Perspectives:
Fourteen Aphorisms - From Problem Solving to Relationship Building

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ABSTRACT

Dr. David Loxterkamp has been practicing as a primary care physician for over thirty years in Belfast, Maine, United States of America. He is a frequent writer on issues related to primary care and has recently published a book titled ‘What matters in medicine; Lessons from a life in primary care’. Towards the middle of the book he puts forward fourteen aphorisms for physicians with special relevance for primary care practice. In this manuscript the author briefly examines these aphorisms and describes their profound possible influence on modern medical practice, healthcare and medical education. The author is of the opinion that Dr Loxterkamp’s observations and concepts born from and honed by over thirty years of practice as primary care physician in Belfast, Maine, United States should be read by all physicians and especially by medical students in training.

Keywords: Aphorisms, Healthcare, Medical Education, Modern Medical Practice, Primary Care Physician

Dr David Loxterkamp has been practicing a primary care physician for over thirty years in Belfast, Maine, United States of America. He is a frequent writer and speaker on issues related to primary care and I recently read his book titled ‘What matters in medicine; Lessons from a life in primary care’ (Loxterkamp, 2013). In the book Dr Loxterkamp describes how he got interested in a life in primary care and the influence of his father, Dr. Edward Loxterkamp who was a primary care physician in Iowa, United States (US) and of other primary care practitioners especially Dr. Ernest Ceriani from Colorado, United States and Dr. John Eskell from the United Kingdom. Towards the middle of the book and the beginning of the third section titled ‘Arrival’ Dr Loxterkamp puts forward fourteen aphorisms for physicians.

These are:

1. Health is not a commodity.
2. Risk factors are not disease.
3. Aging is not an illness.
4. Quality is more than metrics.
5. Doing all we can is not the same as doing what we should.
6. Time is precious. We spend it on what we value.

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7. Doctors expect too much from data and not enough from conversation.
8. To fix a problem is easy; to share another’s suffering is hard.
9. The most common condition we treat is unhappiness.
10. The greatest obstacle to treating patients’ unhappiness is our own.
11. Patients cannot see outside their pain; we cannot see in. Relationship is the bridge between.
12. Nothing is more patient-centered than the process of change.
13. Community is the locus of healing, not the hospital or the clinic.
14. The foundation of medicine is conversation, friendship and hope.

In this manuscript I plan to briefly examine these aphorisms and their profound possible influence on modern medical practice, healthcare and medical education. Health has become a commodity in today’s world and many would like it to be bought and sold in the marketplace like other commodities, with the rich having greater resources at their disposal to purchase health. Also a number of organizations want health to be something which can be delivered efficiently by practitioners in the least possible time at the minimum cost. Applying methods and concepts from the field of management and business to health may have the benefit of making healthcare delivery more affordable and efficient but must be balanced against making it impersonal and as something which can be purchased in the marketplace.

Recently there has been a lot of effort and resources misdirected towards conceptualizing risk factors as diseases (Shankar & Subish, 2007). High blood pressure, high cholesterol levels and osteoporosis have been suggested as examples. Due to the large number of persons involved and the potential for huge profits, pharmaceutical companies are interested in developing and promoting medicines for risk factors. However drugs themselves are associated with adverse effects and other problems some of which become evident only on long term use and the associated costs could have serious consequences. Lifestyle and nutritional modifications to address risk factors of diseases is widely accepted but drug treatments to reduce the risk of disease has been a subject of controversy.

In western societies getting old is seen as undesirable. There is a lot of emphasis on looking young and maintaining youth and the pharmaceutical, nutraceutical, cosmetic and beauty industry has a huge profit incentive in marketing new treatments. In eastern societies the elderly were seen as repositories of knowledge and experience but with increasing western influence there is an emphasis on staying forever young in these countries also. With urbanization, industrialization and the growth of nuclear families the elderly increasingly suffer from loneliness and the lack of sources of support. While getting older is associated with a certain degree of decline of function with proper lifestyle and nutrition and the use of living aids and devices, the effects of the decline can be ameliorated. Aging should not be regarded as an illness but as a life stage which with proper lifestyle and nutrition can be enjoyed.

Assessing quality of care provided by doctors is becoming increasingly important. A recent article mentions there are ten key areas of evolution with regard to quality measurement.
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