

EXTRACTS

AN art is a skill born of knowledge, competence, and practice. Whatever the art, it is subjective: it reflects the environment, and perhaps the heredity, of a human being in a complex society, a human being capable of rational thought and of opposing his thumb.

The art of diagnosis fully reflects the human element. The acquisition of individual bits of scientific evidence is purely objective; however, the art of collating and manipulating this information, and subsequently arriving at a correct diagnosis, is largely subjective. Sometimes we carefully structure the thought processes in arriving at a diagnosis, just as a detective solves a crime or a mathematician proves a theorem. Sometimes we "smell" a diagnosis when experience takes an apparently blind lead. In ultimate scientific terms, pieces of diagnostic information may be fed into a computer, in the hope of arriving at a single valid diagnosis. But it is a human who must program this computer, and therein lies the rub.

In terms of change, we have entered an era of highly sophisticated medical management, initially in diagnosis and ultimately in treatment. Unfortunately the advent of this sophistication has brought with it problems such as depersonalization. We must contend with the paradox of allocating the "right" amount of time per patient and illness, as others stand in line. Thus, we often no longer

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treat patients, but diseases. With the utilization of organ transplant, even the patient has become pluralized to donors and recipients. The role of the patient's family in the medical relationship has oftentimes disappeared. Finally, the individual physician has become increasingly replaced by teams of physicians, often faceless and nameless. Is there an alternative then, when we are faced with a compromise between the provision of mass medicine and individual quality health care?

Aside from the doctor(s) and patient(s), investigative studies have become more comprehensive, more sophisticated, and much more costly. However, this is an area in which responsible physicians themselves can still control the application of these modalities to the practice of medicine, even if the doctor-patient relationship itself is too heavily affected by factors beyond us. We can introduce a balance of selectivity to our diagnostic approach. There must be a balance between input and output, and it must be realistic.

To paraphrase a quotation often attributed to Sir William Osler, we are counseled to listen to the patient, for he is telling us the diagnosis.

The same wise Sir William Osler,

when he returned to the (then) McGill College of Montreal, in 1899, delivered an address entitled "After Twenty-five Years." He stated: "I have learned since to be a better student and to be ready to say to my fellow students 'I do not know.'"

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