Commentaries

Neurology Requirements At Brown

Although the "decade of the brain" has come and gone, the Warren Alpert Medical School of Brown University still does not require a rotation in neurology as a requirement for graduation. It stands alone among medical schools in New England, joining only the University of New England School of Osteopathy as an institution without that curricular requirement. The University of Vermont is increasing its required neurology rotation from three to four weeks. Students certainly have been welcomed into the fourth year neurology electives at Brown, but they need not participate. Last year 19 of 90 students took neurology electives.

Some medical schools have a third year required rotation of 4 weeks. Some require its students to take a 4th year "elective" in neurology and some make neurology merely a 2 week rotation, assigning the other part of the month to ophthalmology.

Several years ago I wrote a column for the American Parkinson's Disease Association entitled, "Why Parkinson's Disease Patients Should NOT Go To The Emergency Room," which was distributed to 25,000 families. I got some irate calls from **emergency medicine** (**EM**) doctors, generally family members of people with PD who had received my column. The column was, and remains, a great service to the PD community, pointing out that the **emergency department** (**ED**) is useful for medical problems but not for problems directly due to PD. When a patient has a PD-related problem the primary neurologist or whoever is managing the patient should be called. Problems in PD are usually related to clinical fluctuations in motor function, delirium or psychosis. These are arcane to the physician who does not deal with them regularly. The ED physician is put in the difficult position of a doctor with insufficient background to deal with a patient whose problem requires great expertise, yet forced to do something, anything, to help the patient. Often the doctor does the wrong thing. Often the patients' problems fluctuate: by the time they are evaluated in the ED, the patients are better and sent home.

It is uncommon for the patient to benefit from this interaction; this was the theme of my article. I stressed, of course, the utility of the ED for evaluating chest pain, cough, fever, falls, etc, but noted that PD-specific problems were rarely addressed adequately by an ED doctor.

My PD colleagues who read the column and my PD patients applauded. The patients especially, since my column was based on their reports over the course of 15 years and simply mirrored their less-than-satisfactory experiences. They continue to tell me how often they had been to the ED before they read my column and learned better.

When the ED doctors contacted me, however, they were less sanguine. How could I say that they were not adequate to the task? So before I responded, I talked to my local ED doctors, all board-certified in EM, and I learned that EM did not require a neurology rotation during residency training. Evidently most training programs, including Brown's do, but someone could complete an EM residency without any neurology training beyond what was learned in medical school, which was not a lot. I then realized that there are medical schools, not many, but some like Brown, that do not require clinical neurology at all. I was shocked to realize, as I noted to the EM doctors who had complained, that I had perhaps misjudged the situation, and that the doctors were even less qualified than I had thought.

This is not to disrespect Emergency Medicine doctors, or their treatment. It is to point out that lack of training in a discipline leads to lack of expertise. And while it is certainly true that we can't learn everything about everything, and that we need to prioritize training, one can hopefully believe that neurology is sufficiently important to justify clinical training for all physicians.

Brown has a great pre-clinical course in neurology. It's recently been revamped, and represents an integrated teaching effort of basic scientists, neurologists, radiologists, neurosurgeons, pathologists, but it's a far cry from reading and hearing about a disease to actually caring for patients.

So why does Brown not include neurology as a requirement for graduation? Did the university not think of it? I know for a fact that that it has been discussed. Is it that the Medical School decided that clinical neurology is not sufficiently important? Obviously it wasn't important enough to require it, but why not? A potential explanation comes from my medical school days when I represented my class at P & S on the school's Curriculum Committee and got to see course directors up close with their "gloves off." Some directors would not give up any time to allow someone else to expand theirs. This explanation is unlikely at Brown since a neurology requirement would reduce elective time, which no one would defend with a "do or die" motivation. No, at Brown, the problem has been lack of support. There simply aren't enough university-affiliated neurologists to take on additional teaching responsibilities. The staff is stretched thin providing services to patients, teaching the residents in neurology, psychiatry, internal medicine and emergency medicine as well as the students who do choose a neurology elective. Like most things, in the end it is about money.

The "human condition" is really the brain. We are our brains. Aristotle thought the soul resided in the pineal gland. He was close but too specific. It resides in our whole brain, in its circuitry, its chemistry, in its gene expression. We need doctors who can appreciate what our brain does, how it does it, and how to best protect it.

Before we lose too much time in this new millennium, before a second decade passes since the end of the "decade of the brain," I hope that the medical school of Brown University will update its clinical requirements to mandate neurological training.

– Joseph H. Friedman, MD

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