Have Doctors forgotten the most important Diagnostic tool?

Colin Robertson
Professor of Emergency Medicine
University of Edinburgh
SCOTLAND
Exam success and being a Good Doctor
Why do people visit Doctors

• Reached their limits of tolerance
• Reached their limits of anxiety
• Daily living problems present as symptoms
• For prevention
• For administrative reasons
The Patient – Doctor Interaction
The Consultation
Patient presents with symptoms

Information-gathering:
the “golden minute” and focused history-taking
Rapport-building

Patient’s agenda:
- Ideas
- Concerns
- Expectations
- Feelings
- Thoughts
- Previous experiences

Understanding patient’s own experience of health and illness.

Doctor’s agenda:
- Signs
- Symptoms
- Investigations
- Underlying pathology
- Differential diagnosis
- Ideas on management.

Ethical and moral dimensions

Integration of the two frameworks to produce a working diagnosis and a shared management plan.
Making a Diagnosis

• History
• Clinical Examination
• Tests
Making a Diagnosis

History: 85%
Clinical Examination: 10%
Tests: 5%

Hampton JR et al 1975
Tsukamoto T et al 2012
Why is communication important?

Doctors perform > 200,000 interviews in their professional lifetime

- Effective communication builds:
  - Trust between patient and doctor
  - Improves patient satisfaction, recall, understanding, concordance, decision-making and disease outcome
- Reduces complaints and litigation
The Art of Communication

• Put the patient at ease, so they can raise and discuss sensitive personal issues

• Adapt the interviewing style to accommodate different patient styles: e.g. overtalkativeness, reticence, hostility, confusion, patients with learning difficulties

• The demands of the situation may change e.g. you may be required to give information and discuss a medical problem, then deal with their emotional distress
What do I wear?
Trans-cultural awareness

- Appropriate eye contact
- Appropriate hand gestures
- Respect personal space
- Consider physical contact between sexes e.g. shaking hands
- Be sensitive to cultures and beliefs surrounding illness
The Commonest Complaints

• ‘The doctor looked at the computer screen not me’
• ‘The doctor talked at me, not with me’
• ‘Nobody listened’
The case history negates pain, distances the physician from the patient and thus sanitizes suffering. It is a highly useful, necessary tool, but it is a reductionist, ‘minimalist’ reconstruction of a person's illness narrative.

SOBEL, R. J. Academic Medicine 2000:75;85-89
How long before the Doctor interrupts the patient?

- 30 seconds
- 45 seconds
- 1 minute
- 2 minutes
- 3 minutes
- > 3 minutes
Sexism in Medicine

- Doctors are more likely to interrupt a female patient than a male

*BUT*

- This applies to female doctors as well as male
Questioning technique
Open vs. Closed questions

- **Open** questions encourage the patient to talk
  
  How can I help you today?
  
  What has brought you to see me today?

- **Closed** questions seek specific information
  
  They invite Yes or No answers
  
  e.g. Have you coughed up blood?
Active listening

• Focused attention noticing cues
• Encourage speech – “mm. I see, uh,huh …”
• Body language – nodding, mirroring
• Echo-ing
• Demonstrating empathy
Stories are the most important thing in the world. Without stories, we wouldn’t be human beings at all.

Phillip Pullman
We are Hard-Wired for story
Speaker–listener neural coupling, extends beyond auditory areas

A Speaker-Listener Neural Coupling

B Overlap of Speaker-Listener and Listener-Listener Neural Coupling

Greg J. Stephens et al. PNAS 2010;107:14425-14430
The Shapes of Stories

- Good Fortune / Wealth & Boisterous Good Health
- Boy Gets Girl
- Most Popular Story in Western Civilization
- Man in Hole
- Ill Fortune / Sickness & Poverty
Sporting injury and recovery

Bipolar disorder

Progressive neurological disease, e.g. dementia, motor neurone disease
Only when you have got the Story, can you Examine the Patient
John Gunnill departed this life November 7th in the 55th year of his age.

Faithful wife, also five children deceased, as also by world, the world left here.
The Modes of Death

- **Sudden death**: Immediate and rapid loss of function.
- **Organ failure**: Gradual decline with fluctuating function levels.
- **Terminal illness**: Steep decline in function leading to death.
- **Frailty**: Slow deterioration over time, with variable function levels before death.

Graphs illustrating the progression of these modes with respect to time and function.
A man and his dog
Nobody ever figures out what life is all about, and it doesn’t matter. Explore the world. Nearly everything is really interesting if you go into it deeply enough ... the highest forms of understanding we can achieve are laughter and human compassion.

Richard Feynman
Thank You