

MEditorial, December 2010

“Why do I Examine You?”

A 77 year old man comes in, transferring care from another (retired) urologist regarding prostate enlargement and chronically elevated PSA blood test. On both visits six months apart, I decide to thoroughly examine him, despite the fact that he is really here only to be sure his prostate is “fine”. On the 2nd visit, I discover a large mass in the lateral right upper abdomen (not present the 1st time) —which turns out to be a nearly six inch, but surgically removable and potentially curable kidney cancer.

A 72 year old woman who had her bladder removed elsewhere and got chemotherapy for a pelvic lymph node relapse a year later questions “why do you have to examine me especially ‘there’ [meaning in the pelvic/female area]”?; and adds “my prior doctor has not done any significant exam since after he removed my bladder”. I tell her a similar patient was referred to me with a CT scan following bladder removal not suggesting anything further wrong; however it was clear by a simple pelvic exam using two fingers (and later proven by biopsy) that the cancer had relapsed and was stuck to the vaginal wall.

A 42 year old woman with minimal symptoms keeps having bacterial growth and white blood cells in her urine and has been on 6 courses of antibiotics prescribed by another doctor over the past year. Her lab tests are no better. My examination of her is normal. I decide to catheterize her bladder and compare the result to her office voided urinalysis. The catheterized specimen, unlike the urinated specimen, is normal. Conclusion: many patients, especially women, no matter how hygienic, have bacteria and white blood cells outside the bladder in the vaginal area that “contaminate” a voided urine specimen and lead to incorrect diagnosis and treatment.

Unfortunately, there seems to be a trend in medical care I see practiced of playing up the technological and laboratory/radiographic aspects of diagnosis and downplaying the importance of a good history and physical exam. Now, a majority of patients sent to me say they were not examined or at least “not down there” by the 1st doctor who saw them for a perceived problem. Given, many do still have a yearly “health maintenance” general physical exam. The public is becoming more accepting of shortcuts in their care and the approach of “getting a prescription or having a test ordered” without getting undressed. Some doctors and patients see such things as too time consuming, inconvenient or embarrassing.

Examining a patient helps establish a “bond” and proper professional doctor-patient relationship; and reinforces the notion that a physician is someone who, by training, experience and wisdom, should have access to the body, to examine any and all areas that are appropriate to lead the patient toward better health. Thoroughness of a physician should be judged by how much is learned during the encounter, not so much by how much time was spent or how many x-rays or lab tests (or secondary referrals to other specialists) were ordered.

I learn a lot by taking a succinct but detailed history--and trying to get my patients to think about their symptoms. This helps me judge whether or not there is a serious problem and if that resides within the genitourinary tract. In my years of doing this, a history NOT suggesting significant illness, along with a normal pertinent physical exam goes a LONG way toward a preliminary or final diagnosis of “nothing serious wrong”. If medicine were practiced in a more sane environment in this country, with less “2nd guessing” by others, we could save an incredible amount of money by placing our resources into thoughtful doctors who know how to use the power of history and physical exam to eliminate costly and often unnecessary other testing and referrals.

If I had the time and were not so busy practicing my surgical craft, I would likely offer all new patients a complete history and physical and, patient permitting, examination of the whole body.

Next time you see me or you other doctors, do not desire short cuts in your care. Diagnosis without exam or worse, diagnosis over the phone is a disturbing trend, whereby important illnesses may be missed--and likewise, basically healthy patients will be given, inappropriately, a diagnosis and treatment for a disease that does not exist.

Have a most Happy Holiday season!

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