REAP: an extended agenda for the clinical interview

The value of skillful communication in reaching the correct diagnosis, providing high-quality medical care and nurturing the patient–physician relationship cannot be overestimated.[1] Communication starts with the medical interview. Physicians (and medical students) usually conduct these interviews according to the traditional structure of chief complaint, present illness, past medical history, review of systems and so on. However, both in the teaching of medical interviewing techniques and in practice, more emphasis is needed on the pursuit of several additional goals, which can be easily remembered by the mnemonic REAP: R for the "regular" components of the interview, E for both "emotion" and "education," A for "alarms" and P for "prevention" and "preferences."

Being sensitive to the patient's narrative and to nonbiologic components of the illness is increasingly recognized as crucially important.[2,3] Because health literacy and patient awareness are the sine qua non of improved health outcomes and shared decision-making, education that begins at this early point would undoubtedly add to the patient's autonomy and satisfaction.[4] Potential "alarms" identified in the initial presentation require urgent attention, and delay in their recognition might prove dangerous to the patient. An inquiry about the current status of preventive care is mandatory to draw attention to deficiencies that often can be easily corrected. Finally, obtaining at least a rough idea about the patient's preferences[5] reminds us that patients are different and that their differences ought to be respected.

Thus, REAP is a useful reminder of several essential aspects of the medical interview. Including these points will ensure that we harvest improved patient care.

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REFERENCES

1. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ* 2002;325:697-700.
2. Schattner A. The emotional dimension and the biological paradigm of illness: time for a change. *QJM* 2003;96:617-21.
3. Haidet P, Paterniti DA. "Building" a history rather than "taking" one. A perspective on information sharing during the medical interview. *Arch Intern Med* 2003;163:1134-40.
4. Heisler M, Bouknight RR, Hayward RA, et al. The relative importance of physician communication, participatory decision making, and patient understanding in diabetes self-management. *J Gen Intern Med* 2002;17:243-52.
5. Schattner A, Tal M. Truth telling and patient autonomy: the patient's point of view. *Am J Med* 2002;113:66-9.

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An economical cure

I am a retired physician whose left big toenail became heavily colonized by an unidentified fungus with resultant thickening, opacity and deformation. A respected dermatologist confirmed my diagnosis, but we decided not to initiate any treatment. The cost of oral treatments ranges from about $250 to $500, and there are many serious side effects.[1–3]

Shortly after the consultation, I decided to undertake a trial of topical iodine. I obtained a bottle of 2.5% iodine tincture at a cost of $3.27, and applied one drop of the solution daily, with occasional lapses, to the tip of the affected toenail. The iodine travelled rapidly into the depths of the affected subungual tissues.

After 2 weeks, a sliver of normal-looking nail appeared at the proximal end of the affected nail. Encouraged, I continued the treatment. The nail grew at the normal slow rate, and the diseased area gradually moved distally. The nail is now apparently normal.

The total cost of the treatment was $3.27, and half of the original bottle of iodine solution remains for further treatment, if required. In view of the efficacy of the treatment in this isolated case, it would seem reasonable to institute a trial with a larger number of patients to obtain scientifically acceptable results. However, blinded trials would be difficult, given the telltale colour and odour of iodine. No side effects were observed in the case described.

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REFERENCES

1. Ketoconazole, oral antifungal. In: *Compendium of pharmaceuticals and specialties.* Ottawa: Canadian Pharmacists Assocation; 2005. p. 1071-3.
2. Rodgers P, Bassler M. Treating onychomycosis. *Am Fam Physician* 2001;63:663-72, 677-8.
3. Elewski BE. Onychomycosis. Treatment, quality of life, and economic issues. *Am J Clin Dermatol* 2000;1(1):19-26.

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Health benefits of physical activity

Darren Warburton and colleagues[1] have done a thorough job of presenting the evidence for the health benefits of physical exercise, but a cautionary note may be in order.

Every book on exercise that I have seen carries the caveat that the reader should check with a physician before starting a fitness program. Yet a person's family doctor may lack the necessary qualifications to assess the potential risks. Physicians and anyone else

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