

**BJMHR**British Journal of Medical and Health Research
Journal home page: www.bjmhr.com**Modern Health Care****Otto Appenzeller***New Mexico Health Enhancement and Marathon Clinics Research Foundation***ABSTRACT**

Decades ago, technology was primitive in medicine. Tests were limited to blood work, and x-rays were our most sophisticated imaging. Lacking machines to diagnose our patients, we relied heavily on a physical examination. Hospital care now begins with tests, and until all test results are in no treatments take place. In the meantime, the patient languishes, often unattended, his condition unknown. Few doctors bother with a physical examination, that is the “laying on of hands” 1 where the patient is subjected a physical examination. No one takes the patient’s clinical history, asking about his past health and that of his relatives. What illnesses lurk in his family history remain a mystery. The effect of these kinds of omissions is that no one ever evaluates the entire patient, their physical state, their interacting ailments, their hereditary risks.

Keywords: Health care, telemedicine, physical examination

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INTRODUCTION

When I started in medicine 70 years ago, technology was primitive. Tests were limited to blood work, and x-rays were our most sophisticated imaging. Lacking machines to diagnose our patients, we relied heavily on a physical examination. Hospital care now begins with tests, and until all test results are in no treatments take place. In the meantime, the patient languishes, often unattended, his condition unknown. Few doctors bother with a physical examination that is the “laying on of hands”¹ where the patient is subjected a physical examination as we did when I was a student.

The author witnessed a resident physician make pathetic efforts at a clinical neurological examination. They began with testing the patient’s coordination by asking him to touch his nose repeatedly with the index finger - first with one hand and then with the other. Next the resident used a reflex hammer to elicit the knee jerk and the ankle jerk tests that show contraction of muscles in response to applied stretch. But that was the extent of the exam. Eye movement and pupil responses to light were not tested. Strength and, importantly, mental function

For example, is the patient familiar with current events? does he or she know who the president is? where there is war and where there is peace? were not tested.

No one took the patient’s clinical history, asking about his past health and that of his relatives. What illnesses lurk in his family history remained a mystery.

The effect of these kinds of omissions is that no one ever evaluates the entire patient, their physical state, their interacting ailments, their hereditary risks.

The attending physician often makes things worse. How he is chosen, and by whom, is a mystery. But this figure lacks the training to do much more than order multiple tests. Once test results are available, he cedes care to specialists. Examination and treatment of the skin requires the special skills of a trained dermatologist. Similarly, the bones call for an orthopedic surgeon, who is of course also highly trained, and usually difficult to get an appointment with. The renal function requires a nephrologist, the heart a cardiologist, and so on; each organ requires specialist attention.

So, unfortunately modern health care is fragmented by specialty and no one person has full responsibility for the patient. The current craze is for “Telemedicine” or “Virtual Appointments”² that is the distant gathering of information about the patient using computer interrogation about hearing and vision, the patient’s physical capacity, exercise habits, sleep pattern, dietary habits, drug use, pet ownership, and so on. This creates even more distance between doctor and patient. Technology is a particular barrier for the elderly, who are less

familiar with computers and are often too deaf to hear instruction given over the phone. Because such sign in procedures are ubiquitous, treatment and care are further delayed

I witnessed a patient who had an abnormality of the contraction of one of the upper chambers of her heart. This may lead to clot formation in that chamber and ultimately to a stroke and therefore physical disability. But she takes aspirin, which inhibits clot formation, and she has a pacemaker in place which makes her heart beat regularly and sufficiently to send an adequate amount of blood to her brain. All this is not available to her physician who treats her using telemedicine, and this may lead to great anxiety, injury and even death ².

The author witnessed a remarkable instance of modern health care. An 89-year-old woman received a message by email and telephone that she had developed atrial flutter, a condition in which the upper chamber of the heart does not contract properly. She knew this may lead to clot formation in that chamber and ultimately to a stroke and therefore physical disability. However, she was on aspirin, which inhibits clot formation, and she also had a pacemaker which insured that her heart contracted regularly as needed to provide the brain with an adequate supply of blood. Needless worry and anxiety to her and her relatives resulted from this poor communication and lack of interaction with a physician.

Presently one cannot call health care true care. It may cure specific conditions, but it puts the entire patient at risk.

What should, and surely can, be done? A book now available only at the National library of Medicine and a few other public libraries such as the New York Academy of Sciences is an ideal source of information.

Written in the 1950s, during the days of the physical examination, Lambie and Armitage's Clinical diagnostic methods; or examination of patients, ¹ should be updated. Then it could be adopted in medical schools to teach students how to take care of the whole patient. It emphasizes taking care of the person and not only of the part of interest to a specialist at a particular moment. In other words, the "laying on of hands" always was and remains an essential part of the training of medical students.

Deep Medicine is now "a la mode". A degree in digital health care can now be obtained and a master's in digital health ³

An advanced degree in how NOT TO TAKE CARE of the whole person is now offered by Harvard. How much more distant from "laying on of hands" can medicine become?

CONCLUSION

Modern clinical care lacks the personal touch, that is the laying "on of hands," which always has been and remains an indispensable part of patient care - care of the person - is missing.

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