

The Art of Clinical Medicine... Getting Rusted!!!

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Introduction : Over the last few decades, the science of medicine has progressed very rapidly not only in the field of therapeutics but also in the field of diagnostic technology. But it's a sad reality that there is a gradual rusting of clinical medicine & lack of interest for bedside diagnosis among us. Without deriving rational working clinical diagnosis, indiscriminate use of investigations can be expensive & polytherapy can be dangerous for the patient & disastrous for the community. All of us know that detail history, thorough clinical examination, appropriate interpretation of investigations & deriving diagnosis by master analysis of this information is the art of clinical medicine. To learn any art, it requires analytic, meticulous, methodological continuous efforts. The art cannot be learnt without devotion & special efforts. It is absolutely true for the clinical medicine too. **Paracelsus very rightly said, "Medicine is not only science, it is also an art. It does not consist of compounding pills & plasters; it deals with the very process of life, which must be understood before they may be guided."** Besides knowledge & recent information on the subject, following points are important for learning the art of clinical medicine.

Detail Clinical History : To collect the detail information of an illness is the basic requirement of clinical medicine. **Patient hearing is one of the good qualities of the clinician. Patient listening to all that the patient wants to tell is not the waste of time, but may offer a clue to the diagnosis. The information provided by the patient is never vague.** The patient & the family members may be illiterate, still their observations are more reliable than observations made by any other person. To respect the complaints & observations of the patient is the good quality of the clinician. It is good habit of putting all the points of information on the record. We do not know which point of information is going to be important for reaching the diagnosis.

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Try to derive the duration of illness. It gives us idea whether it is acute, subacute or chronic illness. What was the first symptom, what was the sequence of other symptoms & how the disease progressed, will define pattern of the disease & likely pathology. Past history & family history will provide supportive information to derive meaningful clinical possibility. One should try to define various possibilities in a given case on the basis of history only.

Thorough Clinical Examination : Structural & organized approach is very important for proper clinical examination of the patient. Patient should be examined at an appropriate place only. He cannot be examined in the corridor of the hospital or at the residence where facility for the clinical examination is not available. The extra clothes of the patient should be removed before examination. Ideally, the patient should be naked during physical examination. The presence of an appropriate person is essential during examination of the patient. The patient should be examined on the examination table. Several points of clinical examination will be easily missed or misinterpreted while examining the patient who is sitting on the stool besides the clinician.

Methodological & well organized examination is always rewarding. Disorganized & haphazard clinical examination is very risky, several important points can be easily missed. Points of examination should be recorded properly, whether it is important or not at the time of examination. Occasionally, the clinical finding which one feels irrelevant at the point of examination, later on, it becomes only clue to reach the diagnosis.

Herny Cohen rightly said, "Most errors in clinical medicine are made by making cursory, incomplete examination than due to lack of knowledge & skills."

Sir Robert Hutchison said, "There are no shortcuts to physical diagnosis. It is learnt only by practice not a dull & dreary or monotonous practice but practice with all the five senses alert."

Documentation of History & Clinical Examination :

Proper documentation & maintenance of clinical findings helps a lot. It provides important points for analysis of the case, especially with some chronic illness. Documentation also ensures transparency in the clinical practice. It also helps for legal protection to the treating person, if need arises.

Analysis & clinical Diagnosis : After detail history & thorough clinical examination, the information should be analysed. Important information from history & positive findings on clinical examination should be arranged in a proper order. It will create an impression or an image in your mind regarding some possible conditions likely to be with the patient. It becomes a working or functional diagnosis.

Drawing the clinical conclusion is an art. It can be learnt by experience & continuous efforts. Proper correlation of information collected on history taking & positive clinical findings lead to a definite conclusion. Sometimes negative points help to exclude certain conditions & narrow down the possibilities in a given case. With this academic exercise, one should consider common conditions in a chronological order of their occurrences. One should keep in mind the d.□ **“If we diagnose common conditions commonly, most of the times we are correct & if we diagnose rare conditions commonly, we are rarely correct.”**

Medicine is a science of uncertainty & art of probability.

- Sir William Osler

Before planning for investigations & starting treatment, to derive the clinical diagnosis (functional diagnosis) is must. It avoids unnecessary investigations & drug therapy to the patient. It also saves money. Unless probable diagnosis is put on the record, necessary laboratory investigations & rational therapy cannot be planned.

Laboratory Investigations & Interpretations of their results:

Laboratory investigations should be planned pertaining to your clinical diagnosis. **Investigations are neither shortcut nor final answer for the diagnosis.** One should know the technicality & kits used for the

investigations. Sensitivity, specificity & reliability of the test should be known to us because interpretation of the investigations is based on that ground. It is very certain that advancement in technology & availability of modern facility for investigations has brought the revolution in our thinking. Still consider it as an extra help in arriving the diagnosis. It is not the final answer. It is not the substitute for clinical diagnosis. It should not be considered as Master in the clinical medicine. The day when the machine is considered as the final answer in the clinical medicine, the status of the medical person will be as a technician & not as a clinician. The clinician should draw the final conclusion with correlation of the clinical aspect, investigations, use of his knowledge & wisdom.

Points to Remember...

- Medicine is not only science, it is also an art
- Patient hearing is one of the good qualities of the clinician.
- Patient listening to all that the patient wants to tell is not the waste of time. The information provided by the patient is never vague.
- Methodological & well organized clinical examination is always rewarding. Disorganized & haphazard examination is very risky.
- Most errors in clinical medicine are made by making cursory, incomplete examination than due to lack of knowledge & skills.
- Documentation provides important points for analysis of the case. It ensures transparency in the practice & helps for legal protection of the treating person.
- If we diagnose common conditions commonly, most of the times we are correct & if we diagnose rare conditions commonly, we are rarely correct.
- Medicine is a science of uncertainty & art of probability
- Laboratory investigations are neither shortcut nor final answer for the diagnosis. It is an extra help. It is not the substitute for clinical diagnosis.
- The clinician should draw the final conclusion with correlation of the clinical aspect, investigations, use of his knowledge & wisdom.