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THE ART OF LAYING ON OF HANDS

As I get older and observe the new changes in medicine I am forced to become more of a curmudgeon. Over the past several years I have learned of patients who were either misdiagnosed or not diagnosed at all because of the lack of a physical exam. There is a growing trend in emergency departments, doctors' offices, urgent care centers and even drive by pharmacy clinics to diagnose illness by ordering large amounts of lab work, ct scans and ultrasounds . Frequently a physical exam (the laying on of hands) is astonishingly not performed and thousands of dollars of tests are run up to an already overburdened medical system. The consequence is that many tumors that could easily be evaluated by a palpation of the abdomen are simply missed with a tragic delay in treatment ; a ct scan is ordered for a headache complaint instead of a thorough neurologic exam; a ct scan is ordered for a female complaining of ovarian pain but no physical exam is done. The consequences are obvious. How did it come to this? When I was in training we carried books on physical diagnosis as our bibles and had manuals and charts to help delineate what the physical findings were. The ancient code of Hammurabi had strict rules for the examination of the patient. I have been to Egypt and had some hieroglyphics found on temples translated for me that described the care taken in doing a physical exam. I have been to an apothecary shop in Beijing where diagnosis is done by taking a pulse and examining the color of the tongue. In Europe, doctors in training are taught to use the color of blood and urine as an aid in diagnosis. Not so long ago house calls were done not just because patients could not get to the doctor's office but because the physician recognized how much information could be gained by examining the patient in their home environment—conditions that might have caused the disease. Surgeons doing rounds frequently sat on the patient's bed and took their pulse for the express reason that the laying on of hands was reassuring to the ill and to the convalescent. I have been a preceptor to physician assistant students and to nurse practitioner students and have implored them that when they graduate if they can remember one thing that I taught them is to "examine the patient." So how did it come to this? The past thirty five years or so have seen an explosion in new medical technologies ranging from exotic lab testing and genetic studies to complex and expensive ct scans, sonograms, and non invasive Doppler examinations to detect blocked arteries for example. In the rush to embrace these wonderful new tools something has been lost—the physical examination of the patient that a skilled physician can employ to detect disease. The complex modalities can be used as an adjunct not as the primary tool. Training doctors, nurses, and physician assistants is extremely complicated and the medical schools and hospitals struggle to do this right. However much our technology advances we must not forget to examine the patient and to not forget that the mere "laying on of hands" is not only diagnostic but therapeutic as well.