
Rethinking the Way We Think

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When healing patients, doctors and other healthcare providers are faced with dilemmas and at times considerable uncertainty. The voluminous amount of scientific literature coupled with doctor's knowledge, experience, and patient's preferences, confounds clinicians with perplexing issues making it difficult to inform patients on the wisdom behind their decisions. A need to standardize clinical practice and guide healthcare workers through developing trustworthy clinical practice guidelines becomes imperative.

The Institute of Medicine defines Clinical Practice Guidelines as statements that include recommendations intended to optimize patient care. Guidelines are formed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options, some of which may carry no evidence but expert opinions. Generally, the effect of guidelines on clinical practice has increased because specialty organizations have taken the responsibility to develop quality measures and create coverage decisions. Guidelines generally depends on expertise to uncover the best evidence, and make specific recommendations. Moreover, it strengthens the lobbying power for support for Philippine Health Insurance coverage. Because guidelines matter more and have wider coverage area, critics have questioned the processes that professional associations have used to develop guidelines.

Our second issue for the year starts with the concept of disclosure as a physician's responsibility, regardless of the patient's condition, whether benign or otherwise. It is an act we as physicians so often do, but very often forget that there is an art in communicating with patients and their families. Through generations, doctors have always been perceived as "those who know best", and thus may need not explain their thoughts and plans. And sometimes, our main messages are drowned out in technicalities that our patients are left confused and silent that they do not even know where to start asking questions, and that silence is mistaken as comprehension.

Disclosure demands that the physician-patient relationship is one that embraces openness and professional honesty, and that the physician is acutely aware of the potential consequences of the disclosure, particularly in cases of diagnostic dilemmas, multiple treatment options, poor prognosis and chronic illness. And it becomes understandably more difficult when physicians have to disclose rare conditions, or rare manifestations of not-so-uncommon illnesses.

Because of the considerable number of clinical practice guidelines available, healthcare workers find it challenging to determine which guidelines are of high quality they can trust! Guidelines should have considered the interplay of cultural differences, local practice incorporating these similarities and difference in the scientific evidence and its analysis. If Guideline users had a mechanism to immediately identify high quality, trustworthy clinical practice guidelines, this is thus cascaded in their health-related decision making thus—potentially improving both health care quality and health outcomes.

Such are the scenarios presented to us in the case reports on Systemic Lupus Erythematosus and Churg-Strauss Syndrome, both not-so-common medical conditions, and more so with not-so-common clinical presentations. These cases remind us that clinicians should think out of the box, and that our collective creativity, curiosity and critical thinking can help unravel medical mysteries. To be able to recognize little known manifestations of illnesses inch us closer and closer to experiencing that "eureka moment" we all aspire to when we are tasked to sift through countless medical details and perhaps even contend with sleepless nights over diagnoses that seem otherwise. And here we are sharing these authors' eureka moments. When the simple become complex, when cardiac tamponade means SLE and foot drop means Churg-Strauss Syndrome, it definitely is time to rethink the way we think.

Our original papers, on the other hand, focus on the more common conditions of tuberculosis, diabetes mellitus, cerebrovascular and thyroid diseases. Our papers give the reader a glimpse into the complexities of conditions we as physicians may encounter everyday. As perpetual students of medicine, we have to continuously discover new dimensions of illnesses we regularly face, and keep these in mind when we encounter other patients.

And so here we are again celebrating new ideas, these products of curiosity and perseverance meant to be shared for all to learn from and gain. Evidence, again, that the pulse of research is very much alive in the Philippine College of Physicians.