Implications: More and more this movement of medicine and its diagnostic categories like 'disease states' and 'diseases' towards more scientific, according to Conrard (2007) transforms human conditions into treatable disorders. Over diagnosis or changing disease definitions?

Kochumol’s Case

Kochumol, aged 29yrs, sought medical attention at private hospital with chief complaint of cough, sneezing, chest pain and earache. She was not on any medication. The doctor short consultation with the patient and physical examination of the patient was very weak and then prescribed for blood test and urine test and asked to get admitted. At the time of admission, the patient presented with fever, headache, joint pain and cough. The primary complaint was chest pain. She was not on any medication. The patient was not on any medication. The patient was not on any medication.

Dengue fever is a public health concern and is the most common cause of fever in India. The disease diagnosis in the first case is suspected as Dengue fever reflected in the physician’s statement. Thermometers are in the process of vanishing from the out-patient departments of hospitals whereas physicians resort to other objective unbiased value (number) which is irrespective of patient’s characteristics and that lie beyond the patient’s control (Naisser, 2002). Hence the doctor claims the fever to be Dengue Fever and asks the patient to get admitted. The Fever alone is not enough to confirm the disease and the patient is subjected to a number of invasive tests.

Shiny’s experience with ESR

Shiny, 22y, married female and mother of two children aged 9y and 7y, sought treatment of recurrent pyrexia with cough, chest pain and headache. The patient underwent an exhaustive medical and psychiatric evaluation, in consultation with several physicians in various hospitals. The patient was found to have normocytic normochromic anemia. The patient was subjected to several invasive tests which confirmed the clinical diagnosis of anemia. The patient was prescribed for routine blood and urine tests and asked to get admitted. At the time of admission, the patient presented with fever, headache, joint pain and cough. The primary complaint was chest pain. She was not on any medication. The patient was not on any medication. The patient was not on any medication.

Reduced platelet count and uncertainty

Dr. V. H. is a practicing physician in a government hospital. The patient’s platelet count is 3.6 x 10^9/L, which is very low. He has been following the patient for the last 10 years and has noted that the patient’s platelet count has been decreasing over the years. He has been treating the patient for various conditions such as arterial hypertension, osteoarthritis, and dyslipidemia. The patient has been on various medications such as aspirin, clopidogrel, and warfarin. The patient was referred to the hematologist for further evaluation.

Conclusion

Over diagnosis or changing disease definitions? Transforming diagnosis in Laboratory medicine

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