

Quality in Medical Practice (As I View It)

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Introduction :

It is wide spread perception amongst the patients, public & even medical personnel that quality care in medical field has significantly deteriorated over last several years. It is deteriorating very fast. It is the time for all of us to look into the matter, to analyze it, to locate the lacunae & to think for possible practical solutions. I was invited to speak on this topic at one of the academic meets some time back. I thought few points to express my views on the issue. Here, I share it with you. Some of you may have bright ideas which I would like to learn from you.

Quality is defined as providing services of desired standards with current science. Quality is not an accident. It is the result of well planning, perfect execution with best efforts. Let us see how we can translate it into our practice.

Medical Practice is a Profession, Make it a Mission

Profession is defined as a skillful work, rewarding & satisfying the person. He gains some return for working, but return is a byproduct. If a person is interested in his profession, he gets involved in working, enjoying the work, not getting tired, he does not feel any burden of working, he does not develop frustrations, he has no time limit for working & he is capable of giving best of his ability. We are fortunate to have the opportunity to work in the noble profession. This ideology is the first prerequisite for offering quality in patient care.

Very rightly Mother Teresa said, "Medicine is a Mission. It is not a Profession & Never a Business."

Qualities of a Medical Person

The medical person should be accessible & available. The affordability of the patient should not come on the way of providing quality care of the patients. Sincerity,

punctuality & meticulous working pattern of a medical person makes certainly a difference in quality care. To remain well versed with current information of the science is essential. Like any other science, medical science is developing & changing very fast. The changes in the concepts & protocols are very frequent & at very short intervals. Therefore, to remain well versed with current information of science is very essential for every medical person, not only for the sake of quality care of the patient but also for legal safety of the treating person. Continuous Medical Education (CME) is the only way to keep oneself updated. In this era of advancements, one has many ways to keep himself updated. Conferences, Workshops, Seminars & CMEs are going on round the year. We should not miss the opportunity to participate in such academic meets. In a city or town, we can make a study circle. The interested practitioners from nearby areas can meet together once in a week or fortnightly at a suitable time in the evening or early morning & can have discussion on common topics amongst themselves, can have clinical case discussion or any suitable way of academic interactions. If it is feasible, you may invite some medical teacher or an academician who can contribute more to our learning. Journals, periodicals, various publications & information available on electronic media are information explosives of modern time. Reading should become an integral part of our daily routine like sleep, food, exercise etc. If a day is passed without reading, we should feel it as an incomplete day.

Art of Medical Practice

Any art cannot be learnt without devotion & special efforts. It is absolutely true for the art of medical practice 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."**

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Besides knowledge & recent information on the subject, following points are important for learning the art of clinical practice.

Detailed History Taking

To collect the detailed information of an illness is the basic requirement of the 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. Patient is never vague. Patient may be illiterate, still his observations are more reliable than observations made by any other person. Mature & experienced clinician respects complaints & observations of the patient. 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.

Thorough Clinical Examination

Organized & disciplined approach is very important for proper clinical examination of the patient. Patient should be examined at an appropriate place only. It cannot be examined in the corridor of the hospital or at the clinician's residence where facility for the clinical examination is not available. The comfortable place to the clinician as well as the patient, proper facility for examination including availability of equipments are important factors for better outcome of the clinical examination. The extra clothes of the patient should be removed before examination. Then, undescended testis, inguinal hernia, hypospadias & some other malformations will not be missed. Infants can be examined in lap of the mother. Older children & adults should be examined on the examination table. Many points of clinical examination will be easily missed or misinterpreted while examining the patient who is sitting on the stool beside 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 clinical 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 possibility.

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 short cuts 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 help 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 detailed history & thorough clinical examination, the information should be analyzed. Important information from history & positive findings on clinical examination should be arranged in 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. Such an approach offers a quality care.

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 similar 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 dictum, "If we diagnose common conditions commonly, most of times we are correct & if we diagnose rare conditions commonly, we are rarely correct."**

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

Laboratory Investigations & Interpretation of their results

Laboratory investigations should be planned pertaining to your clinical diagnosis. Investigations are neither short cut 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 its interpretation is based on that ground. It should be correlated with clinical picture of the patient before drawing the conclusion for the diagnosis. 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. Then, there will be more deterioration of the quality in the clinical practice.** Clinician should draw the final conclusion with correlation of clinical aspect, investigations, use of his knowledge, experience & wisdom.

Medical Audit

Prescription analysis is very useful academic exercise for rational drug therapy. Analysis of our own prescriptions teaches us a lot. Those who are practicing in intensive care units can have discussion on their death cases. What best was possible to offer in a critically ill hospitalized patient who died later on, a postmortem analysis would derive several points. It becomes the best learning exercise for everybody. It increases our competency to offer quality care in critically sick patients.

Clinicopathologic correlation (CPC) is the proven best learning exercise. Every academic institution should have regular CPC at least once a month with participation of large number of students, faculties, invited guests & private practitioners. The CPC was first introduced in the USA, at Harvard Medical School in Boston, Massachusetts in 1898. Many institutions across the world conduct CPC regularly. I am happy to note that CPC is regular monthly academic meet at GCS Medical College, Hospital & Research Centre, Ahmedabad. The enthusiasm, excitement & active participation of all students & faculties has made it indispensable. No institution should miss CPC.

Ethics in Medical Practice

Establishment of reputation & good conduct following ethics in practice is the key for success & self satisfaction. Clinician should know his limitations. Hiding ignorance & not seeking timely help from competent person comes on the way of good quality care. **Ethics & quality care always go together.** For ethics in a profession, one need not ask anybody, he should ask himself, his conscience. **Conscience & ethics go together.**

We should remember,

- Medicine is a science of uncertainty & art of probability.
- Physicians are both morally & legally accountable to the society.
- The first dictum of patient care is "Do No Harm."
- Values are universal & eternal.
- In this modern time, **technologically we are Giants, but morally... Pigmies**

Efficient Administration

One has to learn the administration whether he is running a small nursing home, a big hospital or working as an administrator for some institution. Without efficient administration, good quality in practice is not possible. With well organized approach, the clinician can offer adequate time to the patient. However, as the workload increases, it requires proper organization of the practice. To take the help of junior colleagues & group practice

are the options to share the work to maintain the quality in the practice. **To offer the compromised quality care of the patient due to busy schedule or overload of work are just excuses. It is the failure of the person to manage it efficiently.**

Counseling

Communication skill is very essential for the clinician for successful establishment in the profession & good quality care. Proper information to the patients, increases their confidence with the treating person. It also decreases their anxiety.

There should be separate room or an area in the hospital to counsel the patients & relatives. They should be informed regarding the diagnosis, course of disease & prognosis along with various options for management & estimated expenses. We should provide them current scientific information & data for their perusal. In a critically sick patient, frequent communications are desirable. Give the sufficient time to the relatives. Listen them attentively. Try to answer their each query. Many relatives are still grateful even if you are unable to save the patient, provided you have showed concern, care & compassion and made them perceive that what was humanely possible in the circumstances was done for their relative patient.

Research in Clinical Practice

Always note & record the unusual findings. Keep & compare your observations. Communicate or publish short notes on anything that is striking or new. - Sir William Osler

Epidemiological studies of infectious diseases, analysis of clinical cases, examination of school children are few illustrations for research work to undertake even at private office practice. Learning from such projects enables one to offer quality care in his practice. Research work is possible only at medical colleges & institutions is myth amongst us. At all the level of different type of research work can be carried out. Nadas (known for Nadas Criteria in Cardiology) used to simply maintain the record of children with congenital heart disease

either in blue card or pink card. Later on, he classified congenital heart diseases as cyanotic (with blue card) & acyanotic (with pink card) congenital heart diseases with all details of signs & symptoms based on his observations. It is absolutely true even today in an era of sophisticated technology & gadgets. Kawasaki (known for Kawasaki Disease) was working as a pediatrician at a small place. He observed the children with fever, lymphadenopathy & some characteristic skin lesions. He documented the signs & symptoms, arranged them in table form & got published the article with title of "Mucocutaneous Lymphnode Syndrome." Now it is known as Kawasaki Disease. There are plenty of such illustrations in medical science. They started with simple observations which later on proved to be new entity. During this unfortunate pandemic COVID 19, all of us have ample opportunities to analyze our own patient data & to share with the colleagues. It is possible that some information may be useful to all of us. We have to perform the habit of collection of information & data. The information should be analyzed & arranged in proper format. It should be shared with others & get it published. These data may be useful in several ways.

These are my simple thoughts which can be carried out in our daily practice without much efforts even at any remote place. I am confident it can contribute to provide quality care to our patients. I am sure all of you must have some other ideas & suggestions which I would like to learn.