Braun J. Medicine at a Crossroad. *Academic Medicine & Surgery*. Published online March 20, 2025. doi:10.62186/001c.137145

Letter to the Editor

Medicine at a Crossroad

Joseph Braun, MD, JD, M.Div[1]

[1] Medical Humanities, Orlando College of Osteopathic Medicine

Keywords: Professionalism

https://doi.org/10.62186/001c.137145

Academic Medicine & Surgery

Dear Editor:

Modern medicine stands at a crossroads. Once grounded in altruism and human connection, it now contends with a dual transformation: increasing technological complexity and deepening commercialization. While innovations have improved diagnostics and therapeutics, they have also contributed to the depersonalization of care. At the same time, the rise of for-profit healthcare systems has commodified medicine, often placing financial incentives above patient well-being. These trends threaten both the moral foundation and the functional effectiveness of the profession.

The 20th century witnessed the transformation of medicine from an ineffective, disorganized guild based occupation into a highly respected profession characterized by specialized training, licensure, and ethical codes.The Flexner Report of 1910 reformed medical education, leading to standardized training, ethical oversight, and licensure. With these reforms came institutional prestige—but also increased bureaucratic complexity and vulnerability to economic and political forces. What began as a commitment to service has become increasingly subject to market demands and administrative burden.

The invention of the stethoscope in 1816 by Rene Laennec started to change the patient-doctor relationship. From MRI machines to AI diagnostic tools, technology has since continued to reshape how medicine is practiced. While these advances have improved many outcomes, they have also distanced physicians from patients. Electronic health records (EHRs), clinical decision support tools, and standardized protocols may enhance consistency but can also reduce clinical autonomy and human connection. Moreover, technology introduces challenges: data privacy concerns, algorithmic bias, and the privileging of quantifiable data over the psychosocial aspects of care.

Today, healthcare is a $4.6 trillion industry in the U.S. alone. For-profit models increasingly drive care delivery, with private equity and large healthcare conglomerates owning hospitals and clinics. Physicians face pressure to meet billing quotas, reduce visit times, and prioritize institutional revenue. The result is a shift away from holistic, patient-centered care toward productivity-driven service models. This environment fosters burnout, moral distress, and dissatisfaction among clinicians.

Despite its curative mission, modern medicine often contributes to harm. Medical errors remain a leading cause of preventable death. Complex systems, communication failures, and overreliance on testing create fertile ground for mistakes. Fee-for-service models incentivize overuse of interventions, fueling problems like antibiotic resistance, opioid dependency, and unnecessary surgeries. These issues expose a deeper problem: a system that values quantity over quality and intervention over prevention.

Despite immense investment, the U.S. healthcare system remains fragmented and inefficient. Administrative costs are among the highest globally, and outcomes do not consistently reflect the system's sophistication. Many patients experience disrupted care, uneven access, and dissatisfaction—symptoms of a system focused more on profit than people. This leads to a call for action by our profession. The future of medicine depends on confronting these contradictions. Technology and capitalism have made medicine more powerful and profitable—but not more humane. Reclaiming our profession requires reaffirming its core values: altruism, empathy, and healing. Physicians must lead structural reforms that prioritize integrity, equity, and the restoration of medicine's humanistic foundations—before they are lost entirely.

Joseph L Braun M.D., J.D.

Submitted: March 18, 2025 EDT. Accepted: March 20, 2025 EDT. Published: March 20, 2025 EDT.