

## The difficulties of being a physician

There are good proverbs in Turkish, such as “Half the world knows not how the other half lives,” or “Only those who have fallen from the roof understand those who fall from the roof.” Physicians should primarily fulfill their duties when they see their patients suffering: diagnosis, treatment and prevention. This is valid for all patients: emergency patients, outpatients, inpatients or the patients in their office. Physicians cannot properly solve patients’ and their relatives’ problems if they feel and prioritize patients’ suffering and let it direct them. Patients feel safer, but physicians stray from duty discipline if they surrender to this sense of suffering. It is a must to understand and respect the patients’ and their relatives’ suffering in duty discipline. Nevertheless, physicians should not push the priority of diagnosis and treatment, in which patient relatives not always participate, into the background. The easy solution is to “duly kill the patient,” which means to do your best correctly and without neglecting the rules of being a physician, show serious respect to the patients’ and their relatives’ suffering, know that the patient relatives usually suffer more than the visible suffering of the patients, try to put up with the patient relatives’ unnecessary, wrong, rude and even horrible behaviors, and try to give patient relatives’ the runaround with patience and understanding if their behaviors make diagnosis and treatment difficult, retard them, prevent them or cause mistakes. The fact that physicians have gone from being “like gold” to being “always available,” and that this is expressed by the authorities in various ways that may cause unwanted results has made physicians almost stay away from patients and prioritize their own safety. In Turkey, the rates of visits to emergency services are higher than those of the rest of the world because they are easily accessible. Why? This is because out-patients services are still prioritized and citizens are directed by the authorities to these services. The “family medicine” institution established with serious political expect-

tations are still subject to a 48-hour education. Is the fact that 99.9% of family physicians do not have an ECG device not a bitter cardiological example of the “prescribing medicines” status of this institution? This causes duties that can be fulfilled by family physicians at home in social countries to be fulfilled by emergency services in Turkey.

On the other hand, when a patient referred to the emergency unit with 155/89 mm Hg blood pressure and headache is given a simple non-prescription analgesic and recommended to be monitored by his/her family physician, his/her reaction is usually to ask “will the physician not even administer a serum?”

There are probably solutions to prevent this disrespect and to help physicians regain the respect they have lost. The most important factor in these solutions is to have student physicians acquire sufficient experience by studying with patients and patient relatives under the custody of senior physicians to minimize the reactions of particularly patient relatives to a reasonable level at home and in institutions.

Considering that health expectations have come to the point that “people have brain MRIs because they are curious,” and the increasing risk of accidents, insults, assaults or death in Turkey, it is crucial that the relevant people respect physicians, and physicians and their supervisors are trained to deserve this respect by acting with patience, experience, tolerance, using their skills, receiving a serious education and being decent at every stage instead of becoming a physician by merely earning a diploma. Society’s morality should be improved to a desirable level, and physicians should account for their behavior.

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