I teach first-year medical students how to take a medical history and perform physical exams on patients.

These skills are the foundation of medicine. The history and physical exam (plus a few basic tests) are time-tested methods for diagnosing disease. Using these tools, a skilled physician can reach an accurate diagnosis more often than not.

We humans share a standard range of symptoms. Pain, weight loss, fever, cough, abdominal complaints: They are all examples of the body’s response to injury, infection, and inflammation. The range of diseases, while large, is still dominated by common conditions such as cancer, infections, heart and lung disease, etc. And how the human body reacts to these diseases has remained constant. A cough is still a cough — whether now or 4,000 years ago.

As a pulmonary/critical care physician, I have treated patients with diseases ranging from common to exotic. No matter the scenario, the diagnosis becomes apparent if you are a good listener. As I tell students, if you ask patients the right questions, their answers will help solve the problem.

I teach first-year students because they have a refreshing perspective on medicine. They are eager to meet patients, who in turn seem to enjoy the experience.

Unfortunately, my students will likely spend more time with these patients now than when they are practicing physicians.

During their hospital rotations, students will quickly learn that time has become medicine’s coin of the realm. Filling out forms and clicking through computer billing systems devour time, leaving very little for a meaningful discussion with a patient, much less for developing a relationship.

Many dedicated physicians work within this time trap, and their patience is wearing thin. The warning signs are clear. More than 50 percent of physicians are experiencing burnout. Many respond by leaving clinical practice or retiring altogether.

Is clinical practice becoming a sweatshop, where physicians are treated like assembly line workers and the only important metric is the bottom line?

Maybe — but only if we ignore human nature. When illness strikes, we all seek comfort from others. For millennia, our ancestors have received such help from healers. I doubt that will change. One of life’s certainties is that we all become patients eventually.

Medicine is having a Dickensian moment: we are now witnessing both “the best and worst of times.” We have a dysfunctional health care system complicated by high costs, mediocre quality, and
chaotic public policy. Yet we are also on the verge of major scientific breakthroughs in basic science, information technology, and data analytics.

My eager first-year medical students understand this paradox and view it as an opportunity to improve health care. As I reflect on my own student days, I can remember feeling the same way. Throughout history, medicine has lived at the intersections of science, technology, social reform, and economics. Every era has faced problems, and solved many of them, thanks to dedicated and inspired physicians.

Each new generation comes equipped with the courage, creativity, and energy to tackle such problems. The most important lesson I can teach my students is that the patient should always be their top priority. That happens only when the doctor-patient relationship is held sacred. Medicine is still an art that requires the skill and support of a trusted physician.

If students maintain this perspective, they, like countless students before them, can improve the lives of patients in ways we cannot imagine.

Hopefully, I have gotten them off to a good start. After all, one of them may take care of me someday.

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