There are several reasons practicing clinicians should hold fast to their physical examination skills, and cutting costs is among the least important. Yes, the physical examination can focus a diagnostic workup and save costs. And, yes, the patients benefit from (and expect) a well-done physical examination. But most importantly, and rarely discussed, is the impact of the physical examination upon the clinician. That’s right, the clinician.

As Guest Editor, Paul Aronowitz, ably explains, and as his carefully chosen authors beautifully illustrate, a well-done physical examination can be the difference between a diagnosis made and a diagnosis missed. Patients benefit; health care delivery becomes more cost-effective, and resources utilization improves. These reasons alone substantiate the importance of physical examination skills.

But here I also wish to underscore the benefits of the physical examination for the clinician, that is, the doctor, not the patient. Medicine is hard. Burnout is real. So many of our colleagues are frustrated, or worse. A major component of all this angst, I believe, is that we no longer feel like doctors. We went into our profession not to run patients through gauntlets of tests waiting for a diagnosis to emerge at the other end. I believe we went into medicine because we were captivated by physiology and pathophysiology, and how, using our eyes, ears, hands, and general powers of observation, we are able to figure out what is wrong with our patients.

I, for one, never feel more fulfilled as a clinician than when I can discover what my patient’s problem is using physical examination. I am fortunate to practice general internal medicine and can test myself across a wide range of organ systems. I also take care of well patients, in whom unexpected physical examination findings can be critical, as was the recent discovery in the office of a pneumothorax in a patient with non-exertional chest pain; or in another patient who was found to have “wide open” mitral regurgitation presenting as a nocturnal cough. I take care of patients with known medical problems, heart failure, for instance, where physical examination has enabled me
to decide who needs further intervention or evaluation; or which of my patients with COPD might benefit from up-titrating inhalers. Now that we all have gained experience with telemedicine, I suspect we all appreciate, more now than ever before, the value of physical examination not only for the patient, but again, for the impact it can have on physician satisfaction.

When Dr Aronowitz and I began discussing this issue of *Medical Clinics of North America*, almost 1 year ago, we both knew we wanted to offer a resource for clinicians facing specific medical issues. Physical diagnosis can be empowering. I hope you agree.

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