Clinical History: The Forgotten Connecting Link between Patient and Cutting-Edge Technology

Sir,

A 58-year-old male presented with a complaint of breathlessness for 1 month, for which he had consulted many physicians without any significant relief. Detailed clinical examination and battery of investigations such as chest radiograph, computed tomography of the thorax, routine blood tests, spirometry, electrocardiogram, and echocardiography did not reveal any abnormality. He had tried inhaled bronchodilator without any symptomatic relief. The patient was an office worker and denied any substance use in the present or past. He was a known case of hypertension for the last 5 years, which was well controlled on medication. "*During undergraduate teaching, we were taught that whenever you cannot diagnose a patient, just go back to the patient; most of the time, the patient will surely give you a clue.*" Keeping that lesson in mind, I kept inquiring about the sequence of events. Then, he revealed that he had been taking metoprolol for the last 5 years for hypertension which was stopped, and telmisartan was started 6 weeks back. He was advised to revert to the previous antihypertensive. After 1 week, he reported relief in his symptom and appreciated the correct diagnosis without further investigation.

Sudden cessation of certain medications can lead to signs and symptoms of withdrawal.[1] Precaution should be taken when stopping these medications in patients who were taking them for a prolonged period (like in our patient who was taking beta-blocker for 5 years).[1] Minor complications such as tachycardia, anxiety, headache, tremors, severe complications such as angina pectoris, myocardial infarction, and sudden death are reported after withdrawal from long-term beta-blockers therapy.[1] Complications can develop as early as 1–3 days or as late as 14–21 days.[1]

In the words of William Osler, "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all."[2] Cutting-edge technology is required but always needs to be rationalized with clinical reasoning.[3] The newcomer is more up-to-date with the scientific information than the expert. Still, the expert has a more incredible wealth of relating parts to wholes to generate understanding of the case-based problem, making a real difference in patient outcome.[2]

A doctor can order several laboratory investigations, but the results must be interpreted in a clinical context to devise a final diagnosis from a list of probable diagnoses. All of which depend heavily on comprehensive history and examination, which, unfortunately, has become a lost art in the face of rapidly evolving laboratory investigations and imaging techniques.[3-6] There is an increasing trend toward greater reliance on various investigations rather than a sound target-oriented approach grounded in a detailed clinical assessment. This invariably adds stress on the patient and his finances, especially in developing nations where healthcare needs to be paid out of the patient's pocket.[7] Sound clinical decision-making involves integrating clinician's experience with patient's preference and the best available scientific evidence,[4] which will not develop spontaneously; it needs to be introduced in the curriculum, with greater importance paid to history taking and examination skills as well as caution and judiciousness while planning investigations that are relevant and necessary for confirming the diagnosis and treatment response. It must be remembered that the clinical history requires more critical attention than the laboratory results in most cases. Look at the patient in totality, not reports. We conclude by reminding ourselves and the reader of a quote from Hippocrates: "It is as important to know what man has the disease as it is to know what disease has the man."

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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