone…. And the master-word is Work, a little one … but fraught with momentous consequences if you can but write it on the tablets of your hearts, and bind it upon your foreheads.”

—Osler, “The Master-Word in Medicine”

The evolving work ethic at Johns Hopkins

- Clif Cleaveland: Hopkins was “a workaholic’s idea of heaven.”
- Thomas Duffy: The Osler Service work ethic probably caused untold numbers of cases of late-onset post-traumatic stress disorder
### Timelines

<table>
<thead>
<tr>
<th>DATE</th>
<th>PERSONAL</th>
<th>MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1942</td>
<td>Birth</td>
<td>Penicillin introduced into civilian practice</td>
</tr>
<tr>
<td>1965</td>
<td>First H &amp; P</td>
<td>Medicare legislation</td>
</tr>
<tr>
<td>1966</td>
<td>I.M. clerkship</td>
<td>Folsom, Millis, and Willard report the decline in general practice</td>
</tr>
<tr>
<td>1967</td>
<td>Receive M.D.</td>
<td>ACP and ABIM oppose boards in family medicine</td>
</tr>
<tr>
<td>1968</td>
<td>Begin medicine internship</td>
<td>Medicine becomes increasingly procedure-oriented to the detriment of cognitive skills</td>
</tr>
<tr>
<td>1968</td>
<td>Complete medicine internship</td>
<td>General practitioners form American Board of Family Practice</td>
</tr>
</tbody>
</table>

### Timelines (2)

<table>
<thead>
<tr>
<th>DATE</th>
<th>PERSONAL</th>
<th>MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>Take ABIM exam</td>
<td>P. A. Tumulty publishes <em>The Effective Clinician</em></td>
</tr>
<tr>
<td>1977</td>
<td>Join USCSOM faculty</td>
<td>Major symposium on identity of the general internist, with pessimism about the future</td>
</tr>
<tr>
<td>1981</td>
<td>Become aware of HIV/AIDS</td>
<td>Implications of AIDS: “Rights” movements; free public access to medical knowledge; molecular medicine</td>
</tr>
<tr>
<td>1992</td>
<td>Become department chair</td>
<td>APM proclaims that 50% of residency graduates should become general internists</td>
</tr>
<tr>
<td>1996</td>
<td>Complete Osler: <em>Inspirations</em></td>
<td>Wachter and Goldman coin the term “hospitalist”</td>
</tr>
</tbody>
</table>

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**General practice**

**Specialty practice**

Oslerian ideal of the broadly-knowledgeable generalist-consultant

**General internal medicine**

**Internal medicine subspecialties**
Tumulty’s 20 cases (1973)

- Two: no diagnostic problems
- One: diagnosis probably incorrect
- In 13 of the 17 remaining cases, the diagnosis would have been clarified soon after admission using today’s tests (primarily CT, MRI, and serologies)
- Four remaining cases: miliary TB (2); SLE with mesenteric artery aneurysms; bone marrow necrosis with fat embolism

General practice

Specialty practice

Oslerian ideal of the broadly-knowledgeable generalist-consultant

General internal medicine

Internal medicine subspecialties

Identity?

Autonomy?

“The Sunflower Solution”

Find a balance between generalism and specialism!
What IS the Oslerian tradition?

Definitions “the Oslerian tradition” specific to internal medicine

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The broadly-knowledgeable generalist-consultant, or “Oslerian internist”</td>
<td>Emergence of subspecialists; expansion of the knowledge base and the digital revolution; changed practice environment</td>
</tr>
<tr>
<td>Internal medicine as an ideal vocational choice for medical students</td>
<td>Emergence of new, competing generalist specialties; functional ambivalence of internal medicine</td>
</tr>
<tr>
<td>Institutional importance of departments of medicine</td>
<td>Increasing autonomy of subspecialties; funding issues; responsiveness to society’s needs</td>
</tr>
</tbody>
</table>

Definitions “the Oslerian tradition” that apply to all of medicine

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The influence of Osler’s life and personality</td>
<td>Attenuation of Osler’s direct and indirect influence by time</td>
</tr>
<tr>
<td>The Osler hero myth; Osler as an icon of professionalism</td>
<td>Exaggeration of claims made by Osler; requirements of heroism; definitions of professionalism</td>
</tr>
<tr>
<td>Osler’s restatement of the Hippocratic ideal of academic humanism</td>
<td>Can compassion be taught?</td>
</tr>
<tr>
<td>Does society really value academic humanism for physicians qua physicians?</td>
<td></td>
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</tbody>
</table>

The influence of Osler’s life and personality

- Time management
- Career planning
- Mentoring
- Keeping a positive attitude
- Learning and teaching
- Caring
- Communicating
- Keeping one’s life in balance

Principles of time management

- Immediate goals
- Intermediate goals
- Long-range goals
- Unifying principles

Setting priorities

<table>
<thead>
<tr>
<th>Important?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Urgent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Richard Lee MacDonald; Arthur J. McD... McGill '82
Keeping life in balance

- It pays to have written goals in all the major areas of life.
- Ideally, one should build these around a major definite purpose: "Why are you here?"

Character as congruity

Principles  Goals  Actions

Imbalance  Congruity

Love  Principles  Goals  Actions
The Osler hero-myth

Osler as an icon of professionalism:
What IS medical professionalism?

Three principles* and ten commitments**

*Patient autonomy; patient welfare; social justice
**Competence, honesty; confidentiality; appropriate relations; improving quality of care; improving access to care; just distribution of finite resources; scientific knowledge; managing conflicts of interest; professional responsibilities

HIV/AIDS:
an emotional roller-coaster
**Basic and Higher Professionalism**

<table>
<thead>
<tr>
<th>Basic Professionalism</th>
<th>Higher Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing the right thing well.</td>
<td>Service that clearly transcends self-interest.</td>
</tr>
<tr>
<td>Occupation—work well-defined and circumscribed</td>
<td>Calling—work often ill-defined and open-ended</td>
</tr>
<tr>
<td>Rights- and duty-based</td>
<td>Also virtue-based</td>
</tr>
<tr>
<td>The minimally-decent Samaritan</td>
<td>The good or even splendid Samaritan</td>
</tr>
<tr>
<td>Level of caring: beneficence (± empathy and/or sympathy)</td>
<td>Level of caring: Compassion in the strict sense (fellow sufferer)</td>
</tr>
</tbody>
</table>

**Osler’s restatement of the Hippocratic ideal**

“... love of humanity associated with love of the craft—philanthropia and philotechnia—the joy of working joined in each one to a true love of his brother. Memorable sentence indeed! In which for the first time was coined the magic word philanthropy, and conveying the subtle suggestion that perhaps in this combination the longings of humanity may find their solution, and Wisdom—philosophia—at last be justified of her children.”

—Osler, 1919

**The “Aequanimitas” controversy**

- Osler’s commencement address to graduating students at the University of Pennsylvania in 1889
- He chose to emphasize two topics: imperturbability and its mental counterpart, Aequanimitas (equanimity)
Caring: a hierarchy of terms

<table>
<thead>
<tr>
<th></th>
<th>definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficence</strong></td>
<td>L. <em>beneficentia</em>, “active kindness”</td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
<td>Greek, <em>en</em> (“in”) + <em>pathos</em> (“feeling”)</td>
</tr>
<tr>
<td><strong>Sympathy</strong></td>
<td>Greek <em>sympatheia</em> (“like-feeling”)</td>
</tr>
<tr>
<td><strong>Compassion</strong></td>
<td>L. <em>com</em> (“with”) + <em>pati</em> (“to suffer”)</td>
</tr>
</tbody>
</table>

Doing good

Understanding patient’s feelings

Experiencing feelings similar to patient’s

Becoming a fellow sufferer

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Conditions for detached concern and empathy (polar extremes)

<table>
<thead>
<tr>
<th>Detached Concern</th>
<th>Empathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical situation is</td>
<td>The clinical situation is not</td>
</tr>
<tr>
<td>urgent.</td>
<td>urgent.</td>
</tr>
<tr>
<td>The problem is clear-cut;</td>
<td>The problem is poorly defined; emotional reasoning may shed light on</td>
</tr>
<tr>
<td>emotional reasoning has</td>
<td>it.</td>
</tr>
<tr>
<td>little to offer.</td>
<td></td>
</tr>
<tr>
<td>A technical solution to the</td>
<td>Technical solutions are unavailable.</td>
</tr>
<tr>
<td>problem is available.</td>
<td></td>
</tr>
</tbody>
</table>

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Philanthropia and Philotechnia

<table>
<thead>
<tr>
<th>Philanthropia</th>
<th>Philotechnia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring</td>
<td>Competence</td>
</tr>
<tr>
<td>Emotional</td>
<td>Objectivity</td>
</tr>
<tr>
<td>involvement</td>
<td>scientific</td>
</tr>
<tr>
<td>commitment</td>
<td>detachment</td>
</tr>
<tr>
<td>is desirable.</td>
<td>is desirable.</td>
</tr>
</tbody>
</table>

*Caritas* (as a representative transcendent virtue)

*Aequanimitas* (as a facilitator of the cardinal virtues)

Humanize the patient! Practice evidence-based medicine!
What would Osler do if he were alive today?

Medicine in the 21st century?

- “Osler the last *maitre a penser* for a noble-minded general medicine.”
- There will soon be widespread replacement of physicians by health care technicians.

Four Pivotal, Epochal Events in the Evolution of the Medical Profession (Kenny, 2010)

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hippocratic tradition</td>
<td>5th Century B.C. (Greece);</td>
<td>Insistence on medicine based on objective evidence (Greece); adoption and promotion of Hippocratic medicine (Rome)</td>
</tr>
<tr>
<td></td>
<td>2nd Century (Rome)</td>
<td></td>
</tr>
<tr>
<td>Medical Ethics and invention of the medical profession</td>
<td>18th Century Britain; 19th Century U.S.</td>
<td>Insistence on ethics in which patient’s interests trump provider’s (Percival); AMA Code of Ethics (1847)</td>
</tr>
<tr>
<td>The Flexner Report</td>
<td>1910 (United States)</td>
<td>Insistence on “a more uniformly arduous and expensive medical education”; full-time faculties</td>
</tr>
<tr>
<td>Commercialization commoditization of medicine</td>
<td>Happening right now</td>
<td>Capitulation to a consumer-driven business model, with potential to eliminate the very possibility of medical professionalism as we’ve known it.</td>
</tr>
</tbody>
</table>
A Perfect storm?

Front: Decline of medicine as a learned profession

Front: Lifestyle preferences of Generations X, Y, and Z

Hurricane: Commercialization and commoditization of medicine by government and capitalism

#1. Decline of medicine as a learned profession

“The learned professions”

- Law, medicine, ministry
- So-called because these subjects were taught in Medieval universities
- Common characteristic: performing services and rendering judgments in matters of importance and in which there is considerable uncertainty about the outcome

Medicine as a “profession” is vulnerable because science increasingly moves us toward certainty.
# Generations and their Implications for Medicine

<table>
<thead>
<tr>
<th>Generation</th>
<th>Birth years</th>
<th>Implications for medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Pre-1946</td>
<td>Traditionalists; view medicine as a 24/7/365 calling; focus on professionalism and duty</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>1946–1964</td>
<td>Similar to traditionalists on the surface, but place more value on status and tangible rewards</td>
</tr>
<tr>
<td>Generation X</td>
<td>1965–1979</td>
<td>Being a physician is only part of their identity; seek balanced life; often change employers</td>
</tr>
<tr>
<td>Generation Y</td>
<td>1980–1994</td>
<td>Expect “employment model” with limited, well-defined hours and patient care responsibilities</td>
</tr>
<tr>
<td>Generation Z</td>
<td>1995-</td>
<td>To be determined; potential for globalization through massive Internet-based collaborations</td>
</tr>
</tbody>
</table>

# The commercialization and commoditization of medicine

- Confusion regarding the respective roles of physicians and patients
- A complex web of conflict of interests
- Reduced trust in the physician’s judgment
- Erosion of the moral agency of the physician

Some consequences (2)

- Devaluation of whatever cannot be measured
- Increasing emphasis on devices and procedures at the expense of thoughtful assessment that takes into account the entirety of the patient’s well-being (not just the quantity of life)
- Endangerment of the very possibility of medical professionalism
What can YOU do to preserve what is best about internal medicine and the Oslerian tradition?

Is your glass half full or half empty?

What do you see in this picture?
Rosemary Stevens (1986)
- Internists are past masters of uncertainty with a proven track record of resilient adaptation to change.
- General internists and also I.M. subspecialists provide a large proportion of primary care in the U.S.
- Internal medicine uniquely encompasses the entire spectrum of primary ↔ specialty ↔ subspecialty care
- Internal medicine has in many ways served as a conscience for the medical profession

“The physician proper”
- Osler: Internists “bear without reproach the good old name physician”… and “the opportunities are still great … and the laborers scarcely sufficient to meet the demand”
- Today: Opportunities for leadership (for which internists are uniquely suitable) are made especially possible by the digital revolution and social media

Attributes and challenges of the future environment
- Patient-focused
- Flexible work hours
- Prioritize physician well-being and life balance
- Reward excellence, not endurance
- Promote seamless team care
- Expect excellence and total commitment during work
- Foster joy of being a doctor
- And for some of you: assume leadership roles in society
**Medicine and hope for humanity**

“Linked together by the strong bonds of community of interests, the profession of medicine forms a remarkable world-unit in the progressive evolution of which there is fuller hope for humanity than in any other direction.”

— “Unity, Peace and Concord”

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