Letter to Editor

Investigating the Malady

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Madam,

Last Thursday, while biking my way back home, I slipped into a strange dream-like state. I was shaken out of that state by a group of men hurling loud, clear instructions at me. Apparently, I had met with an accident and the dream-like state was the result of a concussion.

My brain sprang back in to action; I realized this was the time to observe first-hand – more first-hand than I had wanted perhaps – the working of US emergency medical services. For as long as I can remember, this institution has interested and impressed me. More so perhaps, because of the near total absence of institutionalized Government run emergency medical services in India.

So there I was, being carried to the nearest ER, analyzing the whole process from an academic’s perspective. They asked me if I was feeling alright and sought to cut away my clothes to expose the injuries. They told me not to move my neck and promptly immobilized it. I was put into the ambulance and a paramedic accompanied me. Minutes later in the ER, another slightly different set of questions and instructions followed. Some muddy wounds got ignored – but were addressed when pointed out. A CT-scan of the head followed, which was found normal and I was sent home to write about it.

Six staples, two hours, and twenty four thousand dollars later – read it again if you want, but you’ve read it right – I was back at home sipping coffee with my housemates. I must admit the smoothness, effectiveness, and the expeditiousness of the whole operation was amazing and to an expatriate, extremely comforting. It was evident that someone, somewhere had sat at their table, thought out all possible emergency scenarios and meticulously laid down protocols, procedures and algorithms to be followed in such an event. These algorithms have probably evolved over time into today’s efficient versions. These men and women were thoroughly trained (probably brainwashed) into executing those algorithms infallibly, and they did a fantastic job of it. Weeks later, when dizziness and neck pain persisted, I sought a Neurology consult, which was laudably meticulous and culminated in a contrast enhanced MRI (worth US$ 12,000) being prescribed.

It is this clear definition, streamlining and rigorous training that allows potentially chaotic contingencies to be dealt with.
immaculate precision and ease in this
country, ensuring the best outcomes.

However, what struck me even more was
how these highly investigation-dependent,
evidence-based protocols seemed to have
almost completely consumed the holistic
clinical examination. There was hardly any
glimpse of it in the whole process. I was left
wondering whether this extreme reliance on
expensive investigations – in thought and
practice – had led to a complete neglect of
clinical skills – in clinical practice and
therefore in teaching and learning, and so
on.

I also wondered if this philosophy accounts
for the apparently unsustainable trend of
burgeoning healthcare costs in the United
States of America. As the shadow of the
evidence-based Science of medicine becomes
longer, I wonder if the sun is setting for the
age-old Art of medicine.

There is no doubting that modern medical
science, though advanced, is far from
complete, and a judicious use of clinical
assessment and judgement often saves the
patient a lot of suffering. For instance, I
know at least a couple of young women who
suffered from pain due to a urinary tract
infection (UTI) for months at length while in
the US. No doctor would dare to prescribe
antibiotics, because none of the investigations
could detect the UTI. When these young
women went back to India, away from the
tyranny of evidence, doctors treated them
based on clinical suspicion, bringing much
awaited relief. Despite the well recognized
fact that such investigations have a definite
chance of returning false negative results,
thousands of dollars are spent on them. A
cataract patient waits for an average of two
years in the US for surgery – something that
is a thousand times cheaper and freely
available in India – with comparable
outcomes in several settings. That’s when the
Govt. Of India spends US$ 80 per capita
compared to US$ 4887 per capita that the US
Govt. spends! [1]

I find it an interesting and compelling
question – and one that shall inevitably ask
for an answer and soon – is it advisable to
allow investigations to become the
cornerstone of sound medical practice?
Further, is it permissible to allow clinical
skills to fade into oblivion (via disuse
atrophy) as investigative algorithms become
the mainstay? Sometime in the remote future
perhaps, investigative medicine may become
complete enough to be able to understand
and predict the working of the human body
with complete precision.

But that day is far and in the circumstances
of the present century, these words of
Hutchison promise to be the redeeming
totem: “...from too much zeal for the new
and contempt for what is old; from putting
knowledge before wisdom, science before art
and cleverness before common sense; from
treating patients as cases; and from making
the cure of the disease more grievous than
the endurance of the same, Good Lord,
deliver us.” [2]

References

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