publication, 4 weeks was changed incorrectly to 3 months and not noticed. My apologies.

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Revisiting the modern scientific physician

The articles by Olli Miettinen on the modern scientific physician are thought-provoking.[1-8] Miettinen writes well, even though it is sometimes hard to negotiate through his prose.

He correctly notes that "a genuinely scientific diagnostician" finds it necessary to identify "what really is the *principal concept* at issue — here that of the diagnostic probability to be quantified, ... the *proportion* in which the illness is present in instances like this ... ."[3] The more I read the scientific literature and practise medicine, the more I realize that a diagnosis rests upon many issues that in turn can rest upon a multitude of other factors. Consider, for example, a patient with plantar fasciitis who is obese. She has foot pain that requires a specific diagnosis and treatment. However, her obesity contributes to the presentation of her pathophysiologic illness and is related to various psychosocial variables in her immediate and remote past. A "genuinely scientific diagnostician" therefore has to attempt to establish the roles of each of the contributing factors in the presentation of the primary diagnosis.

The truly modern scientific physician should be aware of the multiple factors that lead to a particular diagnosis and should incorporate them into his or her diagnostic and therapeutic regime. It is not simply an "art" that leads one down this line. It may be "farming" (to which Miettinen alludes early in the series[1]), but it is "farming" of the human soma and psyche, in a unified fashion, that will enable the modern physician to make the appropriate diagnosis and determine the appropriate treatment. I believe that rigorous scientific principles can still be used to achieve this goal.

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References

1. Miettinen OS. The modern scientific physician: 1. Can practice be science? [editorial]. *CMAJ* 2001;165(4):441-2.
2. Miettinen OS. The modern scientific physician: 2. Medical science versus scientific medicine [editorial]. *CMAJ* 2001;165(5):591-2.
3. Miettinen OS. The modern scientific physician: 3. Scientific diagnosis [editorial]. *CMAJ* 2001; 165(6):781-2.
4. Miettinen OS. The modern scientific physician: 4. The useful property of a diagnostic [editorial]. *CMAJ* 2001;165(7):910-1.
5. Miettinen OS. The modern scientific physician: 5. The useful property of an intervention [editorial]. *CMAJ* 2001;165(8):1059-60.
6. Miettinen OS. The modern scientific physician: 6. The useful property of a screening regimen [editorial]. *CMAJ* 2001;165(9):1219-20.
7. Miettinen OS. The modern scientific physician: 7. [editorial]. Theory of medicine *CMAJ* 2001;165(10):1327-8.
8. Miettinen OS. The modern scientific physician: 8. Educational preparation [editorial]. *CMAJ* 2001;165(11):1501-3.

The 8 articles by Olli Miettinen are thought-provoking and timely.[1-8] Medicine as a profession has the obligation to review its basic premises in relation to the needs of society on a regular basis, and Miettinen recommends such a step. The series has removed some of the myths surrounding the concept of the physician and identifies the attributes of the scientific practitioner. This has obvious relevance to how physicians should be taught and trained. As practice is becoming increasing specialized, Miettinen identifies the need to re-examine what he calls "the medical common." He has correctly identified the quite necessary relationship between the curriculum, medical licensing and postgraduate training, a subject on which he has previously published.[9]

There are several issues of concern. One wonders what the public response would be, as at the present time the public expects physicians to have a fairly broad pool of knowledge, no matter how specialized they may be. Experience in different subjects and practices is necessary to the extent that the student will learn to "know about" this broader field of knowledge. As a profession, medicine should consider these concepts in conjunction with the communities it serves so that physicians' skills and knowledge will meet society's needs and expectations. It would be of interest to know how Miettinen would accomplish this.

It would be instructive to know how Miettinen's "medical common" relates to the concept of the core curriculum that has been utilized in curricular design for some time. Is it different in concept, or only in content? It would also be instructive to know what process might be utilized to actually identify "the common."

Medical education must be constantly re-evaluated, and Miettinen has challenged us to essentially start from the beginning, cutting ourselves loose from Flexnerian traditions. As we do this, the challenge will be to preserve the traditional values that have served society well while adapting to the reality of modern medicine.

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References

1. Miettinen OS. The modern scientific physician: 1. Can practice be science? [editorial]. *CMAJ* 2001;165(4):441-2.
2. Miettinen OS. The modern scientific physician: 2. Medical science versus scientific medicine [editorial]. *CMAJ* 2001;165(5):591-2.
3. Miettinen OS. The modern scientific physician: 3. Scientific diagnosis [editorial]. *CMAJ* 2001; 165(6):781-2.
4. Miettinen OS. The modern scientific physician: 4. The useful property of a diagnostic [editorial]. *CMAJ* 2001;165(7):910-1.
5. Miettinen OS. The modern scientific physician: 5. The useful property of an intervention [editorial]. *CMAJ* 2001;165(8):1059-60.
6. Miettinen OS. The modern scientific physician: 6. The useful property of a screening regimen [editorial]. *CMAJ* 2001;165(9):1219-20.
7. Miettinen OS. The modern scientific physician: 7. Theory of medicine [editorial]. *CMAJ* 2001;165(10):1327-8.
8. Miettinen OS. The modern scientific physician: 8. Educational preparation [editorial]. *CMAJ* 2001;165(11):1501-3.
9. Miettinen O, Flegel K. Medical curriculum and licensing: still in need of radical revision. *Lancet* 1997;340:956-7.