

On the Importance of a Good Interrogation in Medicine

Norberto Raschella*

Deputy Chief of the Neurology Service, Austral University Hospital, Argentina

***Corresponding Author:** Norberto Raschella, Deputy Chief of the Neurology Service, Austral University Hospital, Argentina.

Received: August 19, 2019; **Published:** November 27, 2019

Despite having referred several times to the patient medical relationship, I think it is necessary to insist on this topic, to put again in value such an essential and not infrequently underestimated instrument in modern times, which is the beginning of any relationship patient physician, and whose main purpose is to arrive at a good clinical diagnosis.

I am reminded of a few words I heard one of my teachers say while I was doing residency in neurology “the older I get, the more important it is to me what the sick account”.

While this seems elementary and well-known, it is not always appreciated to its fair extent, so I think that if you listen carefully to patients, they themselves by telling us about their suffering, they are giving us the keys to diagnosis, then it is our function, search the archive of our knowledge, the page where such pathology is related. It is something like the work of the Paleontologist looking for fossil remains and when found these show him his history, time and customs, who were its owners and other characteristics, all those finds are there and he only has this one that’s encrypting them in your language.

I believe that knowing how to handle that art not only takes time but also method, knowledge and self-synthesis. Proper clinical judgment is perfected and mature over.

Sometimes during a consultation, I often hear several patients say, “How are you going to check me out and you’re not going to ask me for any study? or also “how will you indicate me some treatment if you didn’t ask me for any tests? Believe it or not this happens, and it is not only the responsibility of the sick, but it is often the doctors themselves who encourage this attitude.

In a large number of neurological diseases the clinical picture, its detailed observation, follow-up, evolution and physical tests are sufficient for a good diagnosis, and there are plenty of examples, just to mention a few: Enf de Parkinson’s, Essential tremor, migraines, tension headaches, etc. and in many others, many complementary tests help us rule out other diagnoses, but they are also not biological markers of such or such a disease.

Luckily today, there are more and more sophisticated imaging techniques, laboratory tests or diagnostic tests among others that allow to arrive at an etiological diagnosis accurately, but the proper use of these must be guided by an adequate clinical judgment.

For many reasons, including the limited time doctors often dispense for a consultation, the pressure of care, the demands of current health systems, the non-recovery of the medical act as such, over information and sometimes the misinformation that exists in the general population, the risks of malpractice mean that more trust is placed in a test, not necessarily indispensable in some cases, rather than in the proper clinical judgment.

It is not only my opinion, but that of many other colleagues more experienced than me, who warn about this situation, the risk involved in not knowing how to properly use all the resources that are available today in medicine, which have certainly allowed better diagnoses, better treatments, but which in many cases do not necessarily go hand in hand with a better quality in health care.

On the other hand the same patients are often dissatisfied, when the professional, did not devote to them enough time and restraint, did not exaggerate them and only extended a role with prescription, suitable in most cases, yes, but that leaves in the sick a feeling of dissatisfaction, emptiness or doubt about the right procedure.

It is no less important to add to this a lot of distractors, who play an important role in disregarding that quality of care, internal phones, cell phones of the patient and the doctor himself, knocks on the door, etc.

To finish this topic I think that it must be rethought today in the light of the great progress actuals in medicine, that the principal is still the patient and that this is a person with all its attributes, to which a determined and deserving, not only the best of the scientific press that medicine can provide today, but the irreplaceable human treatment that corresponds, all in an appropriate balance that is not infrequently respects.

Volume 11 Issue 12 December 2019

©All rights reserved by Norberto Raschella.