ALL DOCTORS BELIEVE THEMSELVES, LIKE THE children in Lake Wobegone, to be above average. Certainly specialists consider themselves even more so, at least with respect to non-specialists, but we don't often have data to prove it. A recent article in Neurology, in support of this assertion (Neurology 2011;77:851) made me recall some comments I heard regarding neurologists and Parkinson's specialists.

At a large primary care meeting that a colleague, another movement disorders specialist, lectured at, the panel of speakers was asked, “When should someone with PD be referred to a neurologist?” A prominent family care doctor on the panel answered, “Never.” I suspect that the response emanated from experience that the specialists concentrated on the motor aspects of PD and failed to view the patient as a whole human being, addressing the manifold concerns that accompany disabling diseases in general and the non-motor problems of PD in particular. A few years later, a different prominent primary care professor, a colleague at Brown, told me that neurology training for medical students was generally a waste of time so that it didn’t matter that Brown didn’t require it for graduation. “How much useful information would a student learn in an MS clinic or a PD clinic?”

The article that triggered this commentary simply examined a gigantic cohort of patients in the Medicare data base for the whole United States and surveyed out-patient claims to determine how many people diagnosed with PD had seen a neurologist, and whether there were differences in regards to referrals and testing. Some count on their expertise and clinical judgment and simply reassure their patient, “This headache is really bothersome, but another MRI isn’t going to make it better,” and others may say, “Well, I’m pretty sure there’s nothing abnormal, and it’s probably migraine, but let’s get another MRI just to be sure.”

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