

## Guest Editorial

**Clinical Wisdom In Modern Age**

This is the age of technology so that technologically advanced nations are dominating the economic and political affairs of nations around the globe. The technologic empires rule the world through telecommunication web, the tentacles of which have reached even the smallest Pakistani towns. In the field of medicine, technology based protocols have taken over the patient care in most advanced countries of the world.

Since the age of Socrates, and, throughout the history of medicine, clinical wisdom has been the guiding force in patient care. It has resulted in large volume of judgements based on minute observations of disease patterns and management strategies. Even today, much of the outcome of technologic management is best evaluated with age old clinical wisdom. For example, when a sound clinical judgement dictates hypothyroidism then the diagnosis is confirmed by selective use of one or two pertinent tests. If one relies on technology based protocols for such a diagnosis then the diagnosis will be made by doing all the possible group of tests pertinent for a particular sign or symptom. Such that this later approach enormously raises the rupee cost to the patient. Moreover, this technology based approach would require infrastructure, i.e., expensive equipment and trained manpower and a great deal of capital investment to sustain this approach as a successful system.

If we as a society, decide to choose patient care based on pure technology based protocols, the rupee cost to the patient would be prohibitive of its wide spread application in a developing country like Pakistan. Not only is human disease much too complex to be managed by pure technology based protocols alone, a half hearted effort to do so, as is being practiced by sections of private health care in Pakistan, ends up a complete sham performance. Age old clinical wisdom should continue to guide the technologic based protocols. We in the third world should take a careful look at the newer technologies used in the diagnosis and management of human diseases. We do not possess the means for developing or even adopting newer sophisticated technologies. It is incumbent upon us, therefore, to be very selective in applying newer technologies to our clinical settings.

The great challenge for the developing countries would be to mix age old clinical wisdom and judgements with carefully selected high technology protocols of diagnosis and treatment modified in light of our realities but still remaining good science and affordable. This mixture of art and science would produce harmony and would therefore be assimilated by developing countries like Pakistan in a natural and just manner.

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