



Patient as a Living Book: A Masterpiece of Knowledge

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A patient comes to a doctor and presents live facts of medical science. As time passes, the doctor opens all the pages of the patient's life facts and reads them out to him/her, along with oneself. During this interaction, many queries come to the doctor's mind and are solved spontaneously based on prior knowledge from an external article or the internet (hereafter termed the 'book' for understanding purposes), or remain unanswered until a future patient solves them. In this conjecture, a real question comes: which is a masterpiece of knowledge, a patient, or a book?

A book is a medium for recording information in written or visual form. The first book ever written that we know of is "The Epic of Gilgamesh: A Mythical Retelling of an Important Political Figure" from history in the 20th century BC.¹ Since then, books have been the primary source, not only providing information from one person to many others but also passing knowledge from generation to generation. There is a saying in the old world that "A Book is a Gift you can open again and again." This signifies the value of the knowledge and information in the books that have been acknowledged by our ancestors. In the modern world, though, the emergence of the internet or even artificial intelligence (AI) may have partially replaced the requirement of books, but because of the authenticity and reliability of the information, including research, many publishers and authors back books as the primary source of knowledge.

In clinical medicine, we often rely on textbooks, evidence-based guidelines, and increasingly, AI tools such as ChatGPT and clinical decision support systems (CDSS).² Yet, every time a patient walks into the OPD/Clinic/Emergency, they carry within them a living story, one that reflects not just disease, but also the dynamic interplay of biology, emotion, experience, and context. If a textbook is a record of what was known, the patient is a revelation of what is real. In the spirit of the Bhagavad Gita, which teaches that knowledge must transcend into wisdom through the recognition of truth in the present, we offer this reflection: the patient is not a case to be solved but a masterpiece to be read, lived, and learned from.³

THE TEXTBOOK IS THE PAST; THE PATIENT IS THE PRESENT

Books are artifacts of frozen knowledge, records of yesterday's findings, summarized for today's learner. They offer guidelines, pathophysiology, treatment algorithms, etc: all essential, yet inherently retrospective. A patient, in contrast, is a live chapter, constantly being written in the present. No matter how up-to-date a book is, it cannot replicate the lived immediacy of a patient's evolving physiology and subjective experience. What a textbook outline in controlled, statistical terms, a patient manifests in complex, sometimes paradoxical ways. The book may tell us how a disease typically presents; the patient tells us how it actually unfolds, now, in this unique body, with this unique mind.

THE PATIENT IS A QUESTIONING TEACHER

A book answers what is already known. A patient asks what has yet to be understood. Unlike ChatGPT or CDSS models that respond based on past patterns and evidence hierarchies, a patient poses unanticipated, real-time questions that challenge those very patterns. Their queries are not limited to symptoms or signs but often extend into the moral, emotional, and existential domains: "Why me?" "Will I be the same again?" "What's the point of treatment?" These are questions that no AI or evidence table can fully address. They demand compassionate reasoning, a capacity for presence and perception that transforms the physician from a passive recipient of knowledge into an active participant in discovery.

BEYOND ORGANS AND FRAGMENTATION: THE INTEGRAL PRECISION

Medical knowledge has long been compartmentalized by systems: cardiovascular, respiratory, neurological, gastrointestinal, musculoskeletal, genitourinary, or others, but the patient defies this fragmentation. They are an integrated whole, often presenting with overlapping symptoms and multiple comorbidities. The core concept of "Patient: A Master Book" is an individualization of our approach to a disease process. The

Human Genome Project has identified that the human genome is approximately 3.1 billion base pairs and that, by 2004, 22,300 protein-coding genes had been identified.⁴ Every individual differs from others in the DNA they carry. This brings out the question: "Will a disease process be similar in each and every person?" The straightforward answer will be 'no'. A book will provide you with the most commonly found data about a particular disease. While each patient might belong to a different category of human beings, the differences are made by different genetic, environmental, and lifestyle factors. Hence, a patient as book will individualize every step of the disease process and give you a broad idea of the disease itself. This individualization of disease approach is going to help us in the future if we are targeting elimination and eradication of diseases, for example, in malaria and tuberculosis patients, most of the research which are done in the developed part of the world concentrates on the microorganism rather than on the patient, leading to difficulty in control of such disease processes. The latest example is SARS-CoV-2 infection, in which, despite knowing the virus's basic molecular nature, we had difficulty controlling its spread because of unknown individual components that help it transmit and cause disease.⁵ In this sense, the patient becomes a teacher of integral precision medicine, showing that true understanding lies not in isolating organ dysfunction but in synthesizing biological, psychological, and social data into one coherent whole. This is true individualized medicine, taught not by genomics alone, but by the patient standing before us.

FROM TRANSIENT KNOWLEDGE TO ETERNAL TRUTH

The Gita differentiates between knowledge that is temporal and wisdom that is eternal.³ Books carry knowledge prone to biases: selection bias, publication bias, and cultural bias. They are shaped by consensus, not

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always by truth. The patient, however, represents unbiased, living evidence. What we see in a patient such as the texture of their skin, the rhythm of their breathing, the hesitation in their words, etc, is truth in its purest form. We are not interpreting data; we are witnessing reality. There is no scope for intellectual speculation; the patient demands discernment rooted in compassion. In that sacred presence, transient knowledge transforms into clinical wisdom, a knowing that is not just intellectual but deeply human.

THE PHYSICIAN'S SACRED BOOK

In many traditions, the doctor is revered as a healer, even likened to a God, not for omniscience, but for the power to save lives. This reverence is not unidirectional. The patient, in turn, offers something sacred: their vulnerability, their truth, their trust. They reveal to us every chapter of their being, willingly or not, so that we may learn, heal, and evolve. Each patient becomes a sacred book, by handing over in hope, by opening with courage, and by ending with gratitude. This exchange is not transactional; it is sacred. The physician reads not only symptoms but suffering, not only pathology but poetry, making each encounter a profound act of mutual grace.

THE EXPERIMENT FOR A HEALTHIER FUTURE

Every patient is also part of a collective scientific experiment, not in an exploitative sense, but as a willing participant in the betterment of future care. Clinical trials, public health strategies, vaccine studies, all depend on the lived truth of patients. It was not molecular biology alone but the observations of COVID-19 patients, their cytokine responses, their long-term effects, their social vulnerabilities, that shaped global health responses.⁶ Patients teach us how diseases evolve, how they impact societies, and how our systems must adapt. They are the foundation of every future breakthrough: the live data, the voice of reality, the conscience of science.

CONCLUSION: THE UNIFIED MASTERPIECE

To truly learn medicine is not to memorize syndromes, but to recognize that every patient is a symphony of biology, story, and spirit. Each of the six reflections above: live presence, questioning mind, integrated body, eternal truth, sacred exchange, and future-oriented gift, represents a unique chapter in the grand book of humanity. When we learn from patients, we do not just become better

doctors; we become better human beings. Let us honor the patient as the living masterpiece of knowledge, from whom the journey from transient knowing to eternal wisdom begins.

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