

Demise of Clinical Methods: A Challenge for the Next Generation

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Clinical methods have evolved over centuries. They reflect cumulative clinical wisdom of generations. Acquisition of skill of performing clinical methods has been regarded as a means of gaining knowledge. These skills not only help in learning psychomotor skills, but they also offer an opportunity to learn professionalism.¹ Excellence in these skills have been sought and desired as the way to reach a diagnosis. To be proficient, it requires hard work of years and interactions among a community of professionals refine these acumen over time.

In the past few decades technology has seen an unmatched progress in the human history. There is an exponential growth of knowledge in all the fields of life. Today we have a lot of gadgetry to help manage our patients. Like all skills, clinical methods need practice otherwise they are bound to wither. New generation of doctor do not put hard struggle in learning these skills. As a result, our youngsters are unaware of usability of this time tested art and on the other hand, the older lot has started to unlearn this hard-earned expertise.² Technology seems to be replacing the clinical methods instead of augmenting them.

We did a research to find out the current practice of the ophthalmologists in our locality in utilizing clinical methods. The findings were eye opening. The ophthalmologists are relying increasingly on

investigations and sophisticated laboratory tests instead of doing basic clinical methods. This practice is not only putting extra burden on patient's pocket, but it is also dragging the ophthalmologists away from their clinical wisdom. Just as an example to quote, many of the ophthalmologists are ordering anterior segment OCT without performing Gonioscopy. You can easily get corneal topography but retinoscopy is an art that is forgotten long ago. Many ophthalmologists have never done Schirmer test in their lives and some do not have Fluorescein stain available at their clinics. Applanation tonometry is considered a task too boring to be done even if air puff tonometer is showing abnormal readings. Not only that, most of the young ophthalmologist have probably used indirect ophthalmoscope last time when they appeared in their fellowship examination. B-scan ultrasound is ordered before attempting a dilated fundi examination. Although CT scan FESS protocol is a standard, but they have forgotten to get clinical examination of nasal cavity done before going for DCR surgery. We are eager to get OCT of macula and disc, but we never do clinical tests like contrast and colour vision. Majority of clinics never have colour vision charts, Jackson cross cylinder and Maddox rod is the thing of the ancient times.

There is no harm in utilizing cutting-edge technology. Rather it is desirable to keep pace with the latest developments.³ Record keeping, medicolegality and research necessitate using modern technology. There should be complementation of clinical methods with the technology instead of replacing or abandoning the clinical methods.

If we try to find out the reasons behind this practice, we shall see that the ophthalmologists have started to think clinical methods as wastage of time in a busy clinic. Some even believe that clinical methods may breach patients' privacy.⁴ Others feel too tired to do something that is a thing of the past and has no impact in ultimate care of the patient. We also come across an argument that what is the fun of doing

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Received: August 31, 2022

Accepted: September 21, 2022

How to Cite this Article: Jamil AZ, Muaz A. Demise of Clinical Methods: A Challenge for the Next Generation. *Pak J Ophthalmol.* 2022, **38 (4):** 227-228.

Doi: 10.36351/pjo.v38i4.1495

clinical methods when we are going to order investigation in any way. The result is that the newcomers in the field of ophthalmology fail to find role models in the practice of clinical methods.

Research shows that patients' satisfaction is increased and doctor-patient bond is improved when clinical methods are practiced.⁵ It is rightly said that clinical methods are the rituals that a patient acknowledges and likes.⁶ By repeatedly doing clinical methods, an ophthalmologist's understanding is increased and he is able to correlate clinical findings with investigations in a better way. Clinical methods can substitute a number of investigations and only essential investigations can be ordered. In that way, a lot of patient's money and time can be saved. Not only can that, in some cases, clinical methods help in reaching a diagnosis and instituting treatment within a short time.

Regardless of all the above mentioned advantages of clinical methods, situation is getting worse, and every coming generation of ophthalmologists is practicing clinical methods to a lesser extent. The question arises, what can be done to revive the lost skill of clinical methods. In our opinion prescribing physician should have to justify the need for investigation. This would cut the number of unnecessary investigations. Physicians will rely on their clinical judgement for advising essential and justified investigations. Undergraduate and postgraduate curricula should include clinical methods as essential components. Clinical methods assessment must be included in all formative and summative assessments.

Sir William Osler once said "Medicine is learned by the bedside and not in the classroom".⁷ Clinical method skills have emerged and refined over centuries. Today they are at the brink of extinction. Government regulatory bodies, doctors associations,

medical colleges and teaching hospitals must play active role to preserve the endangered skill of clinical methods.⁸

Conflict of Interest: Authors declared no conflict of interest.

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