Preface

The Clinical Examination in Twenty-First Century Medicine

Clinical medicine has dramatically changed in the century since Sir William Osler established the modern residency system at The Johns Hopkins Hospital in 1889. Our ability to diagnosis disease has never been greater. We can predict, and in many cases, prevent illness on an individual and even a population level. Treatment options are expanding and can be specifically tailored to meet an individual patient’s needs. Advances in technology are at the forefront of these exciting developments, but the clinical encounter between a patient and physician remains the cornerstone of medical practice. This time-honored ritual provides the basis for trust and healing for the patient. It is fundamental to accurate diagnosis and high-quality patient-centered care. It is also an important source of fulfillment and satisfaction for the physician. However, a number of factors have challenged the primacy of the clinical encounter in recent years.

Physicians spend less time with patients in the modern hospital and clinic setting. Greater access to technology has shifted the diagnostic process away from the patient and toward the laboratory and radiology suite. While the electronic health record has vast potential, an unintended consequence of its widespread adoption is that providers spend more time caring for the digital representation of a patient (the “i-Patient” as coined by Abraham Verghese and others) than the actual person. Operational constraints on health care such as a focus on throughput and relative value units have also shifted the focus of care away from the bedside.

As a result of these pressures, fundamental clinical skills such as the physical exam are in decline. This erosion in clinical skills is a serious problem. The failure to perform an adequate history and physical exam contributes to unnecessary testing and accounts for a large proportion of diagnostic error. In addition, a decline in clinical skills threatens to erode the physician-patient relationship and likely contributes to the alarming rise in physician burnout. As physical exam skills have declined, so too have the number of practitioners who are confident enough to teach the physical
exam. This has led to a spiral in which clinical teaching has increasingly shifted from the bedside into the hallway and conference room, further weakening bedside skills.

In this issue, we explore the enduring value of the clinical encounter, with a particular emphasis on the physical examination. Many of the authors are founders and members of the Society of Bedside Medicine (https://bedsidemedicine.org), an organization dedicated to education, innovation, and research on the role of the clinical encounter in modern medicine. We hope that this issue will inspire all of us to get back to the bedside and provide the tools needed to succeed in both teaching and patient care once we get there.

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