Can the Dying Clinical Medicine be Resuscitated?

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To the Editor,

With great interest, we have read the editorial titled "Is Clinical Medicine Dying?" by Dr Bhagwat.[1] We agree that the sociocultural environment has changed. The investigations, laboratory, and/or imaging are usually complementary to the clinical judgment to reach a diagnosis. They are valuable to confirm the diagnosis in differential scenarios. We want to share our responses and perspectives regarding the current "dying art of clinical medicine."

Additional Barriers

Infotechnological Boom

Rampant availability and accessibility of medical knowledge, media connectivity, and a comparative mentality among patients have led to many misconceptions and misinterpretations about the rationale behind investigations. Our experience suggests that in many instances, despite adequate counseling and disclosure of clinical information, patients, rather than their relatives, demand additional investigations based on "their" experiences and knowledge from internet sources.

Resources Utilized or Misused

Various schemes, periodic health check-ups, and health-care policies offer a package of various investigations. Various associations and health-care institutions conduct various investigational camps. Yet again, the patient as a "whole" is seldom evaluated. The rationale and need for investigations are often misaligned and misdirected. Is the human body a car or a machine that would need a routine/frequent servicing irrespective of ailment? Furthermore, even the minor variations in these reports are treated or further investigated for the life.[2] Many patients themselves feel that the cycle of demand and supply is better than clinical correlation. Workload and level of experience, and confidence, also contribute to the burden of unnecessary investigations and admissions.[3] Treatment protocols are also guided by reports rather than clinical judgment. The scenario is the same at many hospitals during the preoperative evaluation of a patient.[4]

Supervested Interests

"Age over Beauty" is a lost concept. The amount of work and income generated is considered more important than the quality of work and appropriate health care delivery. This may occur due to the changing perspectives of administrative authorities filled with freshly passed MBAs or similar.

Great Need for Good "Clinical Teachers"

The race of good teachers are thinning out. The new generation is preoccupied with other commitments/interests of life and is less experienced, so the concept of peer learning is also ignored. There are fewer role models for the current generation of medical students to look up to and grow.

Steps to Improve the Scenario

As rightly mentioned by Dr Bhagwat, communication plays a vital role in managing any patient.

The National Medical Commission has implemented competency-based medical education (CBME). The improved focus on actual skill training across the cognitive, psychomotor, and affective domains is a boon. Programs like skill training, AETCOM, clinical clerkship, family adoption, district residency program, etc., are aimed at training the Indian medical graduates (IMGs) in real-life scenarios. Formative assessments and reflective writing will add to change the outlook of students as mentioned in the Editorial. The CBME also focuses on improving the inter-doctor (peer) relationships, which may improve the learning and application of appropriate clinical knowledge.[5]

Documentation

Litigations and strained doctor–patient relationships are to some extent inevitable in this era of rat-race and media boom. Habit of documentation (all aspects, adequate and relevant history, past history, current clinical findings, correlation with investigations, and appropriate proposed plan of action) is an equally important indicator that a competent IMG has well-applied his/her knowledge and skills.

Small steps together can make this journey achievable. We hope the following steps can help us achieve the vision proposed by the NMC:

- Adequate time, effort, manpower, and management.
- Paradigm shift in perceptions.
- Adequate engagement by all stakeholders; most importantly the students, parents and patients.
- Faculty development aligned with the changing sociocultural environment of medical education.

Author Contributions

AS Rayate and BS Nagoba contributed to the idea behind the manuscript, literature search, collection, writing the paper, modification of content and final approval of the draft.

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