

Opinion

What Is the Physician's Unique Skill? Experienced Intuition

Last autumn, I was overcome by intense rumination about the art of medicine. It was during my annual post-Academy meeting depression as I traveled home. All the hubbub had quieted down, and I was free to reflect on the tremendous achievements of my colleagues, as reported at the meeting. In awe, I recognized my own contributions to society as paltry by comparison. In that lugubrious state of mind, it was only natural for me to question the meaning of being a doctor. (Fortunately, they didn't have any absinthe on the plane, or I would still be feeling terminally existential.) My ruminations were not entirely philosophical, of course, because if we physicians can't figure out what unique skills we bring to patient encounters, then we are likely to be replaced by lesser-trained individuals who claim to be as competent. In this context, I'm using the traditional definition of physician as a medical doctor or osteopath, rather than the expanded definition, including other types of providers, that has been adopted by the U.S. government.

So is a grounding in science what makes us different? Not really, because a computer might be better at citing the literature, retrieving bits of factual knowledge, or even sorting the information for relevance to a particular patient problem. Science is an important part of medical practice, but it is not what makes physicians unique.

How about the ability to follow accepted practice guidelines? Historically, others have performed better than physicians in completing checklists of clinical guidelines. Or for that matter, any checklists (including the grocery list). Well then, how about empathy? While bedside (chairside) manner is highly valued by patients, it is not a skill unique to physicians. In fact, nursing is all about that.

After considerable thought, I've come up with a candidate concept for you to think about. I contend that physicians bring "experienced intuition" to their diagnostic and therapeutic encounters. To explain further, I'd like to take the two words individually. First, "intuition." It's important to distinguish intuition from a similar-sounding word, instinct. Instinct involves doing the correct thing because of innate biologic programming. But intuition is an acquired skill, often highly developed and validated through trial and error. It represents an ability to find the correct path in the absence of adequate information. Many times in life, we lack sufficient information to make decisions, but intuition helps bridge the gap when deductive reasoning fails. The second word is "experienced." In the development of intuition, there is no substitute for experience. A variety of clinical situations arise during medical school and residency, and we are able to observe how senior physicians utilize their own

intuitive skills. Having mentors is thus a component of experience. But it is also important to note that a lifetime of experience is not required to possess this clinical intuition. If so, patients would always seek the advice of physicians on the cusp of retirement.

Is experienced intuition a skill worth paying for? Only as long as patients demand it. Why should they demand it? Because their own experiences with providers who lack it are wanting in some respect. But perhaps you have an alternate skill to propose as unique to physicians. If so, feel free to post it below the online version of this Opinion at www.eyenetmagazine.org.



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