A Matter of Perspective

Joshua M. Henry, MD

(Fam Med 2013;45(7):505-6.)

My concentration was yet again interrupted by the piercing sound of the pager. “At least it’s still early in the day,” I thought as I picked up the phone and punched in my numbers. “Joshua Henry,” I said. “Josh, this is Dr S with cardiology. I’m looking at Ms Smith’s echo, and it looks pretty serious.” He carried on for a few more minutes and I tried to follow, thinking to myself, “Who is Ms Smith, and did I order an echo this morning?” “I read through your notes; this is a very interesting case, good catch.” It was starting to come back to me. Ms Smith was a patient I had seen the previous week in clinic. Her story was fairly unremarkable, that of a middle-aged woman being seen for follow-up after resuming antidepressants due to some recent family stress. The only thing even remotely interesting about the case was a symptom: a heart murmur. On her first visit I had dismissed it, because when questioned about the murmur, she said she thought another doctor had told her about it sometime in the past but had told her not to worry about it. Unimpressed, I documented my findings. A few weeks later, she was doing well on the new medication, but there was no missing an obvious murmur, possibly louder than on her first visit. A review of the EMR showed that the murmur had not been documented on previous visits. My conversation with Dr S ended with him asking if it would be all right if he ordered a few more tests and followed her in his clinic before her return visit with me. An attending was asking me for permission to order tests and to see a patient in clinic. The thought made my pride swell, but it was short lived as I hung up the phone, and the relentless toil of the hospital service quickly brought me back to reality.

That night, I looked up my two previous notes on Ms Smith. The murmur comprised only a line or two in each note. I had not even documented the location or type of murmur, and I hoped that Dr S had understood the time constraints of a 15-minute visit. I sat at my desk staring off into EMR cyberspace and recalled a similar case. Two months into residency, I had walked into an exam room in my pristine white coat, unblemished by ink, blood, or sweat. “Mr and Ms Y, I am Dr Henry,” I announced. “What can I help you with today?” “Dr Henry, it’s nice to meet you. Is Dr C here?” “I’m not sure,” I answered, knowing full well that he was in but unknowing if I would be able to precept this case with him or if he would want me discussing his whereabouts to patients. “Do you need him specifically, or is there something that I can help you with?” “Oh, you will do just fine, Doc. We would just like to thank him if he is around.” I assured them that I would let him know and then Mr Y remarked, “You know he saved my wife’s life, Doc.” “Really, how so?” “Well, Dr C was seeing her for an annual physical and found a heart murmur that no one had ever heard. He scheduled her for a few tests and in a couple of weeks, she had a new heart valve.” “Saved my life,” Ms Y said again, as if to emphasize the importance of Dr C’s status as a life saver. I was able to precept the patient with Dr C, and he remembered the patient well, but simply stated that he had heard a murmur that had not previously been heard and asked her if anything was bothering her, such as shortness of breath. It was funny to me how what the patient perceived to be the most important medical care she had ever received was so underwhelming for my attending. When he walked into the room, their eyes lit up, and he was greeted with handshakes and hugs. Mr Y told me again about Dr C’s supreme clinical acumen and then insisted that I learn all that I could from him. I assured him that I would. I remember walking out of the room that day thinking what an exemplary physician Dr C was. He conducted a focused history and thorough physical exam, formed a diagnosis, and ordered the appropriate

From the Department of Family Medicine, Mayo Clinic, Jacksonville, FL.
tests to deliver the proper treatment. And what is more, by doing so, he did help save her life.

I followed loosely along with Ms. Smith’s case via several emails and updates from Dr. S. A month later when her name appeared on my schedule for a follow-up visit, I was surprised to see a myriad of tests that had been ordered and more than 20 pages of notes from three different specialty services to sort through, many of which had conflicting opinions and still no clear diagnosis. It was clear that she had severe pulmonary hypertension and some degree of irreversible heart and lung damage. She was now on six liters of oxygen and a new medication that I had never heard of. I quickly scribbled down the recent highlights on a piece of paper and headed to the exam room. Upon entering the room, she smiled softly at me. The nasal cannula gave her a more fragile appearance than I had remembered on our previous visit. We discussed the details of the case and reviewed the treatment and plan. I summarized and explained the issues that were most important to me. Then, she summarized the issues that were important to her. I had seen a patient that was healthy several weeks ago and now biased by the abundance of new medical testing and information, I saw a patient who was very sick. However, she shared with me a different view. She explained that she had felt sick for years. She felt worse several weeks ago, but now in spite of all the new evidence she felt “relief,” she had a diagnosis, and she was receiving the proper treatment.

CORRESPONDENCE: Address correspondence to Dr. Henry, John Peter Smith, Department of Sports Medicine, 701 East I-20, Arlington, TX 76011. 817-852-8700. jhenry79@yahoo.com.