Foreword

All Medicine Is Local

The famed Boston politician and Speaker of the House of Representatives, Tip O’Neill, is often credited with the admonition, “All politics is local.” Tip was right! What works politically in one environment may not necessarily work in another.

But what about medicine? Can rules, lessons, and trusted algorithms developed for one environment, the office, for example, be applied to another, specifically the hospital? Your faithful Consulting Editor, who has always practiced in both environments, primarily the office, but also the hospital, says NO, they cannot, or at least not without modification. And why is that?

First, because the exigencies of hospital medicine have changed and will not change back. Gone are the days when patients with nephrotic syndrome would be admitted to the hospital, started on steroids, and monitored in the hospital for weeks on end, until a significant reduction in proteinuria could be documented. I need not describe how different things are now.

Second, because the demands on the office-based primary care physician (PCP) have also significantly changed. Whether due to changes in reimbursement, patient demand, or simply the understandable desire for a saner schedule, most office-based PCPs no longer can (and many believe no long should) round in the hospital.

And third, in so many ways, hospital care has become much more complex. Ventilator management, discharge planning, antibiotic selection, and attention to patient safety, all call for special expertise. Hospital-based physicians need to be familiar not only with the rudiments but also with the intricacies and nuances of hospital care. Extrapolation from the office no longer will do.

I, for one, take this as a positive step, a step along the same path physicians have always followed. Internists and other providers have always put the needs of patients first. Now, we need to appreciate that our patients in the hospital have special needs. And so it was with great enthusiasm that I recruited Dr Andrew Dunn to take on the role of Guest Editor and provide for the Medical Clinics of North America with this volume.
an update on Hospitalist Medicine. The issue he and his authors have produced is outstanding. It covers important topics in acute illness, including septic shock, pneumonia, heart failure, chronic obstructive pulmonary disease, and cirrhosis, and illness related to alcohol and substance abuse. It also covers complications associated with hospitalization perioperative management and, finally, teamwork and teaching. These articles are of great interest to hospitalists, of course, but also to PCPs who need to understand the hospital care their patients receive.

Colleagues, we are past the point of wondering whether hospitalist medicine deserves a place at the table. It does. And we and our patients will benefit as a result. I hope you are able to invest precious study time in this volume of Medical Clinics of North America. You will find a trove of medical wisdom assembled by authors who have lent their expertise to bringing us all up-to-date.

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