

Medicine at bedside or with smartphone?

Vicente Soriano

UNIR Health Sciences School and Medical Center, Madrid, Spain

“The doctor neither looked at me nor touched me.” Expressions like that are often heard from people who have come from clinics for any reason. Two Chicago MDs have warned about the progressive loss of diagnostic skills among doctors, despite the widespread use of new technologies and growing number of sophisticated diagnostic biomarkers and imaging tests (Garibaldi and Russell. *N Engl J Med* 2025).

The authors attribute the decline in bedside clinical skills to suboptimal medical training. It proposes six strategies to revitalize the practice of the clinical encounter in the twenty-first century. The central premise is clear: doctors need to spend more time with patients. Otherwise, the quality of the medical history is reduced, the physical examination is poor, and diagnostic errors increase. As a result, costs increase, and patient dissatisfaction grows, as patients perceive a loss of empathy from their doctor. For the latter, the patient's withdrawal results in the loss of professional enthusiasm, i.e., burnout (Guille and Sen. *N Engl J Med* 2024). The doctor-patient relationship has been destroyed.

The growing dependence of clinicians on technology – including the digital collection of information (electronic medical records) – together with administrative and healthcare pressures, has shifted medical decision-making toward complementary tests, generating the false impression that physical examination is unreliable. When the patient is suspicious, he says: “If the doctor does not look at me, doesn't touch me and doesn't ask me for tests, it's because he's not interested in me or does not know.” As a result, medical tests are often requested with poor clinical criteria.

Historically, clinical medicine was born of direct patient care, with figures such as William Osler. Today, the doctor's direct interaction with his patient is decreasing. In the wake of the COVID-19 pandemic, the use of masks and isolation rooms has increased the distance between patients and doctors. There are also psychological barriers, derived from the doctor's insecurity in talking to patients and relatives. Finally, a false perception has spread that going to the patient's bedside is inefficient.

The result is a vicious circle: there is less proximity to the patient, less is known about what they suffer from, and their true needs are less valued. Ultimately, the patient entrusts the resolution of his health problem to his doctor. Providing standard answers and solutions, not personalized for that patient and by that doctor, implies a degradation of the medical act.

Strategies to restore patient's value

The article proposes six strategies to improve the doctor-patient relationship:

- Return to the foot of the bed and observe the patient. Observation is an underutilized and essential skill. It provides diagnostic and prognostic information;
- Perform a complete, hypothesis-directed physical examination;
- Talk and resolve doubts on different occasions and periodically (visit pass, etc.);
- Use new technologies as allied tools and not as replacement;
- Provide feedback, that is, information to the patient about the result of tests, prognosis and treatments; and

Correspondence:

Vicente Soriano

E-mail: vicente.soriano@unir.net

Received: 19-11-2025

Accepted: 03-12-2025

DOI: 10.24875/AIDSRev.M25000090

Available online: 17-12-2025

AIDS Rev. 2025;27(4):171-172

www.aidsreviews.com

1139-6121 / © 2025 AIDS Reviews. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

- Recognize the power of the clinical encounter, of the medical act. In itself, it has a great healing value. It helps the patient manage uncertainty and place trust in a professional regarding the health problem. On the other hand, it improves the doctor's satisfaction.

The authors conclude that “well-performed physical examination conveys care and can have a therapeutic effect on the patient.” In short, medical care at the patient's bedside is a privileged and irreplaceable space. It is essential even (and especially) in the age of artificial intelligence (AI) (Garibaldi and Russell. *N Engl J Med* 2025).

Care of patients in loneliness and rural medicine

New technologies and AI provide a great opportunity to enrich the doctor-patient relationship. They can make

the medical act possible when there are difficulties of distance or situations of loneliness. Telemedicine can address many minor (and even serious) health problems and provide the proximity and human warmth necessary for effective disease management (Vollandes *et al. N Engl J Med* 2025).

Therefore, when screens are interposed, the doctor must strengthen the bond with his patients. Regular phone calls or messages can help maintain or establish a good personal relationship between the patient and their doctor. Due to the abandonment of professionals, medicine cannot be reduced to a health service (Soriano and Montero. *Linacre Q* 2024). As Edmund Pellegrino emphasized, in the search for the patient's diagnosis and cure, the medical profession is defined.