Editorial

Is clinical examination dying?

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How important is it to teach clinical examination in an era of sophisticated neurodiagnostics? Today's neurologist often practices “MRI negative neurology” and are asked to see patients when the imaging studies are negative or when imaging reveals some unexpected finding.

Thoughtful history taking and physical examination are recognized as fundamental to the practice of medicine. Moreover, physicians rate physical examination as their most valuable skill. It has also been shown that despite the current technology, physical examination remains important due to its diagnostic contribution, positive effect on patient care and cost reduction. However there has been a well-recognized worldwide decline in the physical examination skills of doctors. Potential reasons for this deterioration include busy clinical workloads, lack of clinical teaching and probably the most important reason, the increased availability of specialized diagnostic equipment. Imaging technology such as ultrasound, CT and MRI have overshadowed the use of physical examination for diagnostic information.

Sometimes, comparing physical signs with modern diagnostic standards reveals that the physical sign is outdated and perhaps best discarded (e.g., topographic percussion of diaphragm excursion). Other times, the comparison reveals that physical signs are extremely accurate and probably underused (e.g., early diastolic murmur at the left lower sternal area for aortic regurgitation, conjunctival rim pallor for anemia, or a palpable gallbladder for extra hepatic obstruction of the biliary ducts). For some diagnoses, it is still unclear which should be the diagnostic standard (e.g., the diagnoses of cardiac tamponade or carpal tunnel syndrome). And for still others, the comparison is impossible because clinical studies comparing physical signs with traditional diagnostic standards do not exist. But tide is turning. More and more medical teachers are realizing the importance of physical examination in diagnosis as well as its non-diagnostic functions such as therapeutics and doctor-patient relationship – the art of medicine. Therefore it is my belief that physical examination should remain an important part of everyday practice of medicine.

We need physicians who truly comprehend the value of a good medical history, the rewards of a pertinent physical examination, the power of knowing how to think; physicians who first use the stethoscope, not an echocardiogram, to detect valvular heart disease; physicians who first use the ophthalmoscope, not magnetic resonance imaging, to detect intracranial hypertension; physicians who first use their eyes, not a blood gas analysis, to detect cyanosis; physicians who first use their hands, not ultrasound or CT, to detect splenomegaly; and physicians who always use their brains and their hearts, not a horde of consultants, to manage their patients. We need physicians who don't order expensive, state-of-the-art studies when cheaper, conventional tests supply the same information; physicians who appreciate that doing nothing is, at times, doing a lot; and who realize that many patients get well despite what we do, not because of what we do.

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