Some perspective on Viagramania

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IN HIS REVIEW of sildenafil (Viagra), Dr. Licht said that this drug is selling outstandingly well.[1] What an understatement! Even health professionals who were aware for several years that sildenafil was under investigation or in clinical trials were startled by the amount of attention the media paid to its release—and the impact on Pfizer's stock prices.[2]

See Licht, page 301

Perhaps the sales of Viagra are not surprising, however, given that the search for a drug to enhance sexual performance appears as old as written history. After all, the rhinoceros is near extinction largely because of the myth that its horn is a potent aphrodisiac.

VIAGRA HAS VALUE, BUT ALSO DRAWBACKS

As a psychologist specializing in sexual counseling for the past 20 years, and as a woman, I see Viagra's positive value, but also its drawbacks.

On the plus side, men whose health and aging have impaired their erections now have a treatment option that is much more simple and acceptable than earlier treatments such as vacuum devices, injecting medication into the penis, or having surgery to implant a penile prosthetic device. The availability of Viagra may increase the percentage of men who actually seek medical help for an erection problem.

Unfortunately, research and clinical experience suggest that most men who lose the ability to have good erections give up on sexual activity entirely.[3] And when they give up sex, couples often stop expressing affection or note a loss of emotional intimacy.

The preliminary research on Viagra also suggests that a large proportion of men with moderate to severe erection problems of a medical nature are going to be disappointed with its effectiveness. Will these men be willing to try a second-line treatment that involves more hassle, or will they just give up?

I think a large group will simply never refill their prescription, particularly if Viagra is prescribed over the phone or after a very brief office consultation, without evaluating any psychological factors very deeply, or including the partner in the evaluation, or counseling on what to do if the medication is ineffective.

This pattern will probably not affect Viagra's sales very much, because with half of all men experiencing serious erection problems by age 70,[4] there will always be a bumper crop of first-time customers. Witness the enduring popularity of various remedies that have very limited effectiveness in treating male baldness.

In sex, men and women focus on different things

POTENTIAL FOR ABUSE

What about the potential for abuse of Viagra by men with normal sexual function who want to enhance their performance? Since the medication is intended, at least in part, for use by men with erection problems based on anxiety, there is nothing to stop a man from fabricating a complaint and getting his physician to prescribe Viagra for him. Some physicians may also be willing to prescribe Viagra to help a man's sexual "self-confidence."

It is unclear whether Viagra will make erections firmer or help men to delay orgasm if they already have normal sexual function. There is certainly no reason to think that Viagra will increase sexual desire, except on a psychological basis.

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

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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-