'If you don’t take a temperature....'

Several years ago, while I was in osteopathic medical school, one of the students bemoaned the fact that there were so many disorders that we had to learn. As you can imagine, the instructor was not excited about this response to his lecture. But, rather than being angry with the student, he asked him simply if he wished to be a good physician. Of course, the response was in the affirmative. The instructor then told us of two caveats that would help in this endeavor:

- “If you don’t take a temperature, you can’t find a fever.”
  The meaning of this caveat is that if we do not look for a disorder, we will never find one.
- “If you only know ten diseases, you can only diagnose ten diseases.”

With these two statements, our instructor had summarized the justification for a comprehensive education for physicians.

Recently, those caveats began to take on a broader meaning relevant to the advances in medicine and the need for progressive curricular reform in our undergraduate medical training. In the early 1990s, several studies were published demonstrating that chronic sleep disorders adversely affected between 17% to 25% of the adult population. These numbers subsequently translate into a significant primary care issue and an economic impact in the billions of dollars. Although these data were not surprising, a national survey conducted at about the same time showed that 95% of medical schools had less than 4 hours of didactic teaching on sleep and 89% of all medical students had not participated in the clinical evaluation of patients with sleep disorders.¹ The importance of these findings can be appreciated in the diagnostic behaviors of physicians uncovered by the National Commission on Sleep Disorders, which found that practicing clinicians rarely diagnose sleep disorders (National Commission 1993).²

One should also be aware that sleep medicine does not relate just to primary sleep disorders like sleep apnea or to medical disorders with a strong diurnal component such as asthma. Driving while drowsy, inadequate sleep, and fatigue-related accidents were noted to account for approximately 56,000 crashes annually by the National Highway Traffic Safety Administration in 1996.³ Work-related accidents and even such incidents as the Three Mile Island mishap have been attributed to sleep disorders. Hence, the prevalence of these disorders and their broad impact on society should be a stim-

ulus for educational programs to provide the necessary training and experience that will allow physicians to effectively diagnose or, at the very least, recognize sleep disorders when they occur. Clearly, providing such educational programs will be a challenge for our profession, but it is one that is well worth the effort.

Brian H. Foresman, DO
Member, JAOA Editorial Advisory Board
Clinical Assistant Professor of Medicine
Division of Pulmonary, Allergy, Critical Care and Occupational Medicine
Indiana University School of Medicine
Medical Director
Indiana University Center for Sleep Disorders
Indianapolis, Indiana

References

