

# Are we in danger of losing the skill of observation in clinical medicine? A dermatology perspective

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Sir,

I read with interest Professor Ellis' article on William Osler (<https://doi.org/10.12968/hmed.2019.80.12.737>) and agree that, as one of the greatest clinical teachers, many of his dogmas remain valuable today. Having recently completed an undergraduate placement in dermatology, I feel that, as Osler said, 'to study medicine without patients is not to go to sea at all' is particularly relevant to current teaching methods.

For most dermatological presentations, diagnosis can be made from history and examination alone (Hampton et al, 1975). However, the time dedicated to these skills is decreasing in the face of service provision, overbooked clinics and reduced supervision with senior colleagues.

Osler emphasises that 'the whole art of medicine is in observation'. On this premise, medical student teaching should highlight this important skill. For example, generalised pruritus and cutaneous vasculitis are dermatological manifestations that often present with systemic signs and sequelae. Looking beyond the skin here is key to ensuring improved patient outcomes.

A 'lesion only' approach often stands in the way of the bedside teaching that Osler upheld. On placement, I witnessed a clinician identifying other areas of concern, where the original lesion was thought to be harmless. With an increasing number of teledermatology clinics and e-consults, we cannot forget the importance of face-to-face consultations.

With increasing change in the NHS, we must not lose sight of the foundations of clinical medicine upon which Osler built his legacy. The COVID-19 pandemic will undoubtedly make this challenging, and focused bedside teaching is crucial to ensure the next generation of doctors is as astute as the last.

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## References

Hampton JR, Harrison MJ, Mitchell JR et al. Relative contributions of history-taking, physical examination, and laboratory investigation to diagnosis and management of medical outpatients. *Br Med J*. 1975;2(5969):486–489. <https://doi.org/10.1136/bmj.2.5969.486>

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