

The importance of a diagnosis!

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The end-goal of any good doctor’s work should be the diagnosis of a patient to enable effective management and treatment but also to give the patient a possible prognosis. In a personal view in the *BMJ* last year, Gordon Caldwell, a consultant physician working in acute medicine, said that the time taken to reach the correct diagnosis may be crucial for the patient’s chance of survival. He added that over his career, he has seen many errors in the working diagnosis causing harm to patients and even death.

He also considers the importance of creating the right working environment for doctors to make good diagnoses. He said: “I believe that we have not thought about the best places, the physical and psychological environments, in which doctors should do this complex clinical thinking. Often it occurs in small hot rooms subject to constant interruption or even in ward corridors without easy access to laboratory results.”¹

Although geriatricians especially understand the importance of an early diagnosis, the process of investigations can take a toll on the patient. A battery of tests is all well and good as long as they are measured and not knee jerk reactions. Also is it the diagnosis or understanding and management of the symptoms



that is more crucial? The goal should be to ultimately cure.

In the field of geriatrics, there are areas where an accurate pathology diagnosis is essential to ensure the most effective treatment such as in cancer. Or, as is the case in Alzheimer’s disease, early diagnosis enables people and families to take immediate action to prepare for worsening symptoms and make appropriate plans for the future.

All too often though, GPs and geriatricians are faced with patients with a host of comorbidities and complications and need time to think about the information needed for a more precise diagnosis. In the many comments following publication of the Caldwell article, a number of suggestions for more effective practice have been made. These include the view that doctors do not communicate their uncertainty of the diagnosis well so that they or other doctors can be reminded to review the

patient later. The problem could be unavailability or disorganisation of notes as the “evidence” in support of a diagnosis is often discussed verbally but is rarely written down in a transparent way.

One doctor summed it up excellently with these words: “It would safeguard patients by ensuring that doctors and nurses taking over their care had a better understanding of what has been happening already. If patients were given a written copy of their diagnoses linked to related findings and treatments, they would be able to retain such explanations better and pass them on to other doctors in a helpful way. This would also empower patients by helping them to understand and participate in diagnoses and decisions about their care.”

1. Caldwell G. What is the main cause of avoidable harm to patients? *BMJ* 2010; **341**:c4593