Oration from 1900

Oration Title:

Specialism in the Practice of Medicine

Orator:

Albert C. Getchell, M.D.

Abstract of Oration:

Dr. Getchell begins by pointing out that medical specialization in America is a recent phenomenon, as only a century ago men practiced medicine along with other professions. However, medical specialization is not new, as it was practiced in ancient Egypt, Greece, Rome, and the Middle Ages. It was also present, to a lesser degree before the turn of the century. Getchell outlines the modern history of the more distinct specialties such as ophthalmology, laryngology, and gynecology.

He then discusses the broader implications of medical specialization. Many have argued that in the industrial world specialization reduces an individual to the level of the machine which they operate. Getchell admits that claim may be valid, but points out that specialization increases the wealth produced, and that the real problem with this specialized system is guaranteeing each participant his fair share of this wealth. When this is accomplished, it will make up for the worker’s narrow field of work. He counters arguments that requiring such limited skills from a man is "debasing to the mind or belittling to the character" by saying that "the mental training necessary to acquire proficiency in the higher arts or sciences carries with it a capability of broader views of life and its relations."

The doctor firmly states that the greatest advances in Medicine in the past century were not made by specialists but he defends specialists by demonstrating how they have increased knowledge and skill in their field. By focusing on their specific field they have better accuracy, efficiency, and outcomes than a general practitioner would. Some specialties, among them ophthalmology, otolaryngology, and psychiatry, are so distinct from general medical practice that the practitioners in these fields have created and extended their own fields.

As an argument against specialization, Dr. Getchell brings up the unique nature of the medical profession compared to industrial and mechanical fields. In manufacture, for example, each task on the assembly line can be completed regardless of the other tasks, and the product will turn out perfectly well. In medicine, the body is interconnected and the different parts affect each other, and so the various specialties impact each other as well. It is easy for a specialist to lose sight of this fact and to treat his specific area as an isolated entity.
Dr. Getchell is, in principle, against medical specialization. He worries that medicine will become a trade rather than a noble profession, and that greater numbers of less educated people will be able to practice specialties and they will become no longer a branch of the medical field. He suggests that physicians should, after medical school, practice general medicine for some years before determining where their interests and skills direct them as concerns a specialty. This practice would arm the doctor with general medical knowledge, and a view of the patient as an entire, interconnected body system. Specialization is the future of medicine, but Dr Getchell views specialties as a lesser form of the noble medical profession. Physicians must have a firm general medical base and focus, even in the most minute specialty, to maintain medicine's credibility.