

Facts for patients, physicians and institutions

We can come close to the truth only if we put ourselves in the shoes of our patients and their relatives. This is true for many health issues and diseases. I often tell medical students, "Behave toward your patients just as you would like other doctors to behave to your mother, father, spouse and children." Of course, affection and integrity come first. Even if a physician manages to make his patient arise from the dead "by catching lightning in a bottle," he is not remembered with gratitude after all, unless he acts with the necessary affection and integrity during that time. On the other hand, your patients whom you tried hard to treat by acting with affection and integrity feel gratitude and appreciation towards you after all, and they even invite you to the funeral and Mawlid ceremonies (for patients' relatives, deaths are the charge of physicians and survivors are the charge of God). I ask a grandchild whose grandfather and father died in my hands during over half a century of my profession of a physician, "All of them slipped through my hands, why do you still come for treatment?" If you act with due integrity and affection, you can find your real place in life and in your conscience.

The medical profession is not as easy as it was in the old times. In a sense, there are so many devices that decide on your behalf. They will almost substitute for you due to their mystery, although they were created by people like you. These devices are now sharing the reputation and mystery of physicians. Foreign words told by physicians at bedside and even physiopathological descriptions that you make with your best intention and effort, but still remain a mystery are adequate. However, patient relatives used to consider you quite knowledgeable and mysterious since these words were not understood in the past. Now, well-intentioned people who stand in front of you and ask, "Have you read this?" explaining the breaking news in the newspaper clippings are not lower in number, but internet information pollution is present, and physicians are now questioned more in some countries. This is done, for example, in Turkey, by magician-scholars who do not miss any opportunities. Eliminating these misbehaviors is the responsibility of governmental institutions, professional organizations, non-governmental organizations and physicians. If I say, "Don't eat fatty and salty food!" in the media, people take this knowledge into consideration, but do not like it. They really feel blue because of the food they see offered to them. Well, who says this? Physicians. All truth is actually not always meant to be told. In my opinion, these rule-making, limiting attitudes that make life tasteless, leave people hungry and living a dog's life underlie some of the attacks against physicians. According to one of my close acquaintances, physicians are more vulnerable to attack for these reasons. However, an 'insane' person leads

citizens in many countries, and just as he brings these countries to disasters he says, "You will die in the absence of cholesterol," and dares to drink olive oil on TV and recommends nondescript diets.

Now this topic is out of the question. Half a century ago, I saw that my elderly closed friend who was a great physician brought 'water' from the Damlataş Cave in Antalya for the treatment of his diabetes mellitus, and I was quite surprised.

In those years, a headline in the highest circulation newspaper of the time announced, "Honey is good for diabetes." In a couple of weeks, those who stopped their diet were taken to emergency services due to hyperglycemic coma. The individual who was responsible for this was probably sunbathing on a chaise lounge.

Again, in those years, when acetylsalicylic acid was proven to be beneficial for atherosclerosis, aspirin was out of stock in many countries. What about the end of this issue that became a cover page headline in TIME magazine with inadequate information? Well, after a couple of months, ophthalmologists began asking, "Why have retinal hemorrhage cases increased in the meantime?" Though considered to be a similar situation, we were never surprised by the patients brought to the emergency services due to gastrointestinal system bleeding cases on the first and second days of Ramadan and Sacrifice Feasts, nor we had any questions about them.

As a result, primarily the government pays for the complications that result from patients who are still self-prescribing and taking aspirin in Turkey. Well, to what extent are the necessary education programs and precautions are implemented in return for this? Mind you, how many times have the world's most esteemed governments and their cardiology societies have changed their consistent, essential, precisely delimited rules about aspirin for primary protection against atherosclerosis several times over the last few years? Remember this. All these cases harm not only physicians, but to the profession.

To prevent these cases, whoever is responsible should be provided with higher duty limits and given more authority; however, they should also account for these cases, they should not be told, "You've made your bed, now lie in it." If the press members aspire to sell themselves instead of you, the physician, or those who are responsible for these cases aspire to sell themselves instead of the patient, I am sorry for the students whom I supposed I had trained.

Shining horizons are ahead of us.

Bilgin Timuralp
Editor-in-Chief
Eskişehir-Turkey

Address for Correspondence: Prof. Dr. Bilgin Timuralp, ESOĞÜ Tıp Fakültesi, Merkezi Derslikler, Kat: 3 No: 1, 26480 Meşelik/Eskişehir-Türkiye

Phone: +90 222 229 15 65 Fax: +90 222 229 15 85 E-mail: btimur@ogu.edu.tr

©Copyright 2017 by Turkish Society of Cardiology - Available online at www.anatoljcardiol.com

DOI:10.14744/AnatolJCardiol.2017.04

