



Disease and Diagnosis

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Health care systems in a developing nation need to be cost-effective. For a resource-conscious set up, accurate diagnosis holds the key to judicious treatment protocols thereby leading to better patient prognosis and cost benefits. While mere clinical assessment is often supplemented by diagnostic aids, the value of the former cannot be undermined.

As science is evolving, more and more tests to confirm a clinical diagnosis are coming up. In the era of evidence based practice, these tests are themselves scrupulously evaluated to determine their effectiveness. The reliability thus established enables a clinician to choose one diagnostic procedure over the other in providing the best targeted health care. In earlier ages, experience was a clinician's greatest tool. Now we have a plethora of means for objective assessment of a diseased state. Though highly efficient, my concern is whether these "aids" are used as they were intended to be? A sound clinician uses his judgement, his observations and knowledge in arriving at a provisional diagnosis, and then based on his knowledge chooses a single or an array of tests in confirming his theory. There are many tiers in this that may lead to successful management:

- Using one's clinical acumen and experience, something which is amassed over numerous cases
- To be updated enough of the various modalities available to supplement decision-making, if need be.
- To know the validity and reliability of the test employed, comprehending the results provided and then administering care.

As long as this sequence is correctly followed, the diagnostic and treatment cycle functions smoothly. At any point, especially when the first step isn't correctly done, the pyramid may collapse like falling dominoes. The emphasis here being - Clinical evaluation. The value of a trained eye, feel and even smell at times cannot be understated. Looking for the obvious and the subtle findings and interpreting them correctly often leads to precise diagnosis. A skilled clinician will agree to this; tests only function to aid and cannot substitute clinical expertise. Our approach should always remain so, in order to attain maximum efficiency in deploying health care and to prevent a new generation of health care providers from being diagnostically handicapped. After all, crutches are abundant yet disability optional. Let us take a moment and reflect, if we were to place our ability and technology on a balance, where would the scales tilt? Are we the perfect amalgamation? Would we be able to function if we were stripped of our liberty to prescribe adjuncts? If not, it's time to hone our own, to train, to enhance, to achieve.... a prognostic mind with a diagnostic eye.

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