



The Frontiers of Internal Medicine

Presidential News

The German Society for Internal Medicine is celebrating an anniversary in 2022. Exactly 140 years ago, its 'Congress of Internal Medicine' was held for the first time in the Wiesbaden Kurhaus under the chairmanship of Theodor von Frerichs. The Society did not adopt the name 'German Society' until 1920, when the Treaty of Versailles precluded German participants from attending congresses abroad and the Congress abruptly lost its international character. Except for 16 congresses that were cancelled due to the war or held in Mannheim due to the new construction of the RheinMain CongressCenter (RMCC), the DGIM has remained loyal to the city of Wiesbaden for 140 years.

The 2019 and 2020 meetings, under the presidencies of Jürgen Floege and Sebastian Schellong, were marred by the Covid-19 pandemic. The former had to be cancelled at short notice despite finalized program planning and the latter took place as a purely virtual congress with a live broadcast of the festive evening from the Kurhaus. The response of over 9 000 participants to this virtual format was exceptionally high. Not only did the number of DGIM members attending the congress double, but many interested parties with care responsibilities or official commitments, for whom a trip to Wiesbaden would not have been possible, had the opportunity to attend the sessions live on 16 channels for the first time. The 2022 meeting will therefore take place as a hybrid congress, where many of us look forward to meeting colleagues in person again in the halls and corridors of the RMCC, but on the other hand all those who cannot travel to springtime Wiesbaden will be able to follow the sessions live at their home venue. Our partner country in 2022 is Austria, from which many participants have come since the founding 140 years ago.

The theme of next year's congress is "The Frontiers of Internal Medicine"

This refers, on the one hand, to the limits of medical action and the ethical frontiers of our discipline, and to decisions at the end of life. When does the technical success of an intervention no longer mean an improvement in life expectancy or quality of life for those undergoing the procedure? How willing are we to accommodate our patients' priorities and life plans, especially when they conflict with our self-image of healing? At this year's German Congress of Physicians, the ban on assisted suicide was removed from the professional code



of conduct, following a ruling by the Federal Constitutional Court. We will discuss whether this change will cause Germany to develop in the same way as the Netherlands, where 4.5 percent of all deaths are now assisted by physicians - incidentally, in 93 percent of cases by primary care physicians.

Other frontiers are those between internal medicine and neighboring disciplines. For one thing, the frontiers are blurring in areas of curative medicine, which used to be considered a core competency of internal medicine and is now increasingly claimed by anesthesiologists, especially in in-hospital emergency medicine or intensive care. A similar situation applies in primary care. Today, it is difficult to comprehend the changing nature of the continuing education regulations for primary care physicians. After primary care practice had been defined since 2003 by a specialist in "internal medicine and general medicine" (with 3 years of 'common trunk' internal medicine and 2 years of general practice), the German Congress of Physicians decided in 2010 to reintroduce a general practitioner, which since 2018 has only included minimal content in internal medicine. Those interested in general internal medicine and a family medicine residency were released into a training and professional vacuum. Despite manifold disadvantages, the family physician internist has proven to be extraordinarily resilient and about one third of all family physicians are internists today. In the DGfM, many of them have found a home and, in addition to the BDI, they are also finding increasing support in our scientific professional society. At the 2022 congress, they are shaping a significant part of the program.

Other patients are migrating across disciplinary frontiers, for example those with heart disease. In 2008, 11 000 aortic valves were surgically replaced by cardiac surgeons, up from 7 900 in 2019. During the same period, the number of minimally invasive TAVI aortic valves used increased from 637 cases in 2008 to 23 000 in 2019. This trend not only suggests the replacement of an open, surgical procedure from one surgical discipline with a minimally invasive one performed by cardiologists, but also represents nearly a threefold increase in the number of patients who have their aortic valve replaced one way or another. Other crossovers of patients occur at the borders of gastroenterology and visceral surgery, or between rheumatologists and orthopedists in immunomodulatory treatments for joint disease.

Overcoming frontiers in internal medicine is increasingly succeeding in medical research. These include topics such as cell-based therapy of oncological diseases, which is now also



seeking to cross the borders into solid tumors, RNA-based therapies, which have not only revolutionized vaccination against covid-19, but are also being used to treat metabolic diseases.

However, there are also limitations of internal medicine that we have not been able to overcome for years. Many scientific findings in the field of so-called OMICS techniques cannot yet be transferred, or only insufficiently, into approaches for personalized diagnostics and therapy for routine use.

Frontiers that we have more difficulty with in Germany than in other countries are those of digitization and medical informatics. In Ghana, the result of a Covid-19 test can be transmitted directly from the tested person's cell phone to the national health authority. In Germany, Excel lists and fax machines still represent the accepted means of fighting the Corona pandemic. Perhaps the great value of structured medical data, both for disease research and patient care, is the most important of the painful lessons we should have learned from the pandemic.

Until we meet again next year in Wiesbaden, please stay with us and stay well.

Yours

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Munich