Recapturing the Lost Art

During medical school and residency, I, like many of those likely reading this, was fascinated by physical diagnosis. For me, combining a thorough medical history with an examination that relied upon keen use of the senses to make a diagnosis is what it meant to be a physician. I was in awe of my supervising residents and attendings who pointed out findings that I may have missed. I can remember trying to inspect for signs like Roth spots, splinter hemorrhages, Osler nodes, and Janeway lesions in a patient with suspected infective endocarditis. I went through a phase of searching for ear lobe creases to assess patients’ risk for coronary disease and trying to auscultate for posttussive rales in patients with suspected tuberculosis. I distinctly remember the first time I palpated a prostate nodule (admittedly that may be a bit odd).

As time and medicine have progressed, the physical examination has become more obsolete. Bedside rounds gave way to “card flipping,” which has evolved into rounds with portable laptops outside of patient rooms. In the outpatient setting, patients rarely don gowns in order to maintain efficiency. Practicing physicians likely spend much more time learning how to template out a “comprehensive physical exam” to be able to bill a CPT code 99215 than they do actually reviewing how to perform one. Similarly, time spent palpating and percussing a mouse and keyboard greatly surpasses time with the patient.

It is an honor to have many of the founders and members of the Society of Bedside Medicine collaborate for this issue of the Medical Clinics of North America. Dr Garibaldi and his colleagues shed light on the forces surrounding the erosion of
our clinical skills. More importantly, they provide tools to enhance our diagnostic acumen in our current medical environment.

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