

D is for doctors...

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... also for drugs, devices, drips and degrees

According to the Oxford New English Dictionary a doctor is a person who is qualified to heal an ill person. Today medical professionals have come a long way. Once seen as witch doctors-cum-magicians, now they stroll the corridors of high-tech hospitals with regal airs. In a dehumanising technical age, where diseases and patients are seldom seen in their unity, doctors in their pursuit of self and skill advancement convince others as much as themselves of their proficiency in the field of healing with the help of four invaluable tools – drugs, devices, drips and degrees.

D is for drugs

Foremost in the armamentarium are drugs. A doctor without drugs is as unusual as a fish with lungs. If the script of medicine has to be written or learnt, pharmacology is as important as pathology. It is common to see prescriptions (of general practitioners and specialists alike) in which an attempt is being made to smother the illness through pharmacological combinations that spill over to the second page of a letterhead. It is true that a number of ailments must be addressed through multiple drugs for multi-system problems. Still, a sizable proportion of patients receive shotgun prescriptions, causing some to remark, “I asked him for a prescription and I got a bloomin’ manuscript!” Just as a writer’s work can be judged on the use of vocabulary, a doctor’s ability to prescribe a diverse range of drugs apparently indicates his expansive and effectual pharmacological knowledge and proficiency. Obliging drug manufacturers spring up like mushrooms after a downpour to keep the doctor’s vocabulary of medicines in a constant state of flux, so much so a patient’s attempt to guess at a doctor’s handiwork seems to be proportionate to the doctor’s manipulation of patient’s symptom data. If despite these interventions the complaints persist, the doctor, a true professional, trained in the Cartesian principles of proof, or the probability of a disease being secondary to its cause, goes behind the elusive cause in earnest. For this he delves into his bag of tricks and comes up with devices or investigations.

D is for devices

Essentially, devices in medicine can be divided into the diagnostic and the therapeutic. Diagnostic devices range from the humble ECG and the humdrum X-ray to the more sophisticated CT and MRI Scans. As expected, they are in great demand primarily because doctors need them to complete the picture of the disease and also because patients have a fondness for these inanimate probes that are somehow able to quiz the system and print out answers. This lethal combination of patient’s and doctor’s proclivities has spawned the full range from in-house laboratories of low repute in smaller nursing homes to the fully equipped digital

labs of multi-national companies. The casualty of this commercial enterprise has been the cost-effectiveness of medical care. Still with doctors reporting satisfaction with the labs’ ‘services’, and the reciprocal gratitude expressed by labs to doctors who send them increasing numbers of patients, there is no way that this stranglehold can be broken. And armed with lab reports, finer therapeutic modalities are employed for the benefit of both patient and doctor, which brings us to the next instrument in the doctor’s array of tools for skillful treatment.

D is for drips

All doctors start off human, aware of their diminutiveness in the face of disease and the awesome prospect of managing another human life. In time, routine management teaches them the plasticity of life and elasticity of disease. Some even feel extraneous to the process of healing that occurs in a patient. This realisation frees the physician from the existential weight of patient management, and the good doctor is able to pursue the dream that is sold on Graduation Day by the pharmaceutical giants – namely the doctor’s way of life: Big house small family, nursing home/position in a big hospital, big car, etc. The shortcut through a maze of hard work is the route of patient admission. Small clinics use the finer therapeutic intervention of drips to irrigate the cash box; larger hospitals convert admissions into room occupancy so that their cash tills ring all month long. Surgeons and other interventionist physicians devise their own methods of expert medicare. Still, the drip is a lifeline that everybody uses with great relish.

But despite all the facilities available to a doctor to practise medicine and help maintain patients’ lives, nothing puts him in where patients can look up at him as much as his qualifications or, in layman’s terms, his degrees.

D is for degrees

A house built on strong foundations is more likely to last long, and common sense indicates that visibility is proportional to height. So also does the doctor’s stature depend on his degrees. Those who acquire honorary or paid degrees with a vengeance are not embarrassed to print, on their letterheads, cryptic abbreviations which they feel proclaim their skill, if not adding to it. Deconstructing physician from qualification is a talent which few patients possess.

In conclusion, today’s postmodern world demands that the physician be a ‘highly’ qualified professional who is able to handle any disease in any patient with the help of diagnostic devices, therapeutic agents and drips. Now, what can be wrong with *that* definition of a doctor?

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