

**If Physicians Are Honest, Forthcoming and Have a Sense of Humor,  
I Doubt That the Patient-Doctor Relationship is Endangered At All**

**Arthur E. Lindner, M.D.**

*Arthur E. Lindner was born in Schenectady, NY, and received his baccalaureate at Franklin and Marshall College in Lancaster, PA. Following internship at Philadelphia General Hospital and residency in Internal Medicine at the University of Michigan Medical Center in Ann Arbor, he served two years in the U.S. Army, then entered subspecialty training in Gastroenterology at New York's Mount Sinai Hospital. He joined the faculty of New York University School of Medicine and remained there throughout his career. Besides serving as Associate Dean of Students and Associate Professor of Medicine at NYU, he also served as editor of the American Journal of Gastroenterology. He is the recipient of awards for outstanding service from the American College of Gastroenterology and the American College of Physicians.*

How was I to know in 1954 that I was graduating into The Golden Age of American Medicine? But so it was, says Abigail Zugar, in *The New England Journal of Medicine* (Jan. 4, 2004): “[Doctors] were surrounded by admiring assistants, loyal patients, and respectful colleagues and had full autonomy in their work, job security and a luxurious income.”

For my specialty I had considered psychiatry but ultimately chose internal medicine and gastroenterology. I can't remember much concern at all about income or status as factors in the field that I might select. I knew I was lucky to be a physician and I could probably do well and be happy in any specialty I selected (only a few moments of thought were required to tell me that I had no business in the surgical arena). I realized I wanted to work directly with patients and that any other jobs I might acquire would be secondary to that. In particular, Rochester's Departments of Psychiatry and Medicine had taught me how to sit down with patients, listen to them, try to understand their needs, and then to try to help them. It all worked, and I rolled through residency and fellowship at mid-twentieth century with rather long hours and hard work but usually much satisfaction. Over my 40-some years of post-fellowship practice, I've remained at a single institution, New York University School of Medicine. Here I've been in practice in the Faculty Practice Offices, taught in the Department of Medicine and the Division of Gastroenterology, and for thirty-three of those years served as Dean of Student Affairs for third and fourth year medical students. Six months ago I retired from practice but have continued some clinical teaching. I find that emotionally I end practice pretty much as I started medical life at Rochester. I am enthusiastic about Medicine and have enjoyed my profession. I've had my bad days, of course, but when I've been unhappy I can usually find a cause within me rather than with the practice or with the patients.

Writers attribute some physician malaise in the past decade to the influence of managed care and an unreasonably rigid focus on malpractice issues. I've been fortunate, I suppose, that managed care came late to New York City and to a degree I have been protected, even in my private practice, by being in an academic environment. I have belonged to several managed care groups as well as Medicare. I had to make an adjustment to the controls that managed care imposed on my practice because I could see that the

restrictions might place a barrier between the patients and me. I resisted that obstacle by cooperating with the necessary regulations but trying always to help the patients work through our mutual situation with "The System". It's easy to become annoyed with managed care, but it's here for now -- I for one don't seem to be coming up with realistic alternatives -- and I was determined that it would not affect my relationships with patients. For the most part it did not, and regulations haven't soured me on clinical medicine. Third party involvement is a force that has to be considered and factored into life. For physicians in full-time private practice, I know the impact of managed care can be severe, and that solutions need to be economic as well as philosophical.

During my years in practice, patients have become much more sophisticated and knowledgeable about medicine and physicians. The media keep people informed and sometimes announce scientific advances even before doctors have seen them in the relevant journals. On the other hand, the media don't hesitate to trumpet news about physicians in trouble with the law or in their personal lives. TV commercials urge patients to "ask your doctor" about prescribing brand name drugs that surely will bring them the same relief afforded to the actors in those ads. Our professional environment is a combination of astonishing scientific advances, sound education and drivel. On balance, I think the education and the science are remarkable and the drivel unimportant. Medicine can't stand apart from developments in technology and communications or changes in mores and politics. If physicians are honest, forthcoming, and have a sense of humor, I doubt that the doctor-patient relationship is endangered at all. I suppose doctors are indeed less "godlike" and authoritarian than they were 50 years ago, but to my mind they still enjoy respect and concern in the community.

I'm optimistic about the future of clinical medicine. When Medicare arrived it was thought to be the end of good practice. In fact, Medicare turned out to be a catalyst for improved care. My years of interviewing and counseling students convince me that extraordinarily qualified young people still turn to medicine as a career. They enter medical training with a genuine desire to help others. In part, it's up to us as physicians and mentors to see that they don't lose the enthusiasm for patient care that marks their entry into the profession. Good things are still out there!