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

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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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