



January 2017

Commentary: Have we Come to a Fork in the Road in Medical Education?

Robert Grosz

Nova Southeastern University, rgrosz@nova.edu

Follow this and additional works at: <http://nsuworks.nova.edu/ijahsp>



Part of the [Other Psychiatry and Psychology Commons](#)

Recommended Citation

Grosz R. Commentary: Have we Come to a Fork in the Road in Medical Education?. The Internet Journal of Allied Health Sciences and Practice. 2017 Jan 18;15(1), Article 6.

This Commentary is brought to you for free and open access by the College of Health Care Sciences at NSUWorks. It has been accepted for inclusion in Internet Journal of Allied Health Sciences and Practice by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

Commentary: Have we Come to a Fork in the Road in Medical Education?

Author Bio(s)

Robert Grosz, EdD, is a Professor in the Physician Assistant Program at Nova Southeastern University in Ft. Lauderdale, FL.



The Internet Journal of Allied Health Sciences and Practice
Dedicated to allied health professional practice and education
Vol. 15 No. 1 ISSN 1540-580X

Have we Come to a Fork in the Road in Medical Education?

Robert Grosz, EdD

Nova Southeastern University

United States

There is a growing need for the recognition and subsequent treatment of psychiatric disorders. Societal, economical, global, family, and personal influences seem to be triggering an overwhelming increase in psychiatric disorders. Witness the rise in depression, anxiety disorders (such as PTSD or GAD), and psychotic breaks, to name a few. Couple these with increased personal hostility behavior that manifests extrinsically (homicide) or intrinsically (suicide), and we have a big challenge to face.

Is there a trend developing that is perhaps leading us to lesser efficiency in the recognition and the treatment of emotional disorders? It is possible that quite subtly, we are taking a questionable approach in the diagnosis, treatment, and management of psychiatric disorders? Are we relying on writing more prescriptions for psychotropic medications while at the same time becoming less involved in the “talk therapies?” This is not to infer that psychotropic medications are replacing “talk therapies” today. In fact, with many of the newer medications, these drugs often play an increasing role in the management of emotional disorders.

It seems as if more and more medical students are graduating and taking paths leading to specialties such as cardiology, orthopedics, neurology, various surgical specialties, emergency room medicine, etc. Will these specialists be able to spend the necessary time needed by the patients in psychotherapy? Will they want to? Will they be trained to do so?

Do we not expect there to be fewer medical school graduates that will choose to become primary care physicians? Is it unreasonable to think that with fewer medical students going into primary care / general medicine, the current population of primary care / general practitioners could become overburdened in their practices? If that happens, the chances of them being able to engage in “talk therapies” would be pretty slim. With such a growing need for primary / general care medicine, we really do not know if graduating physician assistants and / or nurse practitioners will be able to fill the gap.

We generally see a great deal of media exposure when a physical medical issue rises to prominence such as the increasing development of technological advancement in surgical procedures (i.e. laser technology, imaging technology) or the increase in pharmaceutical resources for new attacks on various disorders / diseases (i.e. diabetes, sexual disorders, neurological diseases). These, obviously, are quite justifiable in attracting high media exposure. There are medical schools who look to spot potential medical investigators / researchers when screening applicants for their programs. There is increased focus for adequate talent needed for continuous advancement in clinical care delivery to the population. This emphasis is unquestioned, in order to advance the health of people. There certainly is the necessary closer relationship between medical training institutions and medical research institutions (private or public).

However, with the present rise and predictable future rise in the incidence of behavioral disorders, are we looking to accommodate, to some degree, the need to increase focus, not just in the media, but in medical training as well, on the detecting of emotional disorders in patients...especially when the emotional disorders are more subtle to detect as opposed to the more obvious physical medical disorders?

It would be interesting to see what the proportion is, of people who recognize themselves, that they have some type of behavioral disorder, and then initiate a visit to a psychotherapist of any type, for help, compared to those people who are either unaware or in denial of an emotional disorder and a clinician in any specialty who recognizes their need for psychiatric / behavioral help and suggests such help.

The point is that with an increasing incidence of people needing psychiatric help, coupled with an insufficient incidence of people voluntarily and directly seeking psychiatric help, we are having to depend more and more on medical clinicians, be they orthopedists, cardiologists, dermatologists, etc., to become more aware of signs or symptoms of psychiatric disorders. Whether or not the medical clinicians will be active in treatment is not as critical as their ability and desire to spot these signs. The elephant in the room is the early spotting of depression and/or anxiety disorders because of their higher risk for suicidal ideation.

In many of the alternative medicines such as traditional Chinese medicine, ayurveda, unani, naturopathy, and herbalism, to name a few, there are two common concerns that have high importance in all of them apart from the concept that the body can "heal itself." The two concerns are the importance of food intake and the digestive system, and the importance of the mind. Granted, many of the "treatments" in the alternative medicines have not passed the type of scrutiny / scientific experimentation that western medicine is predicated on. However they have recognized that no matter what else is applied to improve the health of an individual, the mind / spirit of the individual gets substantial if not equal focus in order for healing to be accomplished.

Is it not possible that we (western medicine) do not provide adequate emphasis during the training of our physicians to be more sensitive to and more capable of recognizing emotional disorders and then the adequate pathways to dealing with them? There are some studies suggesting that more psychiatrists are engaging in less talk therapies and focusing more on medications, and some studies suggesting that fewer medical students are going through psychiatric training and thus not entering the psychiatric specialty. If this is happening, where will the balance come from, in terms of diagnosing and treating emotional disorders?

Are we at a "cross-roads" in medical education? Will we continue the same education philosophy in teaching medicine, or will we look to expand the training of physicians to be better equipped to recognize, diagnose, refer, and even treat emotional disorders?

Are we at a "Fork in the Road" in medical education?