

▼ REVIEW

BEDSIDE MEDICINE-VICTOR OR VANQUISHED?

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ABSTRACT ►

One should never forget that the most cost-effective tool in medicine is communication. The cutting-edge of patient-physician relationship is health-care which must be extremely compassionate. Nowadays many physicians refer their patients to all sorts of modern but extortionate investigation gadgets, which not everyone in this country can afford and this necessitates a compelling and immediate need to resurrect the olden general practitioners' ways of providing panacea. Those doctors have been caring for several generations by being familiar with the entire family history and just by hearing the complaints and conducting basic physical examination and acting as their friend, philosopher and guide, facilitate recovery without or with minimal investigations. Hippocrates advocated to "cure rarely, comfort mostly, but console always" and this still holds good to these days of modern technological practice. The doctor must be an effective communicator to follow his principles.

≡ HISTORICAL FACTS

In the 18th century, physicians from France transformed medical learning from information in books and from teachers and placed them only after human bodies, insisting on hands-on experience gained through constant bed-side examinations and autopsies.

Pierre Cabanis (1757-1808) insisted on the golden rule of reading little, seeing much and doing much. Percussion was introduced by Auenbrugger in 1761 and stethoscope by Laennec in 1819 and these paved ways for the 19th century physicians to make anatomical and patho-physiologic diagnosis. In the first half of the 20th century bed-side evaluation was the prime means of diagnosis. Even today it is the quintessence of medical practice and comprises of history taking and performing a detailed physical examination.

≡ HISTORY TAKING

Sir James Spence noted that the "nitty-gritty" of medical care delivery is the trust placed by the

person who is ill or believes to be ill on the other in whom he has immense faith. Medical consultation resulted from the meeting of these two individuals and discussions held between them. Eliciting the history from the patient is an art and the body language while giving the history reflects his problems and his personality.

After hearing the patient's history, the doctor probes further by posing more questions for extracting the exact information about his symptoms. Certain words uttered by the patient regarding his symptoms are likely to misguide the physician when clarity is lacking and these need to be made unambiguous. Fear about a particular disease may make patients conceal essential details when help is sought especially for heart ailments or malignancy. Any likely intervention should be properly explained to the patient and informed consent obtained.

Patient should be able to give a detailed history including the treatment given. After this the physician arrives at the diagnosis and differential diagnosis.

A study published in BMJ showed that diagnosis is made from the patient's history obtained in 80% and in 10% physical examination helped in the same and 10% by investigations.

PHYSICAL EXAMINATION

Physical examination is essential to make out the clinical features of the diseases. A correctly done and interpreted physical examination is a skilled art. It is acquired through experience and the five senses according to Osler. Moreover the eyes do not see what the mind does not know and perfection is attained only by constant practice.

Only physical examination can diagnose Bell's palsy, Parkinsonism, motor neuron disease and many other diseases.

Medical practice has dramatically changed in recent years. Even textbooks and clinical manuals in medicine talk extensively on investigations and clinical methods have been compromised at the expense of color nowadays. Classes in medicine are not conducted at the bedside but have become mini- didactic lectures in side rooms. The examiners too do not examine candidates at the bedside in clinical examinations but only across tables in viva-voce. Physical examination should be performed meticulously and methodically and the system involved, as suggested by the history, should be explored in detail.

The doctors of modern days spend very little time at the bed-side, instead ordering several investigations before scrutinizing the patient and most of the times with no provisional diagnosis being formulated. Redundancy is attributed to the bed-side examination and it is also felt that precious time is wasted; rather time is spent looking at the battery of investigations than reaching out to the patient. More time is devoted to inspecting the monitors and ventilatory settings than the patient during the rounds in the intensive care units. While helping us in a great way, these newer gadgets also pose fresh and threatening challenges. The cost of medical care is rising enormously and the common man is made unaffordable and inaccessible to modern day physicians. It is also mounting because of the present electronic medical records in vogue in several hospitals.

LIMITS TO INVESTIGATIONS AND ADVANTAGE OF BED-SIDE MEDICINE

"Health-care system" has been replaced by the "disease cure system" and in the modus operandi of diagnosis and treatment the patient is consigned to oblivion. The human body has been equated to a contraption with spare parts.

Unnecessary investigations tend to detect insignificant granulomas in CT or small hepatic or renal cysts in the ultrasound aggravating patient's anxiety. Asking for these investigations without examination of patient is dispassionate and bureaucratic.

Patient-doctor relationship which is developed by the bed-side medicine is essential for the proper management of the cases. Extortionate investigations are mostly not needed, unsafe and catty and this is very important in developing countries where clinical diagnosis can be had by history, physical examination and rational investigations. Medical expertise which is the science and sagacity which is the art have to join hands to benefit the patient to the maximum.

While the science of medicine is expanding rapidly, the art of medicine, has been buried in oblivion. Why have several doctors forgotten bedside medicine which is the basis of the time-honored physician-patient relationship and a paramount aspect of good patient care and why would anyone cold-shoulder any skill that will enhance his diagnostic capacity?

All present-day doctors are trained in five-star hospitals where their teachers give more importance to modern gadgets forgetting basic clinical care and those doctors will depend on modern gadgets to practise medicine in years to come. The monomania is being promoted by the industry through their advertisements indirectly in the facade of scientific data.

Decades ago, we sincerely followed the footsteps of our teachers by observing the way they managed patients as out-patients and in the wards. This mannerism is absent today and moreover that breed of teachers have vanquished like the ancient dinosaurs.

Why eulogize bedside-medicine? It

1. Establishes the central role of the patient Involves patients who prefer to be so
2. Shortens presentations
Allows real time clarification of history
Improves our ability to learn physical exam
Allows us to observe each other's interactions with the patients
Allows the teacher to demonstrate "the art of medicine"

FUTURE OF BED-SIDE MEDICINE

Many clinical research data in modern medicine have emerged from the bed side. A problem on the bedside and the pressing need to search for that solution is clinical research. The number of hours the students on the bedside spend will blossom in the future to make them altruistic doctors. They should view every patient as a human being in tribulation and provide compassion before actual treatment. Books teach a good physician how to treat, a better physician when to treat, but only bedside experience makes the best physician. Our biggest dilemma nowadays is overmedication resulting in adverse drug reactions, drug resistance and unwarranted interventions.

When the patient is to be discharged, a different routine should be resorted to on that day. The doctor should put a chair and be seated near the patient and this makes the patient feel that the physician is going to be with him for sometime and is not going to attend to any other work immediately. This while instilling chutzpah in the patient will also attract him to the doctor.

CONCLUSION

The time-honoured physician-patient relationship is established by the art of medicine making the patient revere and divulge extra information to him. Patients will not fear getting a surgery done and accept a complication, if at all one occurs. The patients will remain faithful to their physicians and legal issues will not arise. They will also send their consorts and comrades to their doctor. Patient-based practice is the most secure one a physician can develop. Hence a glorious and roaring practice for the physician can be brought about by satisfied patients.

The battle between experience-based and evidence-based medicine will still continue but whatever is being practiced, a balance should be struck between them and bedside communication should be made mandatory in the health-care setting. So bed side medicine will come back to be the vanguard in the forthcoming years. There were times when the doctor was equated with the Almighty performing whatever he thought was right for the patient. But nowadays an equal partnership is observed and the patient asserts his right in his /her management. It is imperative for the physicians of today to be good communicators to know about their patients in detail.

A casual ward round by the duty doctor in the evening asking the patients about what they had to eat, their bowel habits of the day and a little of personal information about their ways of life and treatment at home will go a long way in bringing about effective communication and build up the patient's trust in the doctor other than assuaging their symptoms. This also tends to promote professionalism from the physician's point of view. Certainly bedside medicine is to be resurrected.

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