

HOSPITALISTS

To the Editor:

We enjoyed reading Dr. Marinella's excellent essay reviewing the emerging role of hospitalists in the May 2002 issue of *Hospital Physician*.¹ Indeed, we have seen a rapid emergence of this model of practice in recent years, and it appears as though it will be a viable career option for graduates of internal medicine residencies, critical care fellowships, and other such programs. Of particular interest were Dr. Marinella's thoughts regarding the possibility of subspecialty status for hospitalists. We agree that this area of practice would satisfy American Board of Internal Medicine (ABIM) criteria for this distinction.

As the role of hospitalists becomes more formally defined, so too must the specific curricula of training programs leading to this certification. We submit that if formal hospitalist training programs are developed, they should include the discipline of medical toxicology in their curricula.

The subspecialty of medical toxicology has been recognized by the American Board of Medical Specialties since 1992 and is currently sponsored by the American Board of Pediatrics, the American Board of Emergency Medicine, and the American Board of Preventive Medicine.² Currently, the ABIM does not sponsor medical toxicology as a subspecialty. The reasons for this omission are not entirely clear, although some would say that toxicology falls within the scope of critical care medicine. However, all hospital-based physicians, regardless of whether they work exclusively in critical care settings or on inpatient wards, are called on to care for acute toxicologic conditions with some regularity, as evidenced by the numbers of patients with such diagnoses on admission. In the year 2000, there were more than 65,000 admissions to critical care units and over 35,000 admis-

sions to non-critical care units for toxicology-related conditions.³ Clearly, primary care physicians working exclusively or primarily in the inpatient setting must be competent in treating these patients.

This is an exciting time for hospital-based physicians, as the unique characteristics of this style of practice gain recognition. Dr. Marinella's article provides a clear, concise overview of the history and current status of hospitalists, as well as several suggestions of what the future may hold. As physicians who provide medical consultation via a large poison center referral service, we find that caring for patients admitted to the hospital for poisonings presents unique challenges and requires some degree of familiarity with the specific body of knowledge contained within the discipline of medical toxicology. As the future of the hospitalist movement unfolds, we should ensure that medical toxicology is not overlooked in training the inpatient specialist of the future.

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References

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