

Anamnesis - the skill and art of clinical medicine

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Abstract: Anamnesis (Greek: αναμνηση — memory) is a conversation with the patient in order to gather all the information that is essential for discovering the true nature of the disease and making an accurate diagnosis. The oft-quoted saying “Listen to your patient; he will tell you what his diagnosis is” shows the value of the anamnesis in diagnosis. It is believed that the anamnesis has the greatest importance in establishing the correct diagnosis. 50%-70% of the diagnosis is made already on the basis of the anamnesis. Proper history taking is a medical skill that requires from the examiner: good knowledge, a lot of time and patience. In addition, cultural behavior and certain personal qualities and skills of the doctor are also important. But taking an anamnesis is not only a science, but also a skill and an art, as it requires interpretation and clarification of the conversation with the patient. A good clinical assessment comes first, and it is reached after many years of practice. Patients with the same diseases can express their symptoms differently, so the main characteristic of medicine as an art is how the doctor interprets different descriptions of the same phenomenon. In the process of taking an anamnesis, doctors are detectives, and the patient (and family or companions) are witnesses. If we ask the right questions and make sure we really understand what the patient has experienced, we are much more likely to arrive at an accurate diagnosis quickly. The point of contact between art and science in medicine is where the doctor feels the emotion that brought the patient to the office. The doctor must not only listen to the words the patient uses, but clarify their meaning. When he learns this, he becomes an artist of the best kind.

Key words: history, patient, doctor

INTRODUCTION

When we talk to patients in our offices every day, one would say that these conversations take place without any order and that they are similar in their form to other conversations we have with ordinary people, when we are in the position of the layman and when we are not talking about the disease. Of course, this is not the case when we have a patient in front of us for the first time. Despite the extraordinary variety, this conversation has its legality and some basic rules. Due to the wide range of health problems, personality characteristics of patients and doctors, as well as the circumstances in which we conduct this conversation, this conversation actually represents taking an anamnesis and it is crucial for the definition, prognosis and treatment of a health problem.

Anamnesis is a word of Greek origin (Greek: αναμνηση — memory) and represents a conversation with the patient in order to gather all the information that is essential for discovering the true nature of the disease and making an accurate diagnosis. Taking an anamnesis is the first step in the examination of

every patient. If possible, the doctor should ask questions directly to the patient. Exceptions are small children and people who have problems with expression. If the data is provided by the patient's companion or family members, the doctor should be convinced that the data about the patient and his complaints are accurate and precisely presented. The examiner enters the data collected through the anamnesis in written form into the medical history. Taking an anamnesis is a medical skill that is learned through practical work, and requires from the examiner: concentration, good knowledge and a lot of time and patience. During the interview, the examiner must take into account the authority of the patient. The length of the conversation with the patient depends on the condition of the patient, the nature of the disease and the expertise of the examiner. It is also necessary to separate important from insignificant data. Therefore, for a quality anamnesis, it is necessary for the examiner to gain the trust of the patient, and thus avoid missing important data about the current illness.

Anamnesis is the basis and the most important part of the procedure for determining

the disease, and many diseases can be diagnosed already after a properly taken anamnesis. It is considered that the anamnesis has the greatest importance in establishing the right diagnosis: 50%-70% of diseases can be diagnosed based on the anamnesis. Objective (physical) examination participates in the diagnosis with about 20%-30%. Supplementary examinations contribute to the diagnosis with (10%-20%).

The anamnesis must be complete, and therefore all questions are asked in a specific order and contain the following parts: general, main complaints, current illness, previous illnesses, examination of the current state (anamnesis by systems), personal anamnesis, family anamnesis, social-epidemiological data and anamnesis conclusion. (1,2,3).

This protocol, "by the book", part of anamnesis taking is covered in detail in many textbooks of internal medicine, and due to its volume, it will not be repeated here.

The procedure and sequence of taking anamnesis is very important and should be done professionally, but in this examination, it is very important to focus attention on the interpersonal contact between the patient and the doctor, which is the cornerstone of successful medical practice. A large number of doctors find the meaning of their work precisely in establishing a quality relationship and communication with the patient. Sometimes, especially at the beginning of the career, we find ourselves in the problem of how to make that relationship mutually beneficial. Medicine is a science, the use of medicine in practice is a skill, and adapting science and skill to the patient's wishes and expectations is an art (4).

How to achieve this? We will try to summarize several postulates that can practically help doctors in the process of taking an anamnesis.

1. LISTENING IS AT THE HEART OF GOOD ANAMNESIS TAKING

A good anamnesis is one that reveals the patient's ideas, concerns, and expectations, as well as any accompanying diagnoses. The conversation in the doctor's office begins with the patient stating the problem for which he came to the outpatient clinic. Sometimes the reason for the visit is also a real problem that the doctor should be dealing with (e.g. temperature or pain), but often it is just a "wildcard" behind which other problems are hidden that the

patient does not think are appropriate to mention right away at arrival. These include, for example, complaints due to family disagreements or problems at work. The patient will not say that he has a problem at work or that he had a fight with his wife, but that he has a stomachache or a headache. One of the common mistakes of the doctor is that he does not see or does not want to see beyond the reason for the visit that the patient directly states. So it often happens that we send patients for all possible expensive and sometimes dangerous tests, without asking about the background of the complaints. Often the real problems of the patient become apparent only when the patient says at the end of the conversation: "By the way, doctor..."

Taking a little time to listen to the patient is a worthwhile investment. The doctor should listen to everything the patient says about his complaints, in his own words and in order without interrupting his presentation. Ask them to describe their complaints in detail and try to understand from them the reason for coming to the doctor's office. Ask them to tell you in their own words in detail why they came, avoiding that they make a diagnosis. Record each of the main symptoms in the order in which the patient presents them to you. And when you feel that the patient thinks that he has said the most important thing, go back to the data that seems insufficiently clarified. In this way, patients have the feeling that they have been listened to in detail, which gives them a sense of importance and the feeling that they have directed the doctor to the main problem, even and if the doctor did not ask them.

In a study analyzing 74 case histories, it was shown that interrupting the patient early in their opening statement and returning quickly to a "textbook" question often prevented the patient from revealing relevant information. For those doctors who are "pressed for time", it is worth noting that it often took less than a minute for patients to complete their opening statement without interruption, and none took more than 150 seconds. How valuable the anamnesis in the treatment of patients is evidenced by the often-quoted saying: "Listen to your patient; he will tell you what his diagnosis is" (5).

But listening doesn't just involve using your ears. Remember that speech is not the only means of communication, especially if someone has a poor command of the language in which

you are taking the history or is hearing impaired. Use facial expression, body language, and the patient's verbal flow to understand what is really bothering someone and to suggest other areas where the history could be taken further. If a partner or family member is present, watch their interactions. Sometimes an additional person provides important information (facial expressions, subtle nods or head shakes).

A patient who often turns to his partner or companion for an answer to a question can lead us to suspect cognitive impairment.

At the end of the consultation, it is always a good idea to ask the patient if there is anything else they would like to tell you or ask. This can help you get additional information if there is something they didn't understand and which can reveal something that's bothering them that wasn't previously mentioned. It is also an opportunity to confirm that a mutual understanding has been reached between doctor and patient. (6,7)

2. USE THE POWER OF TOUCH .

Introduce yourself to the patient, smile and try to convey warmth and attention. Make sure the patient is comfortable. A warm handshake or pat on the shoulder can often calm a frightened patient, and the touch itself can sometimes have a healing effect. Of course, reactions to touch can be unpredictable, especially in patients who have been abused, who have suffered pain for a long time, in psychiatrically altered or sedated patients. The patient's pattern of cultural behavior should also be taken into account. If you notice that the patient is uncomfortable when touched or considers it uncivilized and inappropriate, explain to him in detail that taking an anamnesis and physical examination means that they must be professionally observed and touched. Then be sure to ask for permission to continue with the anamnesis. If they insist, accept (or even suggest yourself) that someone close to the patient attends the examination. (7)

3. SMILE.

Medicine is a serious business, and doctors are serious and busy people. But if you are too serious or too busy to incorporate humor into your work, then you and your patients are missing out on something very important. Humor can be helpful in establishing rapport, relieving anxiety. It can be an outlet for anger, resentment and frustration. Humor has

beneficial physiological effects, but, like any other tool, it should be used appropriately.

Humor carries a lower risk of being misunderstood if it is not rude, not degrading to the patient, if it is externally focused (not aimed at the patient), if it is not used as the only means of communication, if it is based on empathy and if it is reciprocal. That is, you have to expect that the patient will return the joke.

When joking, remember that there are three types of people: those without a sense of humor, those who enjoy humor, and those who create humor. If you feel that the patient lacks a sense of humor, abandon this recommendation. Humor will only make such a patient angry. If you lack a sense of humor, skip this recommendation because it won't be funny. In relation to everyone else, be humorous, but find a measure, don't overdo it (7).

4. SHOW A LITTLE EMPATHY FOR THE PATIENT AND HIS DISEASE.

The best way to connect with patients and get them to cooperate with you is empathy. Empathy is the ability to emotionally understand what another person is experiencing, that is, it implies the ability to recognize and be moved by what the patient is going through, even though you have not had such an experience yourself. Basically, it is putting yourself in someone else's position and experiencing someone else's feelings (7,8).

Saying: "I'm sorry" is a sympathetic reaction because it only expresses your feelings.

And if he says, "That was certainly very shocking for you" this then represents an empathic approach as it includes your commentary on the patient's feelings.

Empathy is not, as many believe, a sign of weakness, an unnecessary waste of time and energy, or inappropriate intimacy with the patient. Compassion as an approach to understanding the patient's emotions not only helps to establish a caring relationship, but can influence the course of treatment.

For example, patients of highly empathic physicians had better glycemic control than patients whose physicians showed less empathy (9).

5. SHOW TOP PROFESSIONALISM IN YOUR WORK

Confidentiality of doctor-patient data is a basic postulate of medical ethics. Patients in

your practice need to feel completely safe and confident that whatever they say will not leave your practice.

Equally important is respect for the patient's personality and a fair approach to all patients.

It is very important that we give each patient the same attention that we as patients would expect from our doctor. A good doctor must be able to treat all patients equally, regardless of their ethnic and political background, lifestyle choices or behavior.

Our job is to treat our patients, not to judge them. (7)

CONCLUSION

Medicine is a science, the use of medicine in practice is a skill, and adapting science and skill to the patient's wishes and expectations is an art. Despite the huge achievements in medical science, honest contact

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between the patient and the doctor is the first condition for successful medical practice. A humane and professional relationship between a doctor and a patient, the application of the latest scientific knowledge and the correct application of that knowledge in a concrete example, with a good treatment outcome, is what we see as the "art" of medicine.

If you are able to establish a relationship of trust and take enough time for the patient, if you know how to properly use the power of touch, if you joke skillfully, show empathy for the patient and his illness, if you behave professionally, are constantly learning and can withstand high degree of responsibility and work hard - you will be a successful doctor! In this way, you can discover that with your activity you will make changes in other people's lives for the better, which will make you more satisfied with yourself, your work and performance.