

Comes-Eikevik



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Laboratory of Physiological Hygiene  
School of Public Health  
Stadium Gate 27  
611 Beacon Street S.E.  
Minneapolis, Minnesota 55455

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Mr. Steve Eikevik  
Resident  
c/o Director  
Swedish Medical Center  
501 East Hampden Avenue  
Denver, CO 80110

8/30/82 pc: m. Mittelmark  
T. Rechacek left

9/15/82 pc: A. Leon

Dear Steve:

This is to summarize some of the points about the lack of involvement of physicians in prevention programs. First, of course, is their training, which involves a highly biased population of advanced stage disease in academic medical centers, an emphasis on emergent illness care and fractionation of subspecialties along organ systems rather than whole people. There is the general absence of lifestyle elements in the curriculum, from nutrition to work physiology to health behavior and so on. The scientific aspects of prevention, that is prediction, prognosis and preventive therapy are nowhere a part of the standard "pathology, diagnosis and treatment."

Physicians are not formally instructed in behavioral skills or counselling beyond minor exposure to interviewing techniques. They do not perceive themselves as educators and are largely oriented toward procedures for diagnosis therapy rather than toward communication. No systematic preventive practice curriculum is taught as is history taking and physical diagnosis; thus they are not trained in the routine procedures of risk assessment and intervention strategies.

There are more general aspects of the failure of the physician to be involved in promoting health. They tend to be "rugged individualists" rather than socially aware. I would say that they are toward that end of the spectrum at least, rather than toward the humanitarian end where modification of human institutions is expected to modify human opportunity and behavior. They would be toward the determinist end, the genetic end, that individuals are not likely to be changed. This attitude is reinforced by the general failure of the medical model in treating such issues as pregnancy, obesity, smoking counseling and so forth.

Unfortunately skepticism develops about all interventions as one goes through medical school and residency training (ie, other than the highly specialized technological procedures of modern medicine). Then, of course, there is the fact that prevention and health promotion have not yet been demonstrated to pay off economically.

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Generally there is also a great lack of appreciation by physicians of the skills of other health professionals whom they regard as competitors and there is little tradition of collaboration with them. The medical model that people understand the instructions of an authoritarian physician, that they accept them, that they relate them to their personal need and risk, that they have the skills to follow them and that they have the social supports in their environment to help follow them. None of these assumptions is usually present. Physicians have not found a systematic role in the intervention process in which his authority, credibility, and scientific knowledge can be exploited while the dirty work of the educational program and reinforcement and follow-up can better be left to others.

I have a little saying about the often heard admonition to "See your physician." This advice tends to work when: the disease is emergent, externally caused, relatively uncommon, and in which the treatment is traditional and the system is prepared to handle it. On the other hand, "See your physician" fails when the condition is very common, long term, predominantly of personal or environmental or behavioral origin, and in which the therapy is non-traditional while the system is not set up to deal with it. Such is the case for most of the mass diseases we're talking about preventing.

Finally, as an added thought, it is the extreme dependence of medical science on the experimental mode and "proof" and the infeasibility of clearly establishing experimentally whether stopping smoking or exercise or changing diet will do anything for medical conditions. This paralyzes action. The scientifically trained physician requires experimental "proof". It is impossible to obtain, therefore, for many the only "reasonable course" is inaction! This is the attitude we are trying to change by education on the need for preventive counseling and public health policy, in the absence of experimental proof, and the use of other sorts of evidence, observations and research demonstrations, to develop inference of cause, to test the effect of education and intervention, and to advise prudent, rational policy.

I am sure the enclosed statement is more than you wished.

Good luck,

Henry Blackburn, M.D.  
Professor and Director

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