

# General Internal Medicine Practice in General Population

Nicholas Thomas\*

Department of Medicine, Clinical Research Center, California, USA

## Introduction

Internal medicine is a medical speciality in which doctors use scientific knowledge and clinical expertise to diagnose and treat adults with a wide range of health problems. Internists or general internists are doctors who specialise in internal medicine. Internal medicine specialists, often known as general internal medicine specialists or general medicine physicians in Commonwealth nations, are specialists educated to address complex or multisystem disease situations that single-organ disease specialists may not be able to handle. They may be requested to deal with undifferentiated presentations such as dyspnea, exhaustion, weight loss, chest discomfort, confusion, or a change in conscious state that are difficult to fit into the competence of a single-organ specialisation. They may be able to treat severe acute diseases that impact several organs [1].

## Description

General Internal Medicine is a specialisation of Internal Medicine that encourages the practitioner's ability to alter their practise profile as community requirements change, while also embracing the values of generalism. General internists are equipped to diagnose and treat patients with common and emergency internal medicine disorders, and they may do so even if the patient has several conditions and access to other subspecialists is limited. In contrast to an organ-centered or disease-centered approach, general internists provide comprehensive care of the adult patient in an integrated manner. They are equipped to keep patients with multi-system illnesses stable over time or through physiological pressures such as pregnancy or the peri-operative period. General internists are also advocates for their patients.

The job of a general practitioner (GP) might differ significantly between (and even within) countries. In developed countries' cities, their roles are typically narrower, focusing on the treatment of chronic health problems, the treatment of acute non-life-threatening diseases, the early detection and referral of patients with serious diseases to specialised care, and preventive care, such as health education and immunisation. Meanwhile, in rural areas of industrialised or developing countries, a general practitioner may be routinely involved in pre-hospital emergency treatment, childbirth, community hospital care, and low-complexity surgical procedures. GPs operate in primary care centres in some healthcare systems, where they play a key part in the healthcare team, whereas in other models of care, GPs might work independently [2,3].

Public health and social measures, such as personal and respiratory hygiene, are required for illness prevention. This includes handwashing for at least 20 seconds with soap, limiting interactions with others, quarantining those who have come into contact with anyone infected, and quarantining sick residents. Actions like these necessitate widespread social awareness from both authorities and the general public in order to deal with the situation quickly

\*Address for Correspondence: Nicholas Thomas, Department of Medicine, Clinical Research Center, California, USA, E-mail: thomasn@gmail.com

**Copyright:** © 2022 Thomas N. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 02 April, 2022; Manuscript No. JGPR-22-66019; **Editor Assigned:** 04 April, 2022, PreQC No. P-66019, **Reviewed:** 16 April, 2022; QC No. Q-66019, **Revised:** 21 April, 2022, Manuscript No. R-66019; **Published:** 29 April, 2022, DOI: 10.37421/2329-9126.22.10.449

and safely. For a responsible and successful implementation, ethical and legal concerns are just as crucial as technical performance. Human consent is one of the cornerstones of the patient-physician interaction for all investigations and therapies, and it is one of the ethical priorities.

These findings highlight the significance of informing people about how these techniques function if we want the populace to be more willing and accepting of modern technology such as AI in healthcare. This theory, however, is speculative because it also requires that a favourable general attitude and belief in AI's improved efficiency are inextricably linked to a deeper and correct understanding of AI in healthcare. This has to be looked at more. Finally, it was discovered that using less healthcare was linked to a higher level of AI trust. This could not be explained by relationships between age, education level, and healthcare utilisation in our data [4,5].

## Conclusion

Furthermore, there are many more AI applications in healthcare than disease detection in medical imaging, dermatology, and surgery robotics (e.g., prognostication/risk management, image processing, healthcare operations or management, natural language processing, etc.), and people may have different perspectives on other medical applications that were not specifically addressed in the current study. Artificial intelligence, for example, is anticipated to have a disruptive effect on patient risk management across healthcare providers. This could have a significant impact on the amount of trust between the patient and the doctor. It's possible that the introduction of an AI-based risk management tool (at both the individual and population level) may cause widespread scepticism among the general public.

## References

1. Ufomata, Eloho, Sarah Merriam, Aditi Puri and Katherine Lupton, et al. "A policy statement of the society of general internal medicine on tackling racism in medical education: Reflections on the past and a call to action for the future." *J Gen Int Med* 36 (2021): 1077-1081.
2. Baer, Ruth, Catherine Crane, Jesus Montero-Marin and Alice Phillips, et al. "Frequency of self-reported unpleasant events and harm in a mindfulness-based program in two general population samples." *Mindfulness* 12 (2021): 763-774.
3. España, Pedro Pablo, Amaia Bilbao, Susana García-Gutiérrez and Iratxe Lafuente, et al. "Predictors of mortality of COVID-19 in the general population and nursing homes." *Int Emerg Med* 16 (2021): 1487-1496.
4. Bergström, Göran, Margaretha Persson, Martin Adiels and Elias Björnson, et al. "Prevalence of subclinical coronary artery atherosclerosis in the general population." *Circulation* 144 (2021): 916-929.
5. Bonifacino, Eliana, Eloho O. Ufomata, Amy H. Farkas and Rose Turner, et al. "Mentorship of underrepresented physicians and trainees in academic medicine: A systematic review." *J Gen Int Med* 36 (2021): 1023-1034.

**How to cite this article:** Thomas, Nicholas. "General Internal Medicine Practice in General Population." *J Gen Prac* 10 (2022): 449.