



Art of Clinical Medicine

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More than 400 years ago, the great English thinker, philosopher, scientist, jurist and essayist - Sir Francis Bacon had said :

“It is a pleasure to stand upon the shore, and to see ships tost upon the sea; a pleasure to stand in the window of a castle, and to see a battle and the adventures thereof below; but no pleasure is comparable to standing upon the vantage ground of truth and to see the errors, and wanderings, and mists, and tempests, in the vale below”.

These magical words emerge as our guiding light. We must closely observe our errors and wanderings that traverse the vale we all inhabit, the magnificent valley of Medicine.

The theme is simply being to identify the fault lines. This is to introspect and look at the ways to better them. Medicine of recent, has increasingly become a slave of metrics – of machines, statistical numbers and artifacts which nowadays appear to rule the hearts of physicians and surgeons. The evidence based medicine may look robust has some disadvantages also. We are too much dependent on evidence based medicine. A physician and surgeon must not forget a simple truth that a physician / a surgeon is treatment human beings, with a pulsating biological system set with its own genetic code, an ecosystem that is individual specific. If we still yield ground and practice old fashioned methods of touching, looking and listening, almost the once prized, magical skills of the doctor, we can swiftly diagnose a peculiar walk, sluggish thyroid or murmuring heart valves, using just keen eyes, practiced hands and the stethoscope. This is called as a “Clinical Intuition”.

Today, as it is practiced globally the students, interns and residents do not know how to test patients’ reflexes, auscultate heart beats or palpate an enlarged spleen They don’t know clinical signs of Thyrotoxicosis, but know the Thyroid function tests. These clinical skills are

on the fast line of decline.

A thorough clinical examination has no substitute. A thorough clinical examination can yield vital clues and help to clinch the clinical algorithm. It will also earn the trust and good faith of a patient and will inspire tons of confidence in them. This helps in building a robust foundation of a healthy doctor – patient relationship. For physicians and surgeons who do not believe in thorough clinical examination, their behaviours only promote dislike. It does not help in building healthy doctor – patient relationship. The current mistrust and malaise in doctor-patient relationship largely stems from above-mentioned approach. The simple truth is that the public dislikes physicians who do not talk with them, who do not examine them.

Knowing how to obtain a sound clinical history, to perform a satisfactory physical examination and develop a sound clinical reasoning are fundamental clinical skills. We must recognize this art of history taking and clinical skills has definitely suffered in recent times. The medical institutions and colleges must take lead to eradicate this serious problem. Combining instruction in bedside clinical skills and explaining their diagnosis at all stages of medical training and evaluating such skills at the time of university and board examinations will definitely help in improving these skills among medical students, residents and interns. Lessons learnt in early formative years tend to get fixed in the person and make it easier to practice these skills in day to day clinical practice.

A renewed interest and a large scale importance to bedside examination will also inspire young physicians and surgeons to use machine, diagnostic tests in a cost effective manner. It will also combine the old techniques with the new diagnostic methods.



It is time that good old physicians / surgeons who possess the clinical skills must come forward and teach students, interns and residents. Every medical college/ institution must concentrate on the importance of these bedside clinical skills. Without a robust knowledge of Science, Physician / Surgeon skilled as an artist, would be no better than a quack. Salvation lies in finding a good mix of the two (e.g. clinical examination and use of machines) and taking the middle path.

The medical education system which is prevailing at present in our country is definitely faulty. It has forced the present generation of medical students/ interns to join coaching classes from their early years in Medical Colleges. The objective of getting good marks in postgraduate entrance examinations is their main objective rather than spending quality time to improve the bedside clinical skill in the wards. This has diluted the learning process in Medicine. The

students, interns and residents do not see the patients but read books and try to get good marks in post graduate entrance examinations. This is a root cause of declining importance of bedside clinical skills. Statutory Authorities also give importance to marks in theory examinations.

The present generation of medical students, interns, residents, lack knowledge of clinical skills. As an examiner in post graduate and undergraduate examinations, I have seen this and experienced this with many students, interns and residents. This new brand of interns / students knows all theoretical aspects of splenomegaly, but they don't know how to palpate an enlarged spleen. This is the tragedy of modern medical education across the world. This malady will require a careful and deep introspection. This will also require a rapid course of correction which the policy makers in Medical Education should undertake as early as possible.