

The duty of updating the curriculum in internal medicine

The need to maintain cohesion and include new integrating scenarios

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“... Whoever desires to correctly study the science of medicine should proceed as follows. First, he/she should consider what effects each season of the year may produce, since the seasons are not all the same, but rather differ widely both in themselves and in their changes. The next point refers to warm and cold winds, especially universal winds, but also those that are unique to each particular region (...). Likewise, the preferred lifestyle of its inhabitants, if they are great drinkers or eat excessively and remain inactive...”. In this immortal fragment from his work *Airs, Waters, and Places* (1), Hippocrates describes what we could relate to the specific core skills of the medical internist, very well proposed by Pinilla EA et al. (2), especially as regards the duty of analyzing the patient’s social, economic and cultural environment to provide solutions, this being the foundation of the deontological identity of the medical internist, or his/her reason for being as an integrating physician, by definition. From my perspective as a medical resident in this specialty, and knowing the very broad spectrum of action of the internist, I consider it essential to be aware of proposals for complementing and updating the internal medicine curriculums, such as the one discussed by Barrera-Garavito et al. (3). This is because society in general, and Colombian society in particular, with its unique challenges, needs committed internists who will lead the call to identify, analyze and articulate the greatest challenges of the twenty-first century (climate change and variability, deforestation, desertification, depletion of the ozone layer, population aging, uncontrolled urbanization and unsustainable extraction of natural resources, among others) and their direct and indirect effects on the population’s health (increased burden of vector-borne diseases, mental health problems, cardiovascular and respiratory diseases, and malnutrition, among others). This will tend to strengthen the doctor-patient relationship through a holistic approach, understanding health, from a social domain perspective, as a dynamic balance between opportunities and limitations, which changes throughout life and is affected by external conditions such as the previously mentioned challenges (4).

Based on this holistic approach, topics such as climate change and its factors which contribute to the health-disease process, are precisely cross-cutting components which facilitate the comprehensive approach to the individual and his/her interaction with the environment. This is widely known on a global level (5), and recently, the INS published a study of the environmental burden of disease in Colombia (6). However, and unfortunately, it is poorly represented in the training curricula of medical internists, professionals who are necessarily exposed to the diagnosis, management and rehabilitation of the morbidities produced by the previously mentioned interaction. The internist becomes, in this sense, a manager and proactive agent to facilitate medium to long-term structural changes, to the degree to which he/she understands, takes ownership of and applies knowledge regarding climate and environment and their health effects. This is relevant and is articulated in the national strategic policies and programs to reduce the burden of disease and improve the nation’s health status (Plan Decenal de Salud Pública [Decade Plan for Public Health], Modelo Integral de Atención en Salud – MIAS [Comprehensive Health Care Model]), which especially emphasize risk management, in the context of the social determinants of health.

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Hundreds of years ago, Hippocrates of Cos exposed the environment/health-disease interaction as essential for the correct study of medical science. Is it time for us as medical residents and internists, truly integrating professionals, to seek to address the current, tangible challenges in climate change which are decimating the Colombians' health? Our specialty, by nature, has one of the greatest potentials for influencing public health decision making. Is it worthwhile to take advantage of those underutilized great integration opportunities, as they are called by Barrera-Garavito et al., to honor our professional skills and heed the call to link our professional practice to the enormous challenges of the twenty-first century? The inclusion of climate and health topics in internal medicine curricula thus becomes a perfect opportunity.

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