Hyposkillia and Spanophilia in the Movement Disorders Rounds

The development of new technology-based diagnostic methods, especially regarding neuroimaging and neurogenetics, is one of the main growth drivers in neurology over the last two decades. Paradoxically, these developments also contributed to the emergence of two undesirable medical characteristics: spanophilia and hyposkillia. Richard Asher (1912–1969), in his landmark article in “Seven Sins of Medicine,” published in The Lancet 70 years ago, highlighted the dangers of “spanophilia,” or love of the rare, exemplified by ignoring the fact that “headache and vomiting are more often due to migraine than to cerebral tumor.” Hyposkillia is a term introduced more recently by Herbert Fred, defined as a deficiency of clinical skills, where the author also raises the dilemma of the conflict between high-tech medicine and what he called “high-touch medicine.” High-touch medicine would require attention to semiology, findings of a thorough medical history, and a physical examination. High-tech medicine bypasses the medical history and physical examination, is primarily based on the patient’s complaint, and goes directly to a slew of tests.

Paramount in the movement disorders field, Professors Stanley Fahn and David Marsden established the “Unusual Movement Disorders” session at the American Academy of Neurology annual meeting, which consists of a case-based discussion course with video presentations. Afterward, similar activities have been incorporated into the program of many other neurological meetings worldwide, including the Video Challenge at the International Congress of Parkinson’s Disease of the Movement Disorders held by the International Parkinson and Movement Disorder Society (MDS). In general, these activities and journal sections have a high educational value, providing a unique opportunity for discussion of phenomenology, syndromic diagnoses, establishment of etiology, and the best management of the challenging conditions inherent to this field.

One of the pillars of the area of movement disorders and neurology in general is the fact that clinical history as well as physical and neurological examination are essential pieces for the adequate syndromic, topographical, and etiological diagnoses. The case-based discussions were born out of motivation to abide to these methods and continue to be exciting sessions since then. This original spirit, however, has been challenged by new developments, particularly the advances in neuroimaging, molecular biology, and neurogenetics with the possibility that high-touch medicine may become an archaic historical concept.

Currently, with the search for rare diagnoses becoming an obsession, spanophilia developed into an intrinsic element in sessions such as the aforementioned unusual movement disorders, particularly when genetic disorders are present. From the first video sessions of movement disorders by Marsden and Fahn, to the current sessions in our meetings around the world, the objective has always been to present phenomenology, semiology, and challenging diagnoses in neurology, especially for the beginners in this art, whereas hyposkillia and spanophilia should be avoided.

As such, it is imperative that our field continues to praise continuous updated knowledge with the best semiologic and clinical approaches guiding the use of complementary and innovative diagnostic methods available, such as neuroimaging and molecular genetics.

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References