

Principles
of **Clinical
Practice**

An Introductory Textbook



Edited by

Mark B. Mengel, M.D., M.P.H.

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Edmond, Oklahoma

PLENUM MEDICAL BOOK COMPANY • NEW YORK AND LONDON

Library of Congress Cataloging-in-Publication Data

Principles of clinical practice : an introductory textbook / edited by
Mark B. Mengel.

p. cm.

Includes bibliographical references and index.

ISBN 0-306-43847-X

1. Clinical medicine. 2. Physician and patient. I. Mengel, Mark
B.

[DNLM: 1. Clinical Medicine. 2. Physician-Patient Relations. W
62 P957]

RC48.P74 1991

616--dc20

DNLM/DLC

for Library of Congress

91-21149

CIP

ISBN 0-306-43847-X

© 1991 Plenum Publishing Corporation
233 Spring Street, New York, N.Y. 10013

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Printed in the United States of America

¥100.00

To Laura and Sally
whose support made this textbook possible

and

To those dedicated practitioners who taught us that the central core of
clinical practice remains the doctor-patient relationship

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Foreword

As we move into the 21st century it is becoming increasingly difficult to offer appropriate introductory clinical experiences for medical students. Many schools offer clinical experiences in the first year of medical school, when the learner has little background in the traditions and origins of the doctor–patient interaction. Others begin this process in the second year, after a professional language base has been established, but concise educational materials are scarce that integrate the meaning of the privileged clinical encounter with the process and content of interviewing and examining patients. In the tertiary hospitals, where most medical schools are based, the educators must provide an orientation to the clinical encounter, an intensely personal experience, in the midst of glittering technological marvels that easily distract both the novice physician and the wizened teacher. Understanding the context and historical basis for the privilege of interviewing and examining another person about intimate matters relating to health and disease is essential to this process. Considering these factors, this textbook is written to assist medical educators and medical students involved in early clinical training.

As the demand for “high-tech” medicine has accelerated, so has the public concern over the loss of “high-touch” or compassionate, humane interactions with physicians. Physicians are perceived as more concerned with readouts from machines and fiberoptic views of the patient than with understanding and caring about the people we have labeled as patients. This text is offered to improve the integration of human meaning and connectedness in the training of new physicians. The context of the medical encounter is reviewed from four different domains: purposes, processes, relationships, and values.

For generations we have trained physicians in the “art” of medicine in a haphazard manner and have reaped the predictable consequences. As our profession sprints into the next century on the shiny wheels of technology, we must regain our human spirit and professional esteem.

Within this text are essays, case presentations, and study questions that can stimulate small and large group discussions, which are needed to process the topic thoroughly. By stimulating collaborative and lively involvement of both teacher and student, this approach can model appropriate interactions with

patients for the future physician, interactions that are respectful, questioning, creative, and enjoyable.

From the first chapter's historical review of the basis of the doctor-patient relationship to the vision of the final chapter on patient-centered care, the text orients the reader to the complexities and opportunities of clinical practice. Newcomers to medicine and seasoned veterans will enjoy this exploration of the clinical, historical, and personal dimensions of our professional interactions with patients.

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Preface

. . . the secret of the care of the patient is in caring for the patient.

Francis W. Peabody, M.D., 1927

Principles of Clinical Practice is an introductory textbook focusing on the doctor–patient relationship. Formerly closeted behind closed doors, this most intimate of relationships is coming under increasing scrutiny not only because of scientific interest but because of widespread public dissatisfaction with the care patients receive from physicians. This dissatisfaction has been reflected in many recent societal trends, including the rise in the medical self-help movement, particularly among women, the increased incidence of malpractice suits, and the increased assertiveness of patients toward physicians in expressing their needs and demanding input into medical decisions that affect their health. This dissatisfaction cannot be entirely blamed on the poor relations some patients have with their physicians; however, it is clear that a “good” doctor–patient relationship will ameliorate many of these dissatisfactions.

The difference between a poor and a good doctor–patient relationship has only recently been the subject of scientific scrutiny. Even though it clearly is a plea for more compassionate treatment of ill patients by physicians, Peabody’s famous article, a quote from which begins this preface, also reflected his feeling that the doctor–patient relationship can be subjected to scientific scrutiny and taught to medical students, the results of which would benefit both the doctor and the patient. Unfortunately, the tools to study and teach the doctor–patient relationship were not available in Peabody’s time. Tape recorders, video cameras, and elegant statistical analyses are necessary to study this most intimate of relationships. Even though this research is clearly in its infancy, it has progressed to a point where the difference between a good and a poor doctor–patient relationship is becoming evident. This book examines that evidence in the hope that future physicians will be able to establish more good than poor relationships with their patients.

This evidence has been organized into four main sections: purposes, processes, relationships, and values inherent to patient care. Issues from each of these areas have been clearly shown to affect clinical care. A concluding section attempts to integrate the many themes developed in the four main sections into

a coherent whole by describing a new emerging approach to clinical practice: patient-centered care.

The purpose section of this text reviews the reasons why patients come to physicians, both historically and currently. It may surprise students to learn that the nature of the doctor–patient relationship has not remained static but has changed dramatically through the years. The philosophical and ethical foundations of the doctor–patient relationship are then described. This chapter concludes with a description of a framework for clinical decision making, many of the components of which are described in more detail in later chapters.

The process section examines the methods and tools physicians use when caring for patients. These processes, including interviewing, history taking, physical examination, laboratory testing, clinical decision making, clinical management, and health promotion, not only help doctors gather clinical data but enable doctors to decide on treatment, an often difficult task given the uncertainty inherent in clinical practice.

The relationship section discusses how emotions, behaviors, dynamics, and cultural norms affect the care physicians provide patients. In this section, chapters are organized outward from the doctor–patient relationship beginning with the doctor–patient relationship itself, proceeding through the patient’s family and the patient’s culture, and finally ending with a discussion of the physician’s culture, the health care system.

The values section discusses those beliefs, rules, and incentives that affect clinical practice. Although some may find it surprising that a discussion of medical economics occurs within this section, the amount of money we spend as a nation on health care and what we buy with those dollars are very clear indications of what we value as a people and as a society.

Educationally, we hope that these chapters will not simply be read and forgotten but will be the focus of spirited discussion. In our own course for first-year medical students, the cases for discussion at the end of each chapter serve as a focal point for small group discussion. We hope that these cases for discussion will stimulate others to form such discussion groups, not only within existing introductory clinical practice courses but outside of the structured medical school curriculum as well. Additionally, we find that the educational experience is enhanced if students can actually observe doctors treating patients in offices and hospitals. In our course, students spend 16 half-day sessions with physicians of various specialties during their first year. Although this can in no way serve as an in-depth exposure to clinical medicine, it does help to stimulate discussion, as real-life examples can be used for the students’ own experience.

Patients are demanding more from physicians not only in terms of their health but from the doctor–patient relationship as well. To many, it is not clear whether past injuries to the doctor–patient relationship can be healed. However, because of ongoing research and the renewed dedication we see in students of medicine today, we feel that the doctor–patient relationship can once again flourish and be the source of professional satisfaction for physicians and therapeutic benefit for patients. This textbook is offered as an attempt to convince those just starting their medical careers that the doctor–patient relation-

ship, as the center of clinical practice, is vitally important and should be the subject of continued study. Gains from such study will enable future physicians to continue to crack the secret of patient care by truly caring for their patients.

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Acknowledgments

Without the aid of many people, this textbook simply would not have been possible. Jim Mold and Howard Stein deserve mention for their support of this work throughout its development. Jim was instrumental in the development of the initial organization of the text and served as an early editor for many of the chapters. Howard provided moral support by emphasizing that his work should be not only a description of knowledge in the area but an opportunity to synthesize that knowledge through faculty discussion into a workable conceptual framework. Richard Wright and Michael Parchman, both of whom joined this effort in its later stages, also deserve special mention, not only for the contributions they made in the form of specific chapters but for the support and encouragement they provided as the text was being readied for publication. Finally, all the authors deserve mention for the time and effort each put into his or her own chapters and into the course that stimulated the development of this text. As teaching is not a well-rewarded activity at most medical schools, their efforts in this area are even more noteworthy, representing a true “labor of love.”

Although many department secretaries contributed to this work, one stands out: Debbie Isham. For the past 2 years she has worked tirelessly, not only on the text but on coordinating Introduction to Clinical Care. Debbie has decided to obtain a graduate degree in public health, and her efforts in this area are going to be sorely missed.

Our students and our patients also deserve special praise. Early drafts of this work have been used during the past 3 years of Introduction to Clinical Care. First-year medical students in that course have been very helpful in suggesting revisions and new topic areas that should be covered in this introductory work. Also, our patients, on whom we actually practice patient-centered care, have been a continual source of support and feedback and in many ways have served as our best teachers.

Last, the University of Oklahoma Department of Family Medicine also deserves praise not only for its commitment to teaching medical students the important principles of clinical practice early in their careers but also because of their early support of this work.

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