Intruders, Police Work, and the Virtues of Generalists
Gaetan Sgro, MD

Dr. Sgro (Gaetan.Sgro@gmail.com) is an Academic Hospitalist at the VA Pittsburgh Healthcare System and faculty at the University of Pittsburgh School of Medicine, where he co-directs the Area of Concentration in Medical Humanities.

One Tuesday night last winter, my wife and I awoke at 3:00 AM to the sound of furniture being dragged across a hardwood floor. For the last few years, we’ve lived in an up-and-coming section of Pittsburgh, PA, where one of the perks of trendiness is the opportunity to share bedroom walls with the neighbors. Another, less celebrated, feature is that sometimes these neighboring houses turn out to be abandoned. We’d already spent several months fretting over the deterioration of the adjacent property; now, it seemed the eyesore had found a new way to keep us up at night.

The two of us sat up in bed, half-asleep and half-listening for several minutes. Our main differentials were burglars, squatters, and, given the character of the sounds—deep, resonant thumps; prolonged, heavy scraping—bears. Reluctantly, I tapped on my phone and called the police.

By the time I’d sleepwalked into my sweats and lumbered down to street level, several officers had begun milling around out front. After listening to my brief explanation, they went to work in pairs, fanning out with flashlights to search both properties. They peered through dusty windows and tattered curtains into the darkness of the neighbor’s living room, and traipsed through the forest of weeds behind their house before reconvening around my stoop. Several theories were presented, ranging in severity from wind—which I found insulting—to the likelihood that the intruder was enjoying a good chuckle as he peered down on our gathering. Ultimately, the “CO” determined that, without confirmation of trespassing, there was no cause for forced entry. Reassurance was provided, and the crowd dispersed quietly.

I spent the rest of the night considering the similarities between police work and doctoring: How we both gravitate to those in distress; how we gather evidence and use it to generate hypotheses; how our expertise is assumed regardless of the circumstances; and, how we never know what call we’re going to get next.

This is especially true for generalists. An intern comes to me stating that she has found the cause of Mr. Smith’s chest pain—it turns out to be a manifestation of the crippling anxiety he’s experienced since his only son was murdered last year. A widower is admitted on the brink of myxedema coma because the mortgage company has seized both his assets and his modest pension, and he can no longer afford to refill his Synthroid. A maintenance man with ulcerative colitis has been languishing on our service for three days, spiking high fevers and sweating through his sheets. Our differential expands, but no real progress is made. Consultants come and go. We are the ones left sitting at the bedside, puzzling over his case.

Since Leonardo da Vinci retired his paint brush, quill pen, chisel, scalpel, telescope, and compass, the currency of generalists has been declining. Everyone knows that the way to gain a foothold in the 21st-century economy is to become “super-specialized.” As a result, sixth graders are quitting the swim team to devote themselves full time to the more lucrative art of the curveball; academics are disappearing deeper and deeper into esoteric niches; and, in medicine, fellowships are sprouting fellowships. Soon, the parents of a 12-year-old adolescent with soreness over the medial aspect of his elbow will seek out an orthopedist who focuses solely on the ulnar collateral ligament of the left arm.

In medicine, this trend is unsustainable and, largely, a figment of marketers’ imaginations. The three generalist disciplines—Internal Medicine, Family Medicine, and Pediatrics—account for a third of the physician workforce in the United States. Generalists are the glue who hold their patients’ health and, indeed, the nation’s healthcare system together.

Still, what general internist has not, at one time, struggled to describe the scope of his/her practice, to justify its purpose? Without an organ system to define us, simple explanations can seem elusive. How about then every organ system? How about every organ system plus the psychological, sociological, and moral state of the patient? How about the health of an entire population? A whole society? Perhaps generalists are just physicians who take responsibility for everything.

Speaking of the “everything” that lurks, menacingly and beautifully, just beyond the manageable borders of the electronic health record, the drama that visited my family on that particular Tuesday night was ultimately traced to one extra-large and rambunctious raccoon, who managed to skip town a day after I purchased and deployed an overpriced, non-lethal trap. Who knows what future excitement my life as a trendsetter will bring, but as long as it weighs between

continued on page 2
and 44 pounds, I am confident in my ability to manage it.

The willingness to tackle problems that don’t conform to a specific set of conditions reinforces the kinship between generalist physicians and members of other helping professions. What the priest, the police officer, and the internist share are our most basic duties: to show up; to bear witness to suffering; and—at our best moments—to embody the Greek roots of the word empathy by entering into that suffering with the people we serve.

Though our highly secularized society works tirelessly to mask it, one truth on which all religions agree is that human beings are flawed and unfinished. In this context, the 20th-century model of “have disease, take pill, kill something” just doesn’t cut it. Nobody can be cured of the human condition.

Faced with increasing complexity, the impulse to simplify, to compartmentalize, to break people and problems down into more manageable components comes naturally. But generalists resist reductionism. Patients require generalists to make them whole again.

To celebrate the work of generalists, the Forum is launching a new, narrative feature called “Breadth.” If you’d like to share a story about the virtues of generalists—whether from the wards, the clinic, the health policy arena, research, or even from the wilderness beyond medicine—please send it to Gaetan.sgro@gmail.com.

References