Acta Scientific Gastrointestinal Disorders

Volume 2 Issue 7 September 2019

Editorial

Health Errors in the Era of Declining Clinical skills and Rising WhatSapp Medicine

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Received: July 15, 2019; **Published:** August 01, 2019

Starting my medical career as a house officer in 1981 and as a resident of Urology for one year and a resident of General surgery since 1982 and practicing surgery till now made my generation and myself the lucky generation of surgery and medicine in general. We witnessed the evolution of Surgery and Medicine from the almost 90% Clinical skill based practice to the Modern era of investigations and Practice. I operated on the first urine flow-meter introduced in our hospital as a resident of urology in 1981 it was a gas flow-meter and witnessed the introduction of Ultrasonography, CT scan, MRI, Isotopic scans, and finally the PET-CT and the evolution of intervention radiology, interventional Urology. Laparoscopic Surgery and recently the evolution of Robotic surgery.

We are the bridge between the Clinical based diagnosis where the generation of our professors used to have the plain X-rays and the IVU and Ba studies as their all what they have to reach a clinical diagnosis and take a decision in their patients. We studied from books where the sound and through history taking had been fully addressed hand in hand with the modern technology in investigating and treating patients.

The declining interest in clinical examination and relying on modern investigations is spreading like a fire in a stack of hey among the new generation of doctors practicing medicine and surgery. There is a consensus that physical examination skills have been greatly deteriorating during the past twenty years.

In an article written in 2018 by Faustinella and Jacobs they presented 3 cases of misdiagnosis of the case due to the lack of history taking and physical examination5. In my practice I face frequently similar situation where the patient had not been diagnosed because the examining doctor didn't ask the relevant question or do the proper test correctly or even at all. One of those cases they mentioned is a case of a woman diagnosed of fever of Unknown origin admitted from the A&E department by the residents. She had an evident cellulitis in her leg. Apparently she was not examined or even had a history taking at all.

I remember one of the textbooks in 1984 writing 2 pages on Pearls in Clinical diagnosis of Acute abdomen. Another Textbook in Clinical surgery wrote in a separate page after the title page: "Good Clinician who detects more Clinical signs than others do" I always tell my students I would add More Symptoms and Signs then others do.

A lot of patient sufferings, Prolonged hospital stay, un-necessary investigations, un-effective and may be harmful treatments can be prescribed, un-necessary operation, a major loss of health care resources, Actual morbidity and mortality can result from such delay in the diagnosis , misdiagnosis, or ignoring a serious associated condition can be attributed to the lack of Clinical skills or lack of interest to have a thorough history or do a thorough clinical examination.

In one of the rounds at the out-patient clinic in our University hospital, I was explaining to the students the value of through though swift general examination in a 35 years old lady who came to repair her post-Cesarean section incisional hernia, and during her general examination, while feeling her pulse, she had an unexplained tachycardia 105 per minute, which proved later-on to be a case of unreported "Asymptomatic" thyrotoxicosis. If she did have the operation directly she may had a thyrotoxic crisis and even died during surgery.

Another case during my clinical rounds the residents presented a case of a 30 years old male patient diagnosed as a neck mass in the right supraclavicular area for investigation. He was admitted since a week waiting for a battery of investigations including Ct scans, During examination I told them it is a straight forward hemangio-lipoma. CT proved the diagnosis. They failed to examine the mass for "Compressibility", as another example of a diagnosis which could have be done in any outpatient clinic. It is an example of wasting the resources in our modern health care systems. Simply due to the lack of clinical skills.

The last Example which lead to a serious delay in the management of a patient is a 45 years old Male patient, who presented to me in my clinic suffering from dyspepsia of unknown origin since one year. He had 3 negative upper GI endoscopies apart from mild gastritis in one of them, and failure to respond to PPIs and H2 blockers. During history taking which I insist to do it in the same way as the undergraduate students I asked him on what brings this pain and what relieves it, and asked him specifically on the relief by

passing stools or gases, He said yes. A colonoscopy based on this question only revealed Carcinoma of the transverse Colon!!!!!

Attached to this decline in Clinical skills there is a rise in the use of whatsapp medicine, where the investigations are seen incomplete, in a hasty way, between cases, without through history taking and definitely without seeing the patient not to mention without clinical examination with the already mentioned hazards "Vide-supra", including A lot of patient sufferings, Prolonged hospital stay, un-necessary investigations, un-effective and may be harmful treatments can be prescribed, un-necessary operation, a major loss of health care resources, Actual morbidity and mortality can result from such delay in the diagnosis , misdiagnosis, or ignoring a serious associated condition.

We are in need of a study to compare the decision making in patients where decision taken during formal clinically sound visits as compared to the decisions taken after transferring the patient data using whatsapp or other social media in a large cohort of patients. Such study may lead to a realistic evaluation of this new plague in medical practice using thorough and publishing strict guidelines.

In Conclusion I feel that the declining Clinical skills including ignoring the Clinical evaluation by decision making based on rising Whatsapp transfer of Medical data are like a corrosive eroding our health care system regarding the Patient safety and Resources, which should be confirmed or disproved in a large multicenter trial.

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