LETTER TO THE EDITOR

Hospitalists and Officists

To the Editor—I would like to applaud Dr. Daniel Bryant's recent article titled "Hospitalists and 'Officists.'"¹ I strongly concur with his conclusion that there is a real risk to the profession of internal medicine in marginalizing and isolating office-based internists. Not only will they lose the interaction with their colleagues and the education provided by being a daily participant in hospital activities, but they also may lose their ability and willingness to care for very sick patients—clearly a characteristic of internists in the past. Much of the social culture of medicine grows from the daily coming together of the community of physicians in the hospital.

JGIM welcomes your letters and comments. Letters may contain brief commentaries on articles published in the Journal, illustrative case reports, general suggestions for improving the Journal, or other information of interest to readers. Letters to the Editor should not exceed 450 words in length and should be sent in triplicate (typed, double-spaced). We cannot guarantee publication and we may edit to improve readability.

You may send your letters to us by mail or fax: JGIM, JHU Division of General Internal Medicine, 1830 East Monument Street, Room 8068, Baltimore, MD 21205; fax (410) 955-0825.

However, I believe there is another strong disadvantage to the profession of internal medicine that was not articulated in that piece—the hospitalist movement again creates physicians who are hourly workers. They do not take their professional identity from developing long-term relationships with a cohort of patients, and their work is basically shift work. Job mobility and control of lifestyle will be dominant characteristics of a hospitalist career choice. I believe that there is an enormous risk if the hospitalist movement spreads outside academic medical centers. A "blue collar" mentality will be institutionalized within the field of internal medicine that may deprofessionalize the specialty.

We may be left with office-based practitioners who are isolated and demoralized, having lost the skills to take care of very sick patients. If this change occurs, these practitioners will not be part of the social fiber that rejuvenates internal medicine by daily contact at the hospital, and they will be replaced by hospitalists who are basically hourly workers. We need to safeguard our specialty aggressively and work to never allow it to be deprofessionalized by solutions to market forces or clinical efficiency.—**LAWRENCE G. SMITH, MD**, Mount Sinai Medical Center, New York, NY.

REFERENCE

1. Bryant DC. Hospitalists and 'officists.' *J Gen Intern Med*. 1999;14:182-5.