Semiology of internal medicine
Medical deontology and Ethics
General patient examination plan

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Ethics

In Greek “Ethos”

Good, well, temperament, character

The code of ethics are defined by the reactions of the society

It has no legal obligation

It depends on the time and place

Ethical Principles

- **Autonomy**
- **Beneficience**
- **Nonmaleficence**
- **Justice**

Deontology

Science of duty

Medical deontology contains responsibilities to

“yourself”

“your colleagues”

“the society”

Bioethics/Biomedical Ethics

Concurrence of the ethics and the vitality sciences

It deals with the moral values problems of medicine, health-care services and biologic sciences

Subheadings of bioethics

“Clinical Ethics” on supplying health-care services

“Research Ethics” protects the research participants

“Work Ethics” on duties and responsibilities

“Public Policy and Governmental Ethics ”

prepare the ground for the law

Case Studies - Opposition to Organ Donation

JD is a 25-year-old patient who sustained massive head trauma and neurological injury in a motorcycle accident. He is not brain dead, but after 4 weeks in MICU and several neuro consults, the prognosis for “meaningful recovery” is said to be less than 1%. JD has not regained consciousness and is apt to remain permanently in a vegetative state.

What is your oppinion about organ donation?

Semiotics

Semiotics, the theory of sign and meaning, may help physicians complement the project of interpreting signs and symptoms into diagnoses. We communicate indirectly through signs, and make sense of our world by interpreting signs into meaning. Medical semiotics is part of general semiotics, which means the study of life of signs within society

Thus, through association and inference, we transform

flowers into love

Othello into jealousy

chest pain into heart attack

Medical semiology

Signs are objective manifestations of disease

Symptom - causes emotional distress and disfunctioning (fatigue)

Laboratory signs

History taking

Physical examination

Imaging

Put line number by importance in your opinion

The Path to Diagnosis

Anamnesis

↓

Clinical examen ↓

Diagnostic (clinic)

(clinical interpretation)

↓

Complementary explorations↓

DIAGNOSTIC >TREATAMENT >EVOLUTION

↓

PROGNOSIS

Contact with patient

Circumstances

Area

Context

Time

Interrelation Doctor-Patient

The general purpose of medicine is the prevention and control of diseases

In order to fulfill their purpose, doctors interact with patients. This interaction is of an interrelational type

Interrelation is defined as a reciprocal relationship between two terms, in this case the doctor and the patient

Therefore, the doctor / patient relationship is the reciprocal relationship. It includes all the relationships that are established between the doctor and the patient: contact, discussions, attitudes, diagnostic and therapeutic approach

How does the patient feel before meeting the doctor?

What disease do I have?

Is it serious?

Is it transmissible?

Will my doctors find the cause?

Will I heal myself?

Will I improve?

Will I be able to have children?

Will I be able to work?

Will my explorations hurt me?

Does it take me long to recover?

Will the treatment be effective?

Will they cost me the treatment, the care?

Will my illness change my way of life until now?

What is the doctor thinking?

What condition can the patient have?
Can I help him?

What consultation will I need?

All is well?
Is he a compliant (disciplined) patient?

Will I be able to do all the consultations today?

Building an optimal doctor-patient relationship

Irreproachable Outfit: Clothing, Hygiene

Framework for interrelation:

Room bright, airy, silent, clean, properly furnished

Behavior: calm, affectionate, reassuring

The doctor: Allow sufficient time for discussion with the patient and have adequate affective disposition.

Do not smoke, do not talk to someone else or on the phone, do not read anything else (except the documents of the patient, where appropriate), do not look at the computer they have elsewhere (although it is a difficult wish)

The radio or the TV is not listened to (but a musical background)

Quiet: classic music, can be useful for the relief of the patient

Ensuring privacy

Interrelational conditiides

Inpatient

Outpatient

Home visit

Emergencies

Difficult patients

Anamnesis

Definition: The totality of the data that the doctor obtains by interrogating the patient regarding the occurrence and evolution of the disease he suffers, with his history

Technique: Interview

Subjective accusations:

the symptoms of the disease: local, general

Causes: certain (direct relation)

probable: endogenous-exogenous "risk factors"

Conditions

Aware patient (vs. comatos)

Coherent (vs. confused)

Mnezic (vs. Amnesic)

Particular situations

E-patient

Sincere (vs. simulation, not true: Münchausen syndrome

(a pathomimia associated with severe emotional difficulties)

Karl Friedrich Hieronymus, Baron v. Münchhausen (1720-1797)

Difficulties

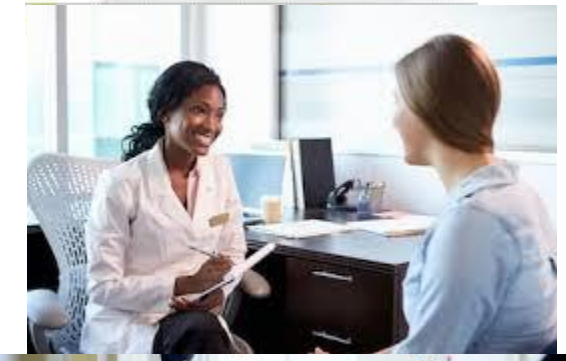
Extreme ages

Language not known

Unable to express (disability)

Difficult questions

Other impediments?



Substitutes of the anamnesis

Indirect anamnesis (by investigation)

evidence

documents

online

Methodology of anamnesis

Essence: interrogation with targeted questions	**examination ("stage II of the clinical diagnosis")**
The principles of anamnesis	**Psychotherapeutic recovery - Confidence in the doctor Compliance of the patient**
Observance of the deontological rules of the doctor-patient communication with methodical and exhaustive character	**Optimism (vs. anxiety)**
The imperative to verify information	**individualization of conduct: "Art!" (vs. routine)**
resumption and completion after the objective	**Automatism?**

Contents of the anamnesis

Reason for addressing a doctor ("What's the problem?")

Personal Identity Data ("Who? Where?")

Living and working conditions

Personal history = physiological = pathological

Hereditary-collateral history

History of current disease

Living and working conditions

- Place of origin and life ("geographical pathology", "endemic")
- The hygienic profile of the house
- Particularities of family relationships (stress!)
- Conditions of professional activity: - hygiene of the workplace
- applications
- psycho-physical-stress overload
- Economic-social and cultural standard

Personal background

- Childhood - nutrition, growth, psycho development
- physics
- Puberty and adolescence - sexual maturation
- the F-menarha
- Adulthood: effort capacity
- libido, sexual dynamics, problems
- to F: the catamenial cycle
- tasks and problems related to them
- climax, menopause

Lifestyle and nutrition

- **Lifestyle: effort / rest relationship, sedentary lifestyle / movement**
- **sleep**
- **ways to relax**
- **Food style: "what? How? when? How?"**
- **Anamnesis applied at various ages**

- **Anamnesis applied to patients from diverse backgrounds**

- **toxic**
- **alcohol - acute (intoxication) chronic (alcoholism), smoking, active (smoking)**

- **coffee (caffeinated)**
- **medicines (sedatives! pain relie**

- **drugs (drug addicts)**

Eredo-Collateral History (diseases with family aggregation)

Hereditary diseases with gene or chromosomal transmission

autosomal dominant (heterozygous)

autosomal recessive (homozygous)

Diseases with polygenic transmission (multifactorial)

Congenital diseases (embryogenetic abnormalities)

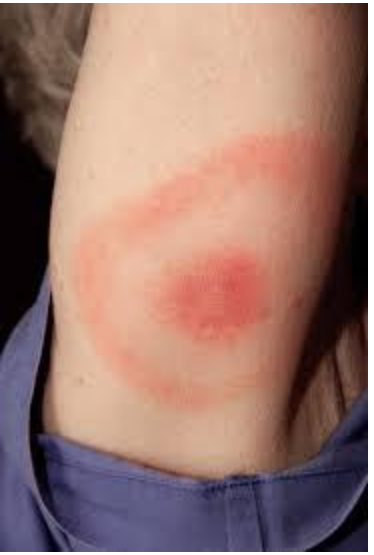
Pathological Personal History

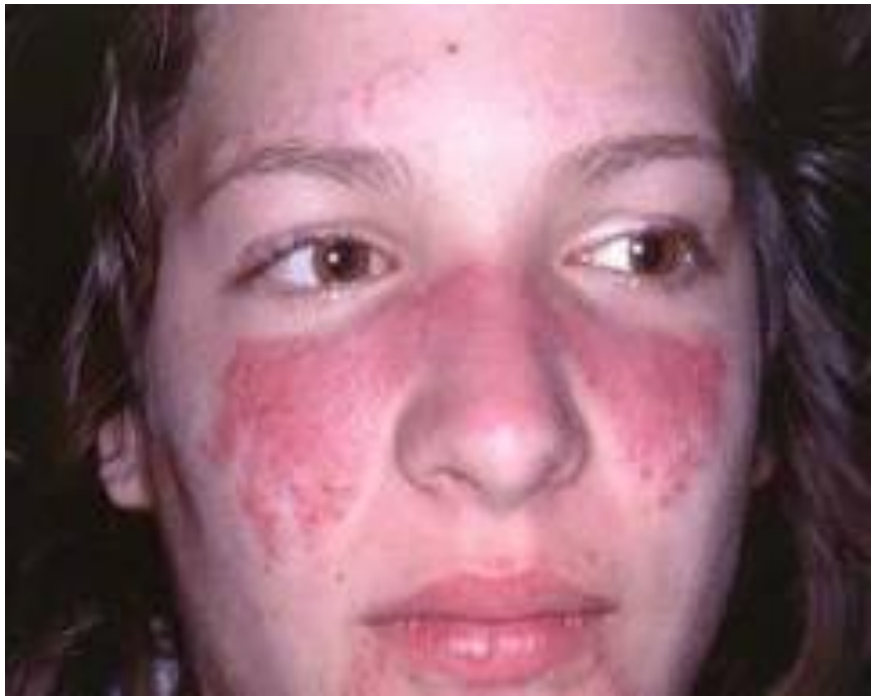
- Infectious diseases of childhood
- Chronic infections: tbc, syphilis
- Acute venereal disease
- Rheumatic diseases
- parasitosis
- Diseases of internal organs
- Hematological diseases

Doctors Should be Servant, Like a Detective "Conan Doyle"

Look at the patients general appearance…at the face, hands and body

- **Each examining system can be described using 5 elements:**
  - **looking/inspection**
  - **feeling/palpation**
  - **tapping/percussion**
  - **listening/auscultation**
  - **assessment of function**





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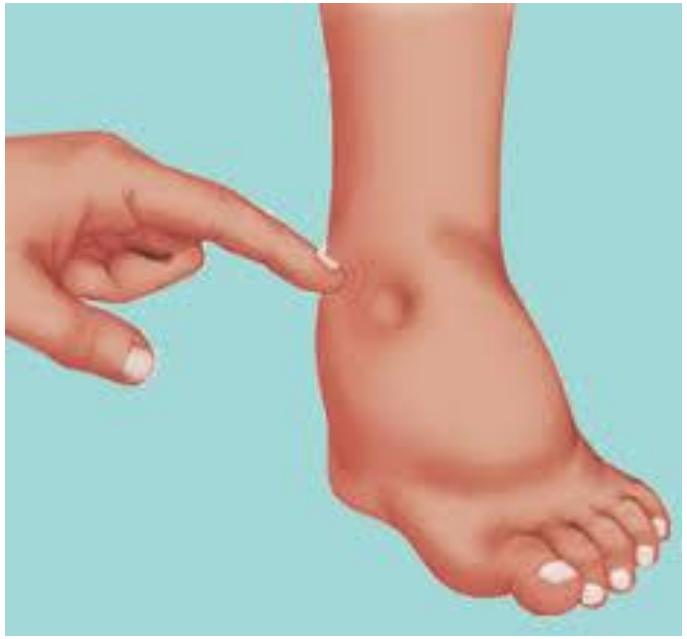

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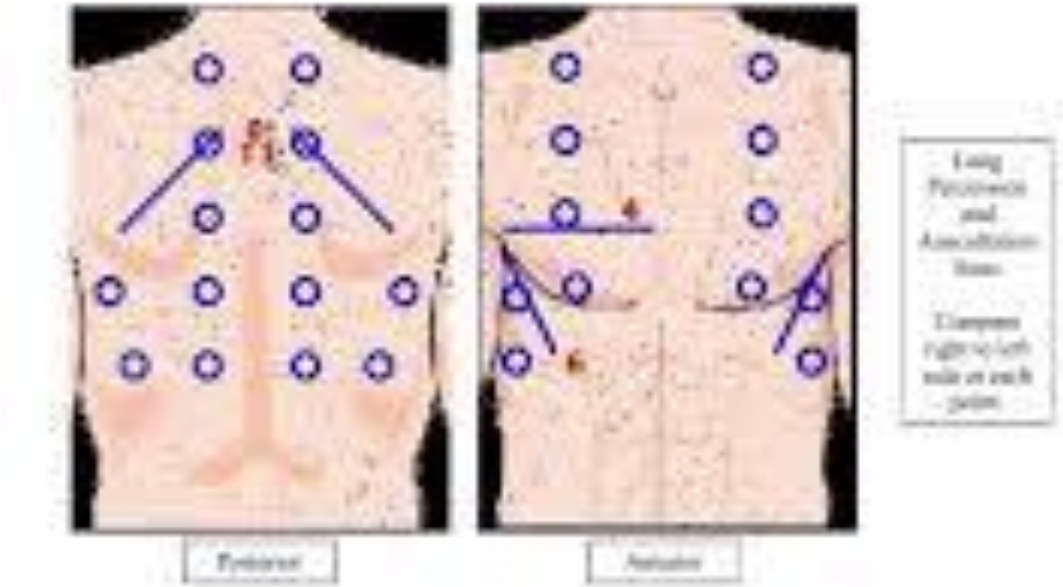

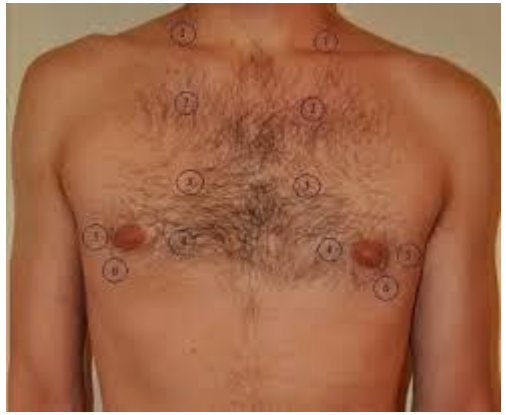

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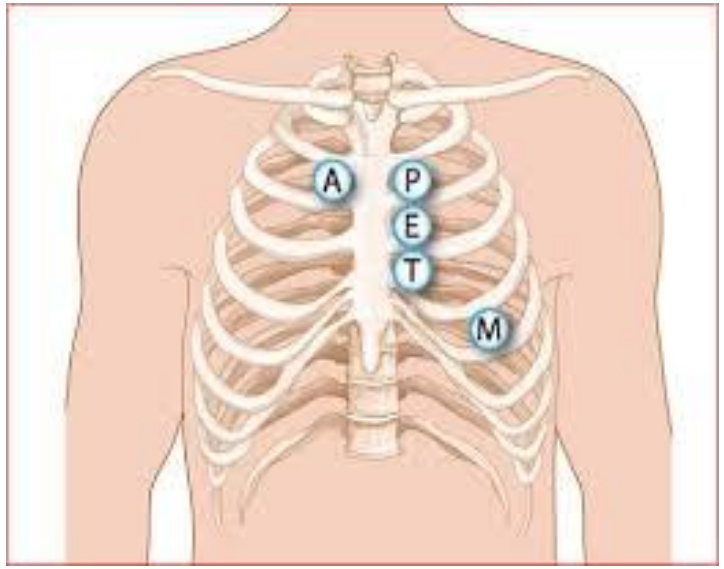

Assessment of function
Rheumatod arthritis Gout

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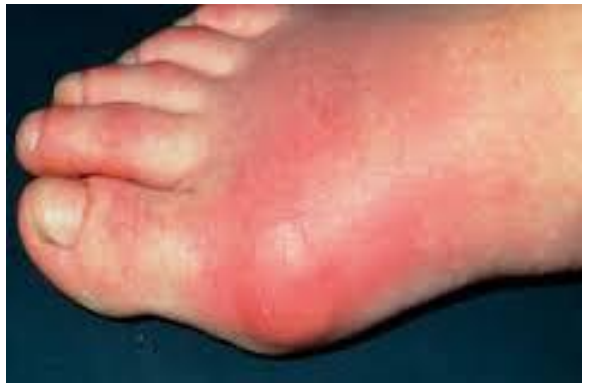
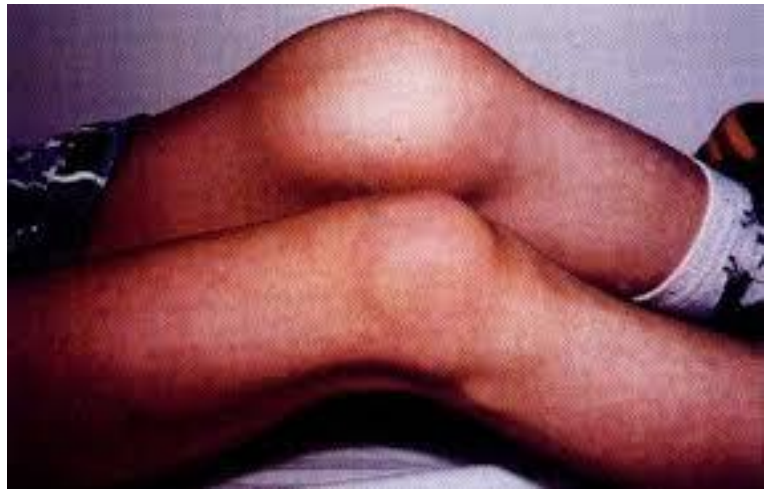




First impressions…..

- Decide how sick is your patient?
- Is she well, sitting up and talking?
- Or ill totally not aware of her surroundings?

Vital Signs

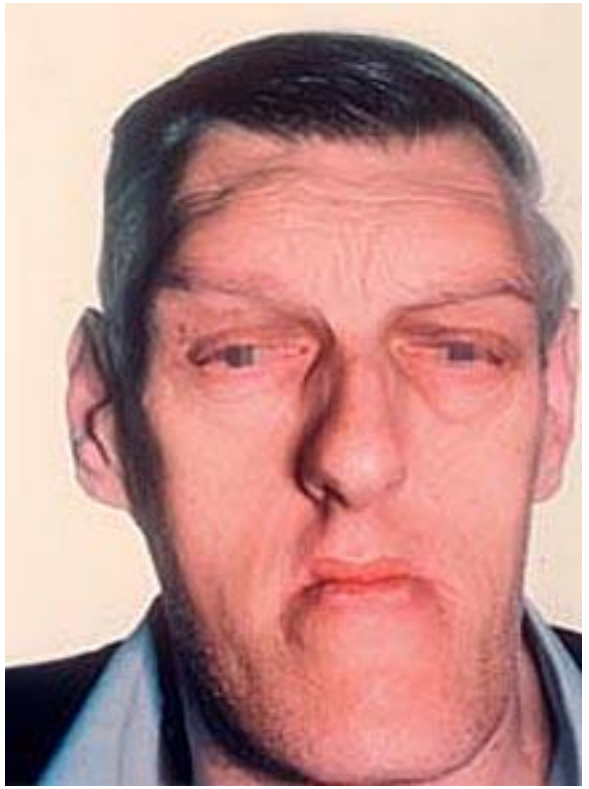
- **PULSE**
- **BLOOD PRESSURE**
- **TEMPERATURE**
- **RESPIRATORY RATE**
- **Should be assessed immediately once you discover that your patients unwell.**
- **They provide important basic physiological information**

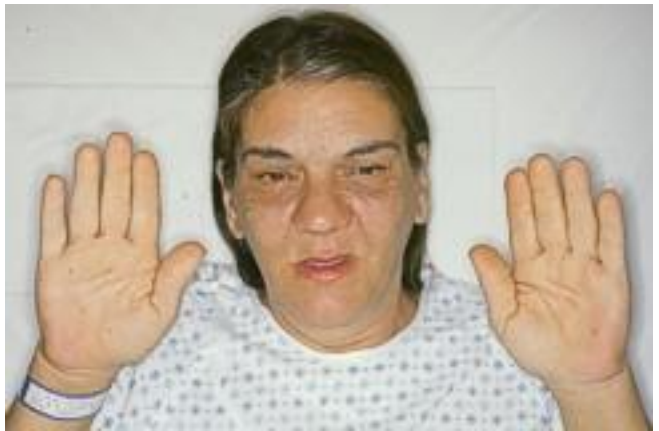
Weight, body habitus and posture

- Obesity,BMI >30.
- Any wasting of muscles?
- Tall? short?
- Always observe when the patient walks into the examination room

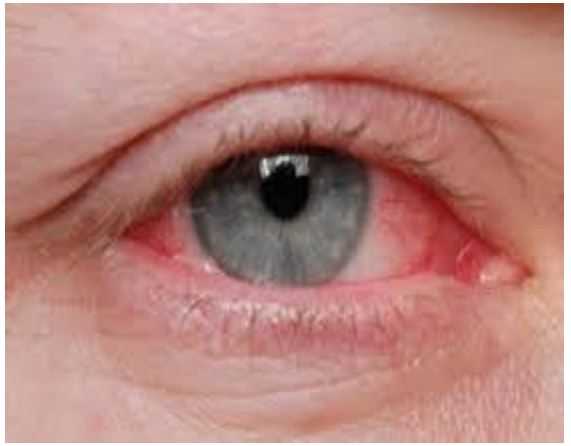
Facies

- Specific diagnosis can be made by just looking at a patient's face.
- Some facial characteristics are so typical of certain diseases that they immediately suggest the diagnosis….so called diagnostic facies……





Hydration



Sjogren Syndrome

- **Mild-2.5 L deficit**

-mild thirst, dry mucous membranes,concentrated urine

- **Moderate – 4L deficit**

-as above with moderate thirst,reduced skin turgor(especially the arms,forehead,chest and abdomen) , tachycardia

- **Severe – 6L**

-great thirst,reduced skin turgor and decreased eyeball pressure

-collapsed veins,sunken eyes,postural hypotension,oligu

Important diagnostic facies

- Acromegaly
- Cushingnoid
- Down syndrome
- Hippocratic
- Marfanoid
- Myxoedemetous
- Thyrotoxic
- Parkinsonism

The role of the student

- Familiarization with the patient's situation
- Insertion of the student in the medical environment
- Help given to the doctor and nurse

Induction-Deduction Relationship

The main movement of diagnostic thinking is essentially inductive: from the sensory concrete to the theoretical concept of disease "To begin by observing and not by reasoning" (Sydenham)

“Medicine must not be based on dusty theories, but on the examination of the patient”

(Giorgio Baglivi)

Dicussions

What is Semiology?

- A didactic discipline, NOT a medical specialty
- What are its purposes?
- To teach him to take over and interpret a history
- Teach him to identify and interpret signs
- To think analytically and synthetically

What semiology offers the student?

- To get in touch with the patient
- Diagnostic benefit, but also .. Psychological benefit
- To master medical logic
- Logically prescribe investigations
- Risk reduction
- Cost-effectiveness

WMA (World Medical Association)
Declaration of Lisbon on the Rights of the Patient (1981)

The patient has the right

- **to choose freely and change his/her physician**
- **to refuse/accept the recommended treatment**
- **to privacy**
- **to die with dignity**
- **to receive or to decline spiritual and moral comfort including the help of a minister of his/her chosen religion**

WHO (World Health Organization)
The Amsterdam Declaration (1994)

- **Observance of human rights and values in health care**
- **Care/treatment right**
- **Being informed/consent**
- **Privacy**

Conclusions

- Semiology is and remains a necessity in medical education
- Semiology is a unitary discipline
- Semiology can help overcome current problems in the evolution of medicine

“The allegory of the Medical Profession” (*1587*) Engravings of Hendrik Goltzius

Hendrick Goltzius 1558 – 1617) was a German-born Dutch printmaker, draftsman, and painter. He was the leading Dutch engraver of the early Baroque period, or Northern Mannerism, noted for his sophisticated technique and the "exuberance" of his compositions. According to A. Hyatt Mayor, Goltzius "was the last professional engraver who drew with the authority of a good painter and the last who invented many pictures for others to copy". In middle age he also began to produce paintings.