Preface

Common Symptoms in Outpatient Practice

Welcome to this issue of Medical Clinics of North America focused on Common Symptoms in Outpatient Practice. We hope you find this a valuable resource to the most common complaints seen in your practice.

We focused on the best up-to-date evidence on prevalence, test characteristics, and elegant diagnostic processes. Our patients deserve the best quality for the lowest cost and harm (ie, high-value care). We sought to provide very practical advice about eliminating unnecessary tests and health care waste.

You will notice a few very important themes across these articles. The first is the focus on the patient. It is clear that best practice in approaching patients is to know them. Know the way they live, what they value, how they spend their time, what they fear. It is in building a strong relationship with each individual that you will provide the best care, navigating with them what the underlying cause is and the best strategy for improving their symptoms and helping them live a fully healthy life. It cannot be overemphasized and reminds us of Francis Peabody’s famous quote, “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”

Second, we were very deliberate in recommending testing only where it will add value to the patient’s experience. We are all responsible for addressing the waste in health care, including duplicate testing and overtesting. It is better for the patients and for the system to be targeted and to use your expertise to narrow down possibilities.

Third, we sought to include important clinical tools that will help you in your approach to the patient. There are tables, clinical decision tools, and even a few videos included in this issue.

I will close by reaffirming my belief that the relationship-centered intentionally elegant diagnostic approach to doctoring is the antidote to three ailments in health
care: the burnout epidemic in health care providers, the paucity of new physicians choosing to practice primary care, and the fragmentation of our system, which remains challenged to provide the best coordinated and comprehensive care our patients deserve.

The authors of the enclosed articles are all medical educators who regularly give of their time and talent to educate patients, communities, and learners at every level. I am proud to call them friends and colleagues. Even more impressive is the fact that this issue was produced during the peak of the severe acute respiratory syndrome coronavirus2 global pandemic when many of these individuals were front-line caregivers to sick patients and overloaded systems. I’m in awe of their commitment and perseverance in the face of long days with an uncertain end.

Ultimately, caring is a form of love. As physicians, we care for so many: our families, our learners, our communities, our patients. We must also care for ourselves and strive to always find ways of bringing joy and meaning into our simple daily tasks. Inspire others to do the same.

Happy reading!

Lia S. Logio, MD, MACP
Professor of Medicine
Case Western Reserve University
School of Medicine
Cleveland, OH, USA

E-mail addresses:
drlialogio@gmail.com; lxl789@case.edu