



Offline: Touch—the first language



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Why don't doctors touch patients anymore? Having had the privilege of attending clinics in the UK's National Health Service almost every week since March this year, I can honestly say that at no stage has any physician, surgeon, or anaesthetist ever completed anything approaching a physical examination. (Even taking a history by a doctor has been an astonishingly cursory exercise. Nurses are more thorough, albeit by using a checklist.) These observations are not meant to be criticisms. You might fairly argue that since my "presenting complaint" did not concern the heart, lungs, abdomen, or neurological system a full physical examination was unnecessary. But as someone who went to medical school in the 1980s, I had the importance of inspection, palpation, percussion, and auscultation burned into my emerging clinical soul. The pages and pages of findings we wrote based on extensive histories and physical examinations conformed to a pattern of extraordinary detail that we were exhorted, indeed required, to describe. But not today. Or, at least, not in the contemporary day-to-day practice of medicine. The physical examination seems to have become an anachronism, a vestigial remnant, of clinical care. Should we mourn or celebrate the demise of the laying on of hands?

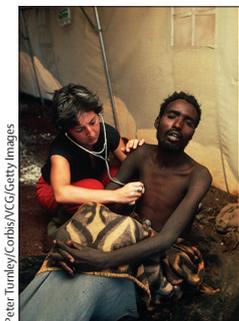


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In many ways we should rejoice. I have been moved through contrast-enhanced MRI and PET-CT scans, undergone numerous ECGs, ultrasound examinations, and echocardiograms, been punctured with biopsy needles, and sat in giant queues waiting for test tubes to be filled with my blood. Who needs doctors? The precision of modern technological medicine triumphs over anything our flawed human senses can detect. The doctors I have seen have mostly been magnificent. But their roles have been strangely ambiguous. One dispenses quickly with the clinical reasons for our encounter, passing onto entertaining and scurrilous lamentations about hospital management. Another is cooler, even icy, calling (shouting) a patient's name in the middle of the clinic. The patient is expected to follow behind the consultant like a miscreant school student. On entering the clinic room, you sit and then watch an expressionless and quite frighteningly daunting face read out the pathology (or whatever) report from a computer. In a disarmingly direct way, and



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without a shade of eye contact, you learn whether the latest piece of tissue extracted is free or not of disease. The consultant is impassive, unmoved, as they transmit your fate. And through all of these exchanges, there is no contact. Indeed, the opposite. Absolute separation. No examination of hands. No attentive search for enlarged lymph nodes. No feeling for a pulse, radial, brachial, carotid, or otherwise. No measurement of the jugular venous pressure. No inspection or palpation of the praecordium. No auscultation of the heart. No percussion or auscultation of the chest. No abdominal examination. And one's nervous system might simply not exist. I have tested these perceptions with friends who still see patients. They are surprised that I am surprised.

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The avoidance of touch is bad medicine. I am as enthralled as anyone else by new medical technologies. I honour (indeed now depend upon) the discovery of new medicines to manage previously untreatable conditions. I admire the achievements of doctors in an ever-more pressured clinical environment. But a clinical examination is not only about eliciting evidence to piece together a differential diagnosis. The clinical examination, and the central place of touch in that examination, is about fostering a physical and mental connection between doctor and patient. Touch signifies the human nature of the predicament patient and doctor both face. Touch humanises that predicament. Touch builds trust, reassurance, and a sense of communion. Touch is about fostering a social bond of sympathy, compassion, and tenderness between two strangers. Touch can even convey the idea of survival. Margaret Atwood wrote in *The Blind Assassin* (2000), "Touch comes before sight, before speech. It is the first language and the last, and it always tells the truth." The impersonalisation of the clinical encounter has been a severe setback for medicine. Underestimation of the importance of touch denies the universal need for physical connection in human relationships, of whatever kind. Touch, expressed through the physical examination, communicates comfort and concern. Touch encourages cooperation. It's time to bring back touch into medicine.

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