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FROM BENCH TO BEDSIDE: DIAGNOSIS AND MEDICAL UNCERTAINTY
The Power of Diagnosis

- ‘Diagnosis guides medical care. It organizes the clinical picture, determines intervention, and provides a framework for medical education’. … it also defines professional medicine’.
- (Annemarie Jutel, 2009)
Medical Dualisms

- Research and Practice
- Cure and Care
- Science and Art.
- More medical knowledge and more uncertainty.
- Diagnosis and Uncertainty

Diagnosis Imposes categorisation and order on the disorder of illness, denial of uncertainty.
In our medical curriculum, such polarities have been reified in the split conceptions of health and illness, in their "biomedical" as opposed to "psychosocial" components, and in the sharp distinctions maintained between basic science and the clinical aspects of medicine.
Uncertainty learned by medical students:

1. Impossibility of amassing all medical knowledge – uncertainty associated with these gaps.

2. The uncertainty in distinguishing between personal ignorance and ineptitude.

3. The limitations and inadequacies that exist in medicine.

- Renée Fox, 1957, 2011
- Tolerating Uncertainty, Bleakley, 2008
(Un)Certainty & Professionalism

- Socialization for uncertainty takes on particular significance in professional training, because the professions depend on the public believing that they know what they are doing. Their license and mandate rest on the claim that they have mastered esoteric knowledge and can apply effective techniques to manage other people's problems and uncertainties (Light 1979).

Yet uncertainties constantly arise in professional work.
Drug Trials

The social construction of scientific facts.
Drug Trials – Pharma Sponsored

- Specification of disease markers:
  - Inclusion and exclusion criteria.

- The search for clean data contrasts with clinical messiness.


- Many drugs shown to be successful in trials turn out not to be in clinical practice.
Diagnosis in Practice

- We general practitioners are mainly interested in the **utility** of diagnoses: we take a pragmatic approach. We welcome a diagnosis as an opportunity for reducing the complexities of the problems that our patients present, a means of creating or imposing order and understanding in the midst of confusion and chaos, a defence against confusion and uncertainty. (Dowrick, 2009)
Marc Berg: The Construction of Medical Disposals

- Challenges what he says are commonly held assumptions about how doctors carry out examinations to reveal facts about conditions and instead he shows how the physician ‘transforms patients problems into solvable problems’
- Overcome what he sees as the dualism in the Sociology of diagnosis –cognition versus the social.
Observations from the Clinic

- Oncology Clinic
  - Detective work. Listening to patients’ narratives.
- Sub-categorisations of disease important for understanding the likely outcome and treatment choices.
MEDICAL DIAGNOSIS STEP PROCESS
Gathered information through patient history, observations, physical examination and investigations

CLINICAL REASONING
Used gathered information to deduce a probable cause for the patient’s presenting complaint

CLINICAL DECISION
Formed an impression /working diagnosis

Linda Adams’ PhD Study on Clinical decision making
How doctors reach a diagnosis

- You have to be like a detective. Everything the patient says, does, how they look, interactions with relatives/staff gives clues as to what the problem might be. It might not be the obvious thing in front of you. (Interview P.06)
Pharmacogenetics and Stratified Medicine.

- From testing for disease to testing for ‘Normal’ genetic variation.
  - Promise of simplification….genetic tests.

- Science versus Art.
- Envisioning the future –Sociology of expectations.
- Reality is very different as are the uptake of other diagnostic tests.
Tests

- Medical Test while increasingly common have uncertain results and variable utility.
- Medically unexplained symptoms.
- False positives and false negatives.
- Medical tests used to provide diagnose do not always satisfy patients.
  - Genetic diagnosis for obesity. (Shirlene Badger, 2009).
Doctors look at the image of the child's brain on the scanner, one of them (probably a clinical oncologist) comments to the surgeons once they realize after the surgery that a tumour mass is still in the brain.

‘We are treating the scan, not the tumour.’

This represent a paradox between the concrete and the abstract, between the material disease and the imagined disease, between the actual source/embodied disease and the measure/image/detection of the disease, between the diagnosis and the treatment.

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