

Commitment

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We live in a time of definitions. I think that, as never before, so many contrasts are seen in technological advances in health, with potential and real benefits, but also the poor access of the majority of people to them. This technological development that can improve medical practice in our country runs into a great dissatisfaction from many patients who go to the public health system (IMSS, ISSSTE, Seguro Popular) and not, infrequently, to the private. Long waiting times for consultation or surgery, and the physician-patient interview lasting for 10-15 min with a perception of a considerable distance from the first to the second, are common complaints that I hear.

In our beloved Mexico, the majority of the population lives in a certain degree of poverty. We as a guild who are interested in and practice the neurosciences (especially the neurologists) are a fortunate group. We have had to study in prestigious institutions, and many have made subspecialties that they cultivate successfully. Neurology has been erroneously recognized as a complex medical area, difficult to approach and practice, both for students and physicians. It is up to us to modify this appreciation by sharing with our students and colleagues the study and practice of this fascinating field of medicine.

The increasing influence and participation of medical cybernetics, (as Verghese points out when talking about artificial intelligence), and of so many new and impressive resources in revision methods, data analysis, and diagnostic and therapeutic procedures, compel

us to use these tools to optimize our work. However, this must happen without subordinating ourselves to the systems and outshine and impede the real reason of our endeavor: attending to our patients, those who suffer and endure diseases that we should approach with a comprehensive view, recognizing the particular form of their affections by valuing their environment, their social and economic situation, their family ties, their aspirations, and desires.

This takes time, and it will be a challenge for us to demand to our public sector and private practice a performance that satisfies our patients – whom are not clients – and ourselves without discrimination.

This forces us to become more interested in issues of public health, epidemiology, sociology, history, philosophy, politics, and finally encouraging the humanities further to expand our vision, and demand and participate as a group in the construction of a design health system for our population, without the vices of our current system as indicated by Viniestra (an Internist with a holistic approach to medicine) and several others.

The task before us is complex, delicate, and exciting; being physicians with the true vocation of service, from the clinic to assistance, teaching, and research, attending, as previously mentioned, all the aspects that determine people's suffering.

It is in our hands and in our trench to continue building a better country of excellence and a higher high sense of the collective.

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