COMMENTARIES

Training pediatricians for primary medical care

A recent issue of this Journal carried the Kenneth G. Blackfan Memorial Lecture delivered to the Children's Hospital Alumni Association in Boston on May 30, 1973. It was given by Dr. Ciceley Williams and entitled “Health Services in the Home.” In her message directed at pediatric academia, Dr. Williams essentially said, “Be off with your ultrascience, your superspecialists... Give thought instead to the thousands who are sick... Teachers, stop seducing the very best into your snare of enzymes, isotopes and transducers, leaving only a small group to replace our dwindling cohort of primary care deliverers.”

That very same issue carried a commentary entitled “Primary Medical Care and Medical Research Training” by Dr. David G. Nathan of the Children’s Hospital Medical Center. He paraphrased Dr. Williams’ lecture with a quotation, parts of which appear reproduced in the paragraph above. Further, he corroborated this viewpoint using comments by Dr. David Rogers, formerly Dean of the Johns Hopkins School of Medicine.

Dr. Nathan is essentially in accord with this message. He feels that our failure to supply primary care deliverers extends not only into deprived areas but also into middle class communities. He supports this view by telling us that we have “systematically plundered medical school graduates in developing countries” to fill our practitioner needs, for “...we have encouraged the ‘cream’ to rise to the top, the top being defined as specialty and research medicine.”

This is an amazing statement. If I didn’t know better, I should think that the 14,000 “odd” practicing pediatricians in this country are composed essentially of two groups, the foreign graduates and the rest of the residency training programs, for the “cream” has been skimmed off and planted in the Ivory Towers. I find it significantly interesting that the academic Dr. Nathan fails to mention even once the practicing pediatricians in his commentary.

What about us practitioners, us deliverers of primary medical care to the hundreds of millions of kids in this country? I guess we must be pretty stupid, or at least unacademic. In our thirst for knowledge, we flood the meetings, seminars and roundtables of our professional conferences, we dutifully spend days and weeks of the year coming into medical center “meccas,” and thousands of dollars on audio tapes, books and other educational devices which don’t increase our academic “status” one bit but sometimes help us to take better care of our patients.

But then, how can Dr. Nathan be expected to know us? He hasn’t really been exposed to us. The Directory of Medical Specialists tells us that he is a superbly trained internist in medicine-hematology. These are impressive credentials for an academician, but what does Dr. Nathan know about the delivery of primary medical care to children?

Now let us get to the piece de résistance. Dr. Nathan has a proposal. The best way to improve primary medical care delivery, he says, is to improve the training of the deliverers in our medical centers. And the best people to do this are the acade-
micians, the researchers, the Ivory Tower super-
specialists who are "more senior members of re-
search divisions in teaching hospitals." These men
and women who are "capable of precise measure-
ment of the rate at which potassium enters a red
cell" should be "persuaded to change careers in
midstream." Dr. Nathan seems not at all con-
cerned about their ability to make such a change
at this mature point in their lives. All one needs
to do, it seems, is "receive reschooling in the social
sciences relevant to primary medical care. One
could then assume new duties in an exciting fron-
tier." The implication is that since this academi-
can is capable of measuring potassium, he is capa-
bility of teaching primary medical care. I hope it
also includes the quid pro quo that one who teach-
es primary medical care must understand primary
care and be capable of practicing pri-
mary medical care. For I do not believe that this
"leadership group of physicians," regardless of
their "knowledge of public health procedures,
medical economics, basic sociological principles
or the interactions of government with society" can
know primary medical care, and therefore or-
organize it, and teach it, and deliver it, until they’ve
gotten their hands dirty and their minds boggled
by the practice of pediatrics.

And let’s not short-shrift empathy, as Dr. Na-
than tries to do in his defense of the cold and sci-
entific mind. If the Ivory Tower has been responsible
for the direction in which pediatrics has gone in
this country (and none of us doubts this), then lack
of empathy may be one of the most profound caus-
es of our failure to deliver primary medical care to
the neediest of the land. Dr. Nathan admits that
empathy is not learned in medical school, or in-
ternship, or even pediatric residency training pro-
grams. He feels it’s part of one’s basic personality
structure, and as such, I doubt that it is acquired
through years of pursuit of potassium’s rate of
entry into the red cell.

There is yet another advantage to be derived
from the scheme as outlined by Dr. Nathan. It
seems that all of these midcareer interruptions
will leave vacancies in the senior faculty posi-
tions; these vacancies will of course have to be
filled. What better way to reward the promising
young turks of academia for their diligence, excel-
lence and sacrifice? Hmm!

Enough of this vitriolic choler. Let’s get con-
structive. The problem is who should teach pri-
mary medical care in all of its ramifications. I sub-
mit that there is a large body of practicing pedi-
tricians in this country who could and should be
utilized to teach not only the basics of primary
care, but also its organization, delivery and com-

munity and governmental aspects. These pediatri-
cians have the same excellent original scientific
medical center training, have kept up their stan-
dards to a remarkable degree and are under-
standably the most knowledgeable people in the
field. Who can be better equipped to bring expert-
tise to the field of primary medical care which so
desperately needs it? Many of these pediatricians
will have satisfied their most demanding financial
requirements and will be able to provide ample
time at the medical center and on-the-job training
in their offices for relatively little recompense.

I should like to point out that some of the great-
est figures in pediatric history, people who taught,
did research and even helped to found the aca-
demic pediatrics departments of which we speak,
also practiced. Dr. Williams, and Kenneth Black-
fan, for whom the lecture was named, are prime
eamples. Their professors, Henry Koplik, Isaac
Abt, Bela Schick and Abraham Jacobi, all prac-
ticed. Later greats such as John Howland, Joseph
Brenneman and L. Emmett Holt also practiced. And
even more recently, Rustin McIntosh, Saul
Krugman, Harry Bakwin, William Silverman,
Milton Markowitz and Alexander Schaffer prac-
ticed. These men attest to the contribution which
might be made by practitioners with an academic
bent.

In summary, this practicing pediatrician de-
plores the suggestion made by Dr. Nathan,7 that
the teaching of primary care pediatrics in all its
aspects be entrusted to retrained senior faculty
academicians. I seriously question their compe-
tence, suitability and capabilities for the task.

It is suggested instead that there is a large body
of academically oriented practitioners with med-
cal center training which might bring a wealth of
expertise and experience to the problem. These
pediatricians have maturity and a sense of rele-
ance which has the best possible chance of pro-
viding better delivery of primary medical care to
more of the children of this nation who need it
most.

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EDITOR’S NOTE: For further comments on Dr.
Nathan’s views see LETTERS TO THE EDITOR sec-
ton. He really stirred up a controversy! Even
the guest speaker takes issue with his remarks.
REFERENCES

Destined for fame—But one would not think it

Retrospective studies are often unsatisfactory because of the absence of important data. This is certainly true of biographies. For a pediatrician the study of the early life of persons destined for world fame is fascinating—though often disappointing because so often facts which one would particularly like to know about a person’s childhood are unknown and unrecorded. Often, one feels biographical details are more anecdotal than factual; yet there is much to be learned from a study of the more useful biographies—and what one learns is not just a matter of interest. It is of much value in counselling distraught parents and teachers who are dismayed by the behavior, appearance, backwardness or poor progress of their charges. An extensive search of numerous libraries, such as that of the British Museum, revealed intriguing details about the childhood of famous and infamous men and women, and we put many of these together into a book1 and have learned of a few other interesting biographies since. But innumerable biographies studied by us contained nothing of interest.

Some children destined for fame, like Thomas Hardy, Pablo Picasso and François Voltaire were born dead—or at least very nearly so. Picasso was thought to be stillborn and was abandoned on the table by the midwife, but his uncle came at the critical moment and resuscitated him. François Voltaire at birth was given four days to live, but survived 84 years. Numerous others had a slender hold on life for almost the whole of childhood.

Many future geniuses were in childhood the despair of their parents. William Wordsworth alone of the four sons caused anxiety about his progress; he was described as “stubborn, wayward, intractable, with an unmanageable temper.” Charles Darwin was told by his father, “you care for nothing but shooting, dogs and rat-catching; you will be a disgrace to yourself and all your family.” Lord Byron was said to be interested in nothing but “cricketting, rebelling, rowing and mischief.” Louis Pasteur worried his father, who thought that Louis was barely average in intelligence; in the Baccalaureat Louis was 15th in chemistry out of 22. The father of Beatrice Webb said that Beatrice “is the only one of my children who is below the general level of intelligence.” Little did he know what fame she would achieve in the socialist world. Handel’s father wanted George to be a barber; Schubert’s father wanted Franz to be a schoolmaster; Dvorak’s father wanted Antonius to be a butcher.

Scores of children who were destined to achieve world fame were the despair of their teachers. Eugene Gauguin was a dreamer who was “completely indifferent to lessons.” Édouard Manet was “deplorably inattentive” and caused his father, a judge, considerable anxiety. Auguste Rodin was described as “the worst pupil in school.” His father said, “I have an idiot for a son,” and his uncle said, “he is ineducable.” Gioacchino Rossini was a “lazy little boy who preferred to do nothing rather than any definite pursuit.” Sibelius was inattentive and did badly at school. Dr. John Hunter was described as being “impenetrable to anything in the way of book-learning.” “He was an idle surly duncard, irredeemable by punishment or reward.” James Watt was “dull and inept.” Thomas Edison was consistently at the bottom of his class, and his teacher said that his mind was “addled.” Thomas was extremely upset and refused to go to school again. George Borrow was “dull witted and slow of comprehension.” Claude Bernard did badly because he thought that all reading was a waste of time. Albert Einstein was said to be unsociable and mentally slow. Leo Tolstoy was described as being both unwilling and unable to learn. Oliver Goldsmith was “a stupid heavy blockhead, little better than a fool, whom everybody made fun of.” Jean de la Fontaine was “a hopeless dunce.” Sir James Mackenzie and Sir William Ross were “dunces” at school. Percy Sheridan “by common consent of both parents and preceptors was a most impenetrable dunce”; so was Clive of India. Hans Christian Andersen, Eugene Gauguin and Honoré de Balzac did badly because they were given to constant daydreaming. Carl Jung was just “stupid.”

Many children destined for fame were in trouble at school because of difficulty in certain subjects. Mathematics was the source of much.
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