Correspondence

Sherlock Holmes and clinical excellence

Sir,

Much has been written on the major role of Dr Arthur Conan Doyle’s clinical training in shaping the unique scientific methods of his legendary detective Sherlock Holmes.1,2

Dr Doyle’s mentor at the Edinburgh Medical School, Dr Joseph Bell has been repeatedly named including by Conan Doyle himself,3 as an influential role model whose upon whom the methods of Holmes have been molded.

Indeed, the ‘modus operandi’ of Sherlock Holmes is well-suited to the pursuit of clinical, as well as criminal, dilemmas.

Having recently summarized five quintessential attributes of excellent clinicians, easily remembered by the acronym SOAPS,4 I could not help noticing how well they fit the character of Sherlock Holmes so eloquently portrayed in many stories whose charm and intrigue go well beyond The Victorian era when they were composed:

S = maintaining a systematic method and
O = employing observation and listening.

Holmes often advises Watson that ‘It is a capital mistake to theorise without data’ and goes on to collect it, first, by careful history-taking and then by objective examination of the scene and what it can reveal. All this is being executed in an exemplary systematic, organized and orderly fashion, and Holmes’s famous deductions are based first and foremost on astute observation power.

A = accessing databases.

Whenever needed, Sherlock Holmes consults either his self-compiled ‘Index’ or an appropriate book from his library—the forerunner of formatting a clinical question and obtaining an evidence-based answer by looking up reliable sources.

P = emphasizing a personal empathic attitude. Far from being detached, cold or remote, Holmes’s attentiveness, warm attention, support and commitment to help is invariably present. Whether he is confronted by Royalty or a poor governess who is penniless and alone in the world, his approach will always be kind, sympathetic and based on his ability to grasp and comprehend his client’s circumstances and points of view and readily react to it.

S = shared decision-making. This was not identified as a regular feature in Holmes’s cases but otherwise his manner and methods epitomize the full spectrum of the SOAPS acronym which characterizes an excellent clinician.5

I often find myself quoting Holmes to my students. Apparently, so do other physicians.5 In fact, I secretly regard him as one of my most influential mentors.

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References


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