IS VIAGRA A BOON TO WOMEN?

Is Viagra a boon to the women of the world? Some women will be happy to see their mates having more normal erections, feeling more self-esteem, or initiating sex more often. However, men and women tend to focus on different things in sex. Men tend to focus on the quality and duration of erections as their highest sexual priority. In contrast, women more often rate a man as a good lover based on his emotional expressiveness, willingness to take time in foreplay, and skill and consideration in providing caressing before and after intercourse.

As the Pointer Sisters sang, "I want a man with a slow hand." Viagra only increases the chances of finding a man with a hard penis.

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The hospitalist is not a true specialty

The promises and risks of inpatient specialization

JOHN D. CLOUGH, MD
Editor-in-Chief, *Cleveland Clinic Journal of Medicine*

MANAGED CARE has generated some new and unfamiliar roles for physicians. One new role is that of gatekeeper, the protector of society's interests, rather than the individual patient's best interests. Another is that of rationer, determining what care specific patients should receive. The third is that of physician-executive, a businessperson rather than caregiver. The newest of these roles, that of hospitalist, has recently emerged in the United States, although as Michota et al[1] point out in this issue, the separation of inpatient and outpatient care has been common in other parts of the world for many years.

THE PARADOX OF THE HOSPITALIST

It may appear paradoxical that managed care, with its antispecialist bias, has spawned a new specialty of inpatient medicine. But I submit that the hospitalist is not a true specialty at all, but rather a new breed of "super generalist." The true specialist focuses on a specific body system, a limited range of procedures, or both. The hospitalist is defined more by the acuity of a patient's illnesses than by the nature of the illness, and the hospitalist's activities encompass all of medicine.

See Michota et al, page 297

In that sense, the hospitalist represents the natural extension of managed care's focus on general medicine. The hospitalist is the patient's primary care physician while the patient is in the hospital, and is the physician who directs the patient's care and controls access to specialists in the inpatient setting.

THE ADVANTAGES OF HOSPITALIST CARE

Does it make sense to completely separate inpatient and outpatient care? The jury remains out, but the concept has many attractive features.

Better access to physicians

Hospitalists should deliver more immediate access to experienced physician care than the traditional model in teaching hospitals, where acute inpatient care is often provided by residents, and in community hospitals, where much care is provided by nurses and physician assistants.

Better teamwork

The concept should promote better working relationships and teamwork between nurses and the hospital-based physician, since the hospitalist will always be present. This contrasts with the traditional system on a busy nursing unit, where many different physi-

cians each care for one or two patients, spending just brief moments with the patients and nursing staff. Ideally, the continuing presence of the hospitalist would permit better use of physician time and improve the level of service and the quality and efficiency of care.[2,3]

Better physician education

The educational experience for medical students and residents in teaching hospitals can be improved by having teaching physicians dedicated to either outpatient or inpatient medicine.[4,5] Exposure to generalist teaching in the hospital setting has been shown to increase the likelihood that residents will choose primary care as their ultimate career.[6] It seems likely that teaching by hospital-based generalists would be even more effective in this regard.

THE DISADVANTAGES OF HOSPITALIST CARE

On the other hand, there is a potential downside to the hospitalist approach.

Loss of continuity and communication

The possible loss of continuity of care noted by Michota et al is not trivial. Aside from the preference of patients to be treated by their own physicians, there is always the risk of poor communication between the hospitalist and the referring physician. Even the failure to communicate a small piece of information can lead to disaster.

I recall a case in which a hospital-based physician incidentally found a small abdominal aortic aneurysm in a patient hospitalized for another reason. Upon the patient's discharge, the hospital physician did not communicate the existence of this aneurysm to the primary care physician.

The primary care physician, not knowing of the small aneurysm, took no action. Eighteen months later, the aneurysm ruptured catastrophically.

Such a lack of communication may be the biggest risk associated with division of labor between inpatient physicians and outpatient physicians, and we must take all precautions to prevent such events.

WILL POTENTIAL VALUE WIN?

At this stage of our experience with managed care, many of us have become skeptical, perhaps even cynical, about the disparity between managed care's promise and its reality. Idealists thought that HMOs would improve and control costs by emphasizing prevention and appropriate treatment. Unfortunately, the promised prevention efforts never became popular among HMOs, except to fulfill the requirements of the accrediting agencies. Efforts to provide preventive care to hospitalized patients have not met with much success.[7] Although many organizations have worked hard to develop clinical practice guidelines for both outpatient and inpatient care, there is only modest evidence that these guidelines are actually used.[8]

I am concerned that we will lose much of the benefit that hospitalist care has to offer if we place the emphasis on wringing every last nickel out of the cost of providing care, rather than focusing on providing appropriate care. This emphasis of cost over quality has happened all too often in the evolution of managed care. If cost becomes the guiding principle, we may then be left only with the downside. It would be a shame to pervert this potentially valuable approach in the name of cost control, squandering yet another opportunity to improve the health care delivery system.

The hospitalist represents an extension of managed care's focus on general medicine

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