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History of the Patient's History: Exploring Origins, Developments, and Debates of the Art of Clinical Case-Taking

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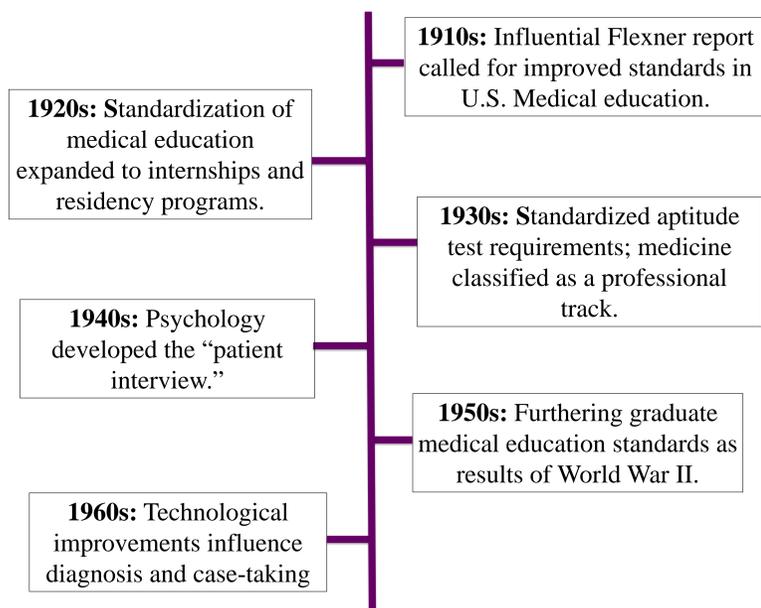
Abstract

The development of patient-centered and narrative medicine in the late modern era transformed interactions between western medical doctors and their patients. The healing process now involved treating not just the illness, but interacting in more complex ways with the whole individual. This limited study focused on the *Journal of the American Medical Association* (JAMA) publications in the 20th century and examined various historical relationships between and among patient medical history-taking and the patient narrative. Relationships included medical education reforms, diagnostic technology, information technology, and medical science knowledge. These categories and variables, when compared to various historical contexts, provide greater insight on both past and contemporary patient-doctor interactions of the U.S. practice of medicine. For the physician, personal “illness narratives” initially were treated as the gathering of “raw data,” in the form of the patient’s medical history, but later came to be viewed as facilitated by the quintessential medicinal art—the “art” of medical history-taking.

Method

- **Primary Sources:** JAMA (1900-1970) via JAMAonline and a small sample of clinical case taking books.
- **Primary Source Search Limitations:**
 - U.S. and Canadian medical systems that discussed clinical case taking skills or mentioned the patient narrative regardless of clinical specialty, medicine, or surgery.
- **Methodology**
 - Keyword search or phrase(s) of interest in JAMAonline and queries were separated by decade and evaluated for relevancy to topic.
 - Relevant titles documented in a data book along with any notable quotes and logged in excel “index” for category and subcategory sorting.

Key Historical Time Periods



History-Taking as a Means for Proper Diagnosis



“The successful treatment...depends on a complete understanding of the patient and his particular problem...Recent clinical experience has led to the use of certain ‘tricks’ in history taking in allergic diseases which are of such practical importance that their recognition constitutes a virtual advance in diagnosis and treatment.”

~Dr. Francis M. Rackemann, Harvard, JAMA vol. 106 no. 12, 1936

Sub-category	Current Count (total = 49)
Essential Function of Diagnosis	21
Case Reports	28

Findings:

- Particularly in earlier sources, case histories consider the patient narrative important, but the history ultimately seen as a means of information gathering.
- Case history represented physician’s competency to diagnose and functioned as a way to communicate diagnoses and plan of care.
- Presentation of case studies in journals represented the medical community’s way of facilitating new knowledge and treatment methods.

“Art” of Clinical Case-Taking



Cardiology Visit, 1922

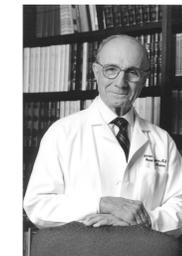
THE MAIN SUBJECTIVE FACTS IN THE TAKING OF A “GENERAL HISTORY”
 Name; Address; Age; Occupation; Nativity; Single, Married or Widow; Date of Examination
 Complaints of:
 Family History.—Tuberculosis, cancer and other tumors, syphilis, rheumatism, heart and kidney disease, nervous conditions, diseases similar to present illness. (Ascertain, if possible, nearness of relative affected.)

1929, “Subjective” History portions of *Surgical History*, not included are sections “present illness” and “personal history.”

Findings:

- Specific history-taking texts more likely to acknowledge the importance of the patient’s narrative than general diagnostic counterparts.
- Ideal history attests to physician skill, their ability to facilitate the correct conversation with the patient, and demonstrate a certain level of critical thinking of the pathology of disease.
- History functioned as the physician’s written defense of his diagnosis of the patient.
- History written for an audience of care providers, and can be referred back in relation to diagnostic conclusions and further treatment.
- Despite its objective focus, texts stressed respect for the patient’s illness and perception that the history is their narrative rather than a diagnostic tool.

History-Taking and Patient Regard



The physician’s education should fulfill two requirements—the need for a comprehensive understanding of health and disease and the need to apply such knowledge to the prevention and relief of human ills. It is to these ends that, in our times, the medical school works with the university on the one hand and the hospital on the other.

~Dr. Edmund D. Pelligrino, JAMA vol 173 no. 12 1960

Sub-category	Current Count (total = 55)
Mentioned Patient Regard and Narrative	11
Graduate Medical Education, Case-taking	16
Medical Education Standards	28

Findings:

- Medical educators called for a balance of objective medical science with the subjective patient narrative.
- Medicine did not completely ignore the value of patient’s narrative.
- However, respect of patient narrative remained part of physician’s benefit to care for patient.
- By the 1960s, profession acknowledged a need to balance the “objective” medical science with the “subjective.”

Conclusions

- Groupings illustrated topic to be multi-faceted and complex in nature.
- Overall, the first half of the 20th century valued the history as first and foremost, an objective, thorough, and accurate diagnostic tool.
- Clinical Case-Taking is a philosophical and applicative skill, taught through example and practice.
 - It is just as easily undervalued and neglected as it is overvalued.
 - It is refined through experiences.
- Success in the “Art” seems to involve acknowledgement and balance of the value of the History as a component of the diagnostic process, a process by which physicians demonstrate their competency and knowledge of treating patients.

Further Research

- Continue evaluation of various articles and books of and related to the index categories.
- Plan to provide a comprehensive explanation of the factors that shaped 1950s-1960s convergence of the history taking and the patient narrative.
- Use of secondary sources to place current and additional findings within larger historical contexts.

Acknowledgements

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