

Treat patients, not reports

By Altaf Patel, Mumbai Mirror | May 13, 2014, 12.00 AM IST

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Medical tests - whether they are necessary or unnecessary - have caused endless debates. Very rightly, in a text book of cardiology in the 1970s, it had been written that more people have their peace of mind disturbed by an abnormal ECG than a natural calamity like an earthquake or flood. And back then, stress tests and echo cardiograms were in their infancy.

Once a young doctor told me that he was worried because he had been diagnosed with a heart problem five years back and his ECG was abnormal. He was worrying a lot about his life span. So I asked him to do a stress test and it was revealed that he was fine.

The problem with the world today is that physicians treat reports rather than patients themselves. But we must know that an ECG as well as all other test reports have several variations and must be interpreted in the light of symptoms - present and past. I still get hordes of calls from patients reading out the test reports and asking for opinions. I always tell them, had it been so easy, there would have been no need for a doctor as well.

More recently two patients came to me: the first person came to see me as he was losing weight without any gross symptoms. He already had a CT scan of the abdomen done, which suggested some abnormality in the food pipe and stomach, suggesting a cancer. On examining him, he appeared to have thyroid. However, in view of the test which could suggest cancer, he was investigated, spending large sums of money to exclude a cancer. Thankfully he had no cancer. Large sums of money are spent when random investigation is thrown at the patients without proper application of mind.

The second patient was a young seaman who awoke one night with a little burning in the stomach area. His ECG was normal as was his stress test. He was an athletic young man and ran 6 km a day. However, this

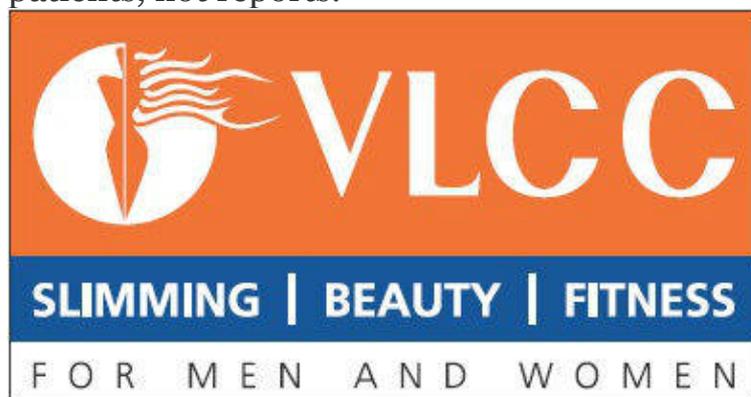
The second patient was a young seaman who awoke one night with a little burning in the stomach area. His ECG was normal as was his stress test. He was an athletic young man and ran 6 km a day. However, this patient, a fit, young man, underwent coronary angiography at his physician's insistence. His angiogram showed several blocks of which one could pass scrutiny as significant. He was in a quandary what to do. He had to be treated, not his angiogram. Data from young and older otherwise healthy heart transplant donors tell us that 17% of those less than 20 years have blockages, as do 37% patients of patients are between 20 to 29 years, 60% of those between 30 and 39 years, 70% of patients between 40 to 49 years, and 85% of patient above the age of 50 years.

Similar studies also showed a high incidence of blocks in young soldiers dying in the Vietnam War. A recent study done in New York suggests that one in four patients who underwent heart catheterisation at 18 New York state hospitals did not really require the procedure. Dr Edward Hannan of the State University of New York says that lots of patients who get this procedure really do not require it.

When I explained all this to the young seaman, who by then had become neurotic with fear, was relieved. He had been taken off exercise and had confined himself to the house, and so he was put back on an exercise regimen with aggressive medical therapy.

In yet another instance a person working on an oil rig was flown to a hospital because of intense giddiness on changing posture. He was admitted to the cardiac service and underwent angiography and then angioplasty was done to a single blocked artery.

When he was discharged, he came to see me because his giddiness had not been relieved despite the angioplasty. It turned out that he had giddiness from benign positional vertigo and did well with medication and the blocked artery had nothing to do with his symptoms in the first place. It is the appropriateness of investigations that is important in diagnosis and clinical decision making. They must always be done in light of symptoms and a wise physician knows that he must treat patients, not reports.



UTPAL SHANG

