

The patient's medical history is the single most important factor in making a correct diagnosis. There is good evidence that for the majority of diseases that the history contributes between 70-80% of the diagnosis.¹⁻³ A careful clinical examination will add a further 10-15% and diagnostic tests the remainder. Medical teachers have repeated this mantra to their students for decades but, nowadays, doctors are increasingly investigation orientated. This is to the detriment of the diagnostic process and to the doctor-patient relationship. Repeatedly, in surveys of patient experience, communication failure heads the list of complaints. This is compounded by the introduction of computer screens into the consultation room. Comments such as: 'The doctor looked at the screen, not at me.'; 'The doctor talked to me, not with me.'; 'Nobody listened to my story' are frequently heard.

Thus it is unsurprising that 'complementary' therapies are popular with patients. 'Conventional' doctors, steeped in the importance of randomized clinical trials and evidence-based medicine, are often derogatory about these treatments, but, many patients claim benefit. Even in life-threatening conditions such as cancer up to 50% of individuals use such therapies. The common factor is that these practitioners listen, give time and have empathy. By letting the patient tell their story they restore their sense of identity and individuality.

We cannot overemphasize the importance of the patient's story – or as we term it - the history. Stories seem to be essential to give structure to human life. They impose a framework in which we can interpret life's central questions. A patient's story is intrinsic and inseparable from their life, uniquely defining personality and identity. Gaining access to it enables the clinician to reach the nature of their problems, concerns and expectations. There is a view that investigations (often complex, expensive, invasive and time-consuming) will give the diagnosis more accurately and rapidly. But this approach confuses and complicates the situation with false-positive and negative results and incidental irrelevant findings leading to diagnostic wild-goose chases.

The best clinicians seem to have an almost instinctive, even magical, ability to obtain an accurate history. Although this is central to the practice of clinical medicine many doctors simply don't listen. Recorded doctor-patient interviews show that more than 75% of patients were not allowed to complete even their opening statement of concerns. In addition, elements of sexism intrude: Doctors (both male and female) are more likely to interrupt a female patient than a male one.⁴

The skills needed to recognise, absorb and interpret a patient's story are known as 'narrative competence'.⁵ Narrative competence, requires a return to our early attitudes and experiences a relearning of how to listen to a story and how to give information optimally. This presentation will outline how clinicians can help their patient in this way and facilitate both the diagnostic process but also their management.⁶

As Sir William Osler said: 'The good physician treats the disease; the great physician treats the patient who has the disease'.

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