As I indicated in my article, I believe that the answer to our health care crisis lies not in spending more, but in spending more wisely. Investing more in prevention, from the earliest moments of life, in our homes, schools, and workplaces, is a smart place to start. I am pleased to note White's apparent endorsement of the need for preventive care, at least at the personal level, through avoidance of risk factors associated with unhealthy life-styles. In this we certainly agree.

Sen Tom Harkin (D, Iowa)
US Senate
Washington, DC

Examination Scores Fall With Time: But So What?

To the Editor.—As a recently certified diplomate of three different specialty boards (internal medicine among them), I read with interest the work of Ramsey et al.[1] The authors employed a dazzling array of statistical analyses to confirm the commonly held suspicion that a significant inverse correlation exists between score on a cognitive examination and time elapsed since actively preparing for that specific examination.

I must question, however, whether their data actually support their stated conclusion, ie, that "these results support the recent decision for time-limited certification of internists." For this to be so, one would have to accept the premise that a score on such a cognitive examination is an adequate surrogate marker for clinical performance of an internist. Were we to accept this premise, we must also conclude from the work of Ramsey et al that the clinical performance of an internist declines over time and that the clinical performance of recently certified diplomates in medicine is superior to that of more seasoned colleagues, assertions that, I suspect, few of us would swallow whole.

An alternative explanation for the data presented is that results on such a cognitive examination over time may have little to do with the clinical performance of the practicing internist.

I applaud the authors' efforts in exploring the difficult area of ensuring the public qualified internists. However, I submit that in the current climate of cost consciousness and declining interest in internal medicine as a specialty, we should be particularly circumspect about instituting expensive and burdensome requirements on already overburdened clinicians without adequate justification.

Joseph S. Cervia, MD
Nassau County Medical Center
Fast Meadow, NY

1. Ramsey PG, Carline JD, Inui TS, et al. Changes over time in the knowledge base of practicing internists. *JAMA.* 1991;266:1103-1107.

To the Editor.—The article "Changes Over Time in the Knowledge Base of Practicing Internists" by Ramsey et al[1] implies that the older and more experienced a physician gets, the worse he or she is as a physician. It also implies that the quality of an internist is directly related to how well he or she does on a multiple-choice test. Perhaps other conclusions are more appropriate. Maybe much of the esoterica learned as a resident was truly esoterica. Perhaps residencies focus too much on details of rare diseases and not enough on more practical day-to-day problems encountered in the practice of internal medicine and other disciplines.

Arthur W. Fleming, MD
Pittsburgh, Pa

1. Ramsey PG, Carline JD, Inui TS, et al. Changes over time in the knowledge base of practicing internists. *JAMA.* 1991;266:1103-1107.

To the Editor.—The study by Ramsey et al[1] was well conceived and implemented, but the results beg a larger question, which is how well American Board of Internal Medicine scores correlate with performance as an internist. While no one will argue that having more knowledge in one's brain contributes to better performance as a physician, this is only one dimension of physician competence. Equally important skills include the ability to know when one does not have the required information in one's memory to make a clinical decision, as well as the capacity to obtain that missing information elsewhere. Perhaps a better indicator of physician competence would be to have physicians take examinations (especially recertifying examinations) in their own office or library, surrounded by the very resources (ie, journals, books, and computers) that are integral to their ability to provide quality medical care.

William Hersh, MD
Oregon Health Sciences University
Portland

1. Ramsey PG, Carline JD, Inui TS, et al. Changes over time in the knowledge base of practicing internists. *JAMA.* 1991;266:1103-1107.

These letters were shown to the authors, who declined to reply.—ED.

The Importance of Being Empathic

To the Editor.—I wish to commend Drs Bellet and Maloney on their excellent article reviewing the importance of empathy as a tool in medical practice.[1] In total, it was a timely review of a critical issue in medicine. Unfortunately, I fear that the authors may have inadvertently prejudiced the character of empathy when they limited their comments to the nature of compassion as a clinical device.

The social revolution that is rapidly enveloping the field of medicine is not designed to produce physicians who are merely aware of the mechanism for acting in an empathetic manner, but, rather, it hopes to develop physicians who can remain both profoundly human and professionally competent in the clinical setting. Patients cannot be satisfied by a physician who is merely capable of offering some sort of placebo perfunctory conciliation in times of crises for, as with any placebo, when patients realize that the product is fake, their problems will be less manageable than before.

The "common, but nonreciprocal relationship"[2] that exists between physicians and their patients must become the paradigm for all clinical relations. The physician must be explicitly aware of the fact that human compassion and concern are not devices that can be manipulated to produce a desired result. Instead, they transcend the boundaries of a professional relationship and are both given and received at our most human level.

Thomas F. Hughes III
Orchard Park, NY

1. Bellet PS, Maloney MJ. The importance of empathy as an interviewing skill in medicine. *JAMA.* 1991;266:1831-1832.
2. Foucalt M. *The Birth of the Clinic.* New York, NY: Vintage Books; 1975:xv.

In Reply.—We thank Mr Hughes for his comments. We recognize the importance of empathy in everyday interpersonal relations, but the purpose of our article was to emphasize the use of empathy in medical practice. Empathy involves understanding the patient's feelings rather than "some sort of placebo perfunctory conciliation in times of crises." The physician must be honest and sincere in his compassion and concern for patients. If the empathy is false, the patient will know, and the physician will have lost the opportunity to help the patient.

Paul S. Bellet, MD
Michael J. Maloney, MD
Children's Hospital Medical Center
Cincinnati, Ohio