

The Diagnostic Process

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Traditionally, the process of diagnosis was left undefined, [regarded as] a natural art, or explained as a process of intuition. Despite recent advances, this is still too often the case

Inductive Method Of Problem Solving

Full history:

**Presenting complaint
Systematic enquiry
Previous medical history**

Drugs

Social/family

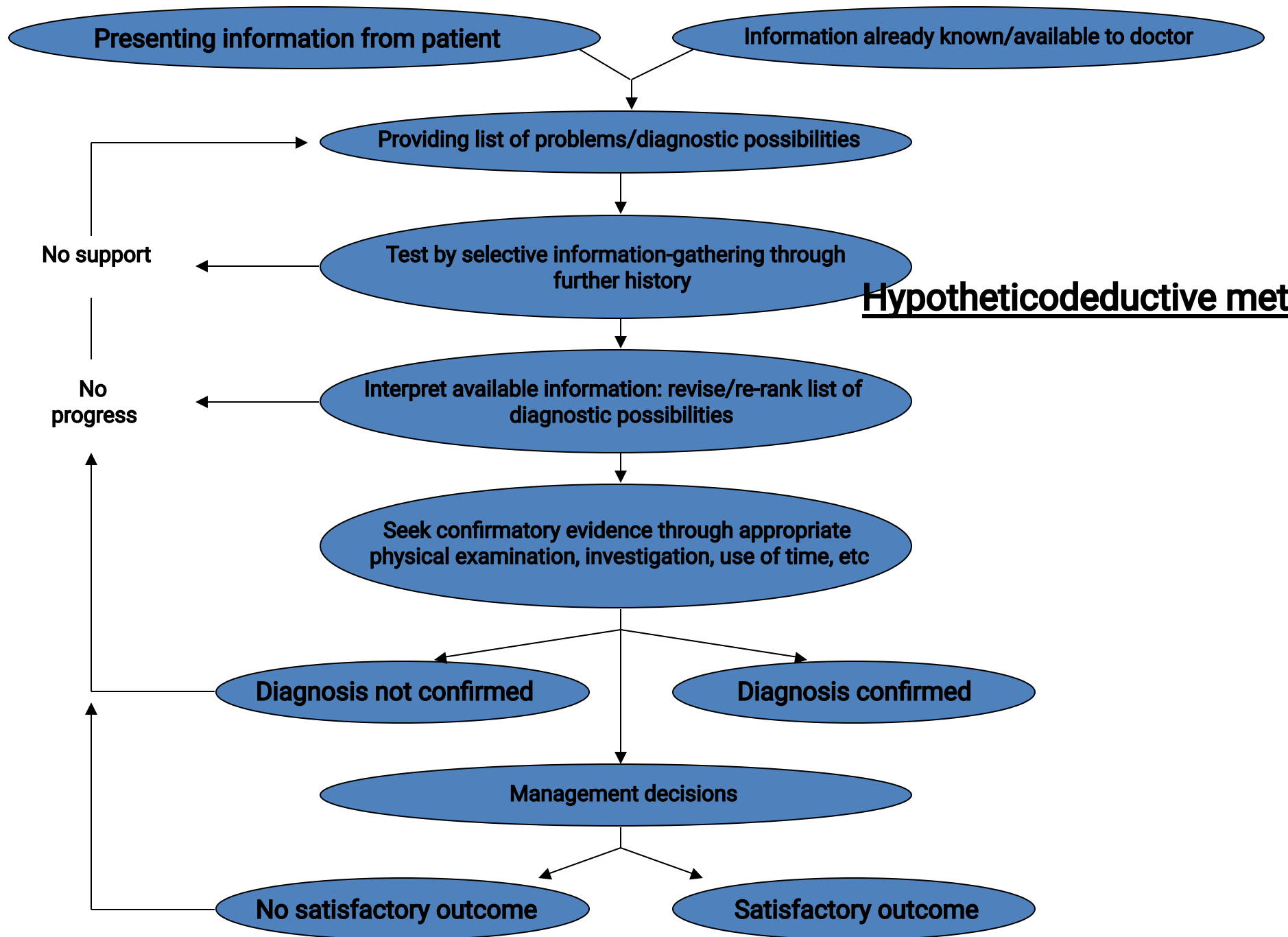
PLUS

Complete physical examination

PLUS

Investigations

Diagnosis
↓



The significance of clinical history

Much greater emphasis should be placed on the diagnostic..... Value of the history. students, and postgraduate, should be well trained in taking a good history and drawing diagnostic conclusions from the history before embarking on the examination.

This will encourage the student to seek specific examination findings to confirm or refute the diagnosis based on the history.

The Relative Contribution of the Clinical History ,Physical Examination and Investigations in the Diagnostic Process

The history alone determined the diagnosis in 56%

Physical examination determined 17% of the diagnoses

Routine hematological and urine examination 1%

Special investigations 18%

Generating and ranking Appropriate Diagnostic possibilities

Probability

Seriousness

Treatability

Novelty

Some common errors

Unwarranted fixation on a hypothesis.

Premature closure of a hypothesis generation.

Rule-out syndrome.

Generation of very unlikely hypotheses.

Promotion of unsupportable hypotheses.

Undue retention of initially appropriate hypotheses which are clearly not sustainable in the light of subsequent information obtained.

Some practical tips to assist in generating diagnoses

Make use of the stage of prediagnostic interpretation.

**Clarify the presenting symptom
for example:**

If the main symptom is pain certain cardinal features must be elicited :

(site, character, severity, radiation, precipitating or relieving factors, duration, onset).

The use of a checklist can of act as a trigger to the memory

Surgical sieve	System approach	Anatomical approach (e.g. to chest pain)
Congenital Acquired: Traumatic Infective Inflammatory Metabolic Hematological Degenerative Psychological Iatrogenic	Cardiovascular Respiratory Gastrointestinal Genitourinary Musculoskeletal Neurological Hematopoietic	Skin Muscle Bone Pleura Lungs Heart Esophagus/ Stomach

General guidelines to bear in mind

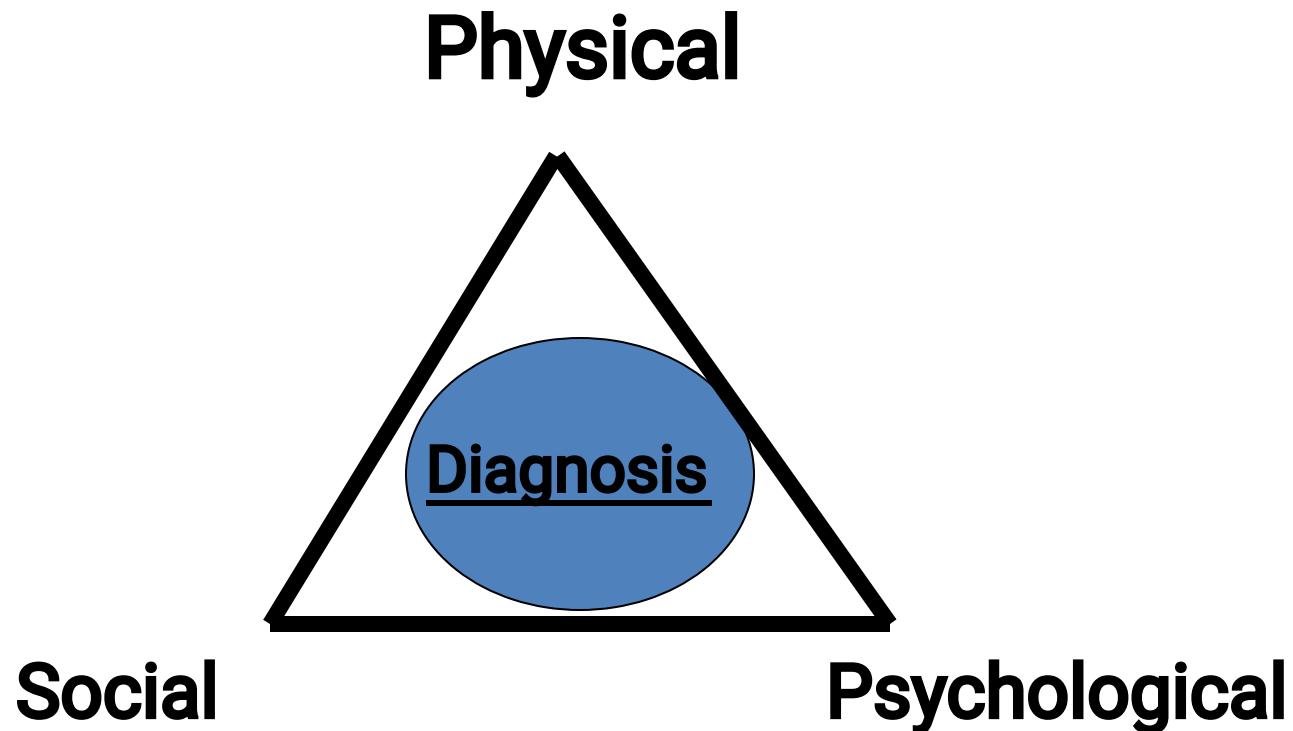
Uncommon manifestations of common conditions are more common than common manifestations of uncommon conditions.

Simple conditions are caused by simple problems.

Divers symptoms and signs are commonly caused by a common disease or entity.

If all else fails, refer to books, journals or consult colleagues.

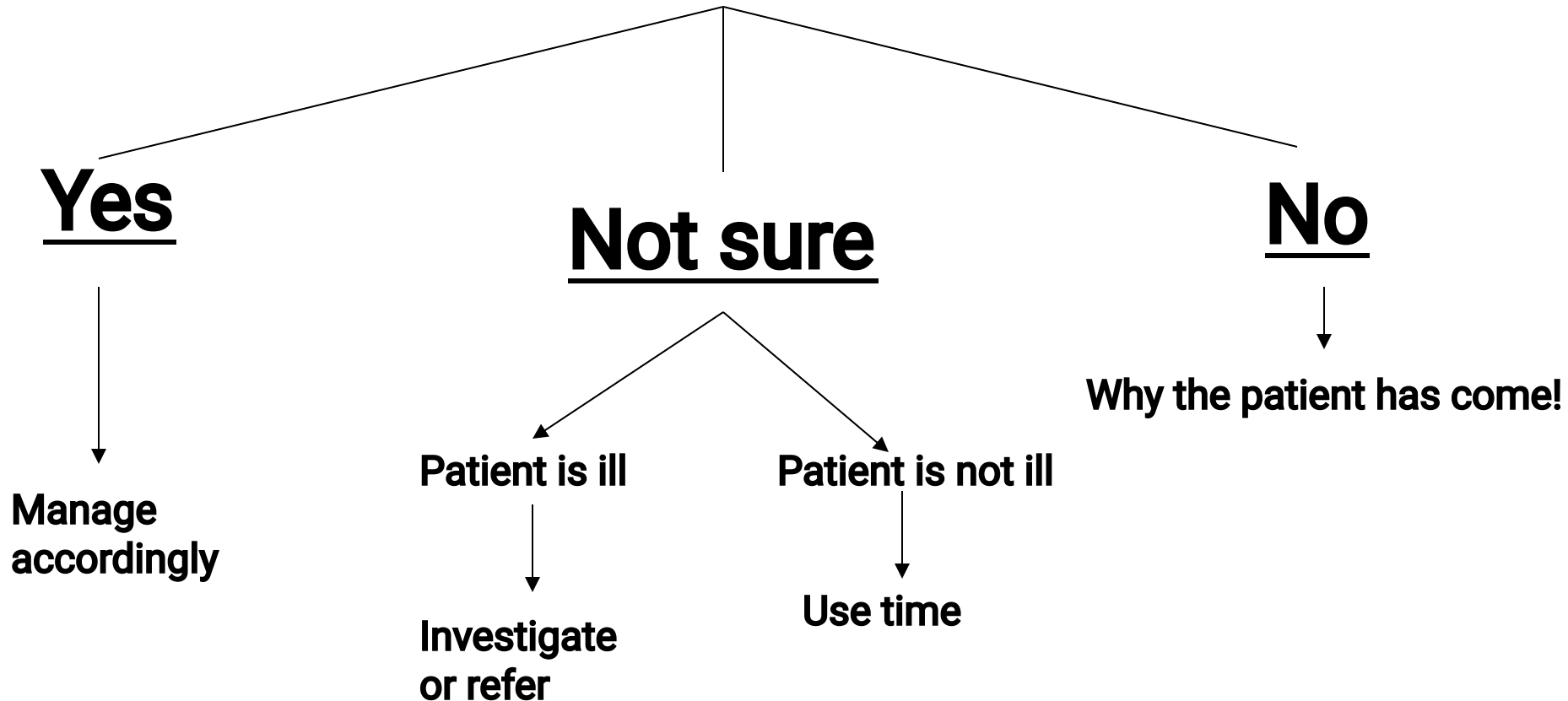
The Triple Diagnosis



Safety Net

General practitioner asks himself

Has this patient got a disease?



Thank you

Case 1`

A 61-year-old widow presents with a history of “wetting herself” for the previous 5 days because she can not get to the toilet in time. She had felt “perfectly well” prior to the onset of her present symptomatology. Her medical records reveal she has no history of significant illness and that she is an infrequent attendant.

