The Meaning of Diagnosis

Diagnosis is goal and glory. Or so it would seem to attendees at clinical reasoning conferences hosted in teaching hospitals on a regular basis. In contemporary Western medicine, physicians move toward closure of diagnostic possibilities through testing and objective analysis and through a "rule-out" mentality (to ensure the life-threatening and treatable conditions are quickly identified) that ultimately brings the physician to the correct answer. Mol describes this progression as "reducing multiplicity to singularity." For the physician, diagnosis confers specificity and validity to illness. But diagnosis can mean something altogether different for the patient; Kleinman suggests that physicians can be led in this pursuit to "discount the moral reality of suffering" and its relational effects on families and communities. Meanwhile, the absence of a diagnosis is a disaster that can threaten the equanimity of all involved—how can physicians treat and heal something with no name?

Kleinman uses the term "explanatory models" to denote the cognitive and emotional frames through which individuals make sense of the illness experience. The physician may view depression as a chemical imbalance, whereas for the patient, depending on the cultural and social context, it can be a consequence of isolation, or from thinking too much, or spirit possession. Explanatory models illuminate the broader dichotomy governing Western biomedicine: disease vs illness. Diagnosis entails identifying the correct disease and localizing it in the body; it is inextricably linked to the technical world of disease. Meanwhile, the patient's perturbation, manifest as their hand clutching the abdomen, an anxious spouse, the memories of past hospital visits, the recollection of the deaths of loved ones, dwells in the human realm of illness.

Etyymology and History of Diagnosis

Diagnosis derives from the Greek prefix dia, "apart," and gignōskein, "know." To diagnose is to distinguish or discern a discrete cause from a set of possibilities, such as, for example, typhoid fever as opposed to undifferentiated fever. But the meaning of the word has evolved over time. To Hippocrates and his ancient Greek contemporaries, the knowledge central to diagnosis was more about the patient than about the nature of disease, involving the person's habits, diet, occupation. Hippocrates introduced the art of observation into the purview of Greek medicine: looking to the patient rather than supernatural explanations for a cause of ill health. In that era, physicians were more artisans than professionals. Their reputations rested on not just diagnosis but prognosis, being able to foretell what symptoms a person might develop, how long their illness would last, and to predict who would never recover.

Prior to the 1700s, in the Western tradition, little effort was spent on diagnosis; people visited the barber surgeon for most ailments, who bled, purged, pulled teeth, and cut hair without discrimination. By the 1700s, anatomical thinking disrupted the prevailing understanding of disease as a disequilibrium of humors. Dissection of diseased organs became part of medical sciences, and Morgagni emphasized using a scalpel to locate the "place where illness resided." By contrast, humoralism connected disease to the realm of nature through the correspondence of the 4 humors with the 4 elements of earth, fire, water, and air; it was a process of looking outward.

Anatomical thinking turned medicine inward; it became important to examine the body for clues, to read it as a text. The birth of modern diagnosis occurred with Auenbrugger's treatise on percussion, Inventum Novum, in 1761. Percussion was the ultrasound of its day, allowing the physician for the first time to "see" into the body and determine fluid in the pleural space, an enlarged heart, cavities in the lung, abdominal organ enlargement, and other abnormalities. Percussion was followed in subsequent decades by major developments in reading the body: the stethoscope, the thermometer, the ophthalmoscope, and the blood pressure cuff. Instead of relying on subjective reports of patients' symptoms or physicians' examination skills, tools such as the thermometer provided measurable, reproducible information about the body in both its diseased and healthy states. The thermometer distanced data analysis from the labor of data acquisition; a nurse could measure and chart temperatures while a physician could analyze the meaning of a fever for a particular patient. As examination of patients and their body fluids became a skilled art, the hospital grew in importance as a place to acquire and practice the new medical art.
In 1895, about 50 years after the invention of photography, Roentgen inadvertently discovered that a new type of electromagnetic wavelength could reveal the internal structures of the body: bones, lungs, the arch of the great vessels, the outlines of organs. X-ray cinched the localization of disease into the body and the privacy of visible evidence in the art of diagnosis.

The Illness Experience and the Social Discourse of Disease

While technology—from percussion to genomic analysis—improved physicians’ abilities to sense, measure, and see disease, the illness experience took a back seat. Yet, in all cultures, illness is fleshly, full of matter and corporal experience; it takes place at the bodily level. The elucidation of disease is also social and cultural, governed by norms, attitudes, and intellectual conventions that shape ways of knowing. Disease is not the stable, natural category many clinicians have come to rely on but a “social discourse open to intervention,” even though it must be momentarily fixed in order to hypothesize a diagnostic and therapeutic plan.

Street described “not-knowing” as a benign, ever productive possibility for physicians and patients in a hospital in Papua New Guinea, in direct contrast to the challenge of diagnostic uncertainty for patients and physicians of Western biomedicine. In a Papua New Guinean hospital, treatment plans are enacted despite incomplete or impartial knowledge of the patient’s underlying disease. Due to limited resources and technology, not all can be known; physicians are down-to-earth and humble as they mobilize resources to provide the best possible care. “Not-knowing” can serve as a “pragmatic pathway to action.”

Even when there is a diagnosis, the biomedical label cannot encompass subjectivity and lived experience: “adult-onset diabetes” conveys nothing about the 53-year-old short-order cook and father of four, working 2 jobs and in danger of being evicted, while also experiencing fatigue and profuse thirst.

Diagnosis must have room for not-knowing. Diagnosis must be person-centered, embracing the outward-facing human elements that are too easily relegated to the realm of illness. By doing so, physicians can recoup meaning and healing in the diagnostic arts. In the words of Pasteur, Guérir quelquefois, soulanger souvent, consoler toujours (To cure sometimes, to relieve often, to comfort always).

Diagnosis is not the destination. The goal (and the glory) is in getting to know the unique person experiencing illness by fully understanding their biographies to appreciate the nature of the disease that affects them, and then using individualized treatment and the art of caring to bring them comfort.

Key Points for Diagnostic Excellence

1. The word diagnosis comes from the Greek prefix dis (apart) and gignōskein (discern, know). Taken together, the meaning of the word is to know thoroughly or to know apart (distinguish from another).
2. In Western biomedicine, diagnosis is “reducing multiplicity to singularity,” but as a result it can produce a dichotomy between disease as biology and illness as culture. This meaning of diagnosis is not universal through history and across cultures.
3. New means of “knowing” the patient at the molecular and gene level have paradoxically distanced clinicians from knowing the human being experiencing illness.
4. Diagnosis could be a more capacious art that makes room for multiplicity, meaning, and the relationships through which disease unfolds and is experienced.

REFERENCES


