

Hidden Agendas and Inexorable Forces

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Monday

TY is a very pleasant 32-year-old woman who had an appointment today to discuss shin splints. As I quite enjoy sports medicine, I looked forward to her visit. One reality I have learned in my short professional career is that sports problems are frequently a ruse to get past spilling your guts with our appointment clerks. The “oh by the way” problem at this visit centered around ill feelings that this woman had experienced since discovering that she was infected with genital herpes. Over the past year, she had developed chronic insomnia with episodes of panic during the night. She began to show hints of compulsivity regarding cleanliness and avoidance of anything that might reactivate her disease. As a result, both her social life and her work life were suffering. We spent the bulk of this first visit discussing the pathophysiology of herpes and suppression therapy, which hopefully has laid the foundation for her coping. I gave her the name of a pastoral counselor at my church, so that she might explore at greater length a spiritual component of her healing. Finally, to prime the pump, I prescribed a hypnotic and a serotonin reuptake inhibitor to see if pharmacotherapy could help her regain control of her emotions. I’m interested to follow her progress. Maybe the exercise modifications I suggested will help her shin splints, too.

Tuesday

JG is a soft-spoken gentleman whom I had seen a month ago for chronic daily headaches. This thirty-ish veteran of the Gulf War has had these headaches for the last 10 years, and he ascribes these to chronic sinusitis. In fact, while in the military, he was once hospitalized for a weekend because of sinusitis. Alas, we had his sinus symptoms well managed with intranasal corticosteroids, and, despite various abortive and preventive measures, his headaches continued unabated. After a month of tinkering, I did my duty with the now routine CT scan and what did we find but a 2-centimeter mass lying over the pituitary but below the optic chiasm! MRI suggests a meningioma, fortunately. His surgery is scheduled next week.

Wednesday

Mrs. BW is always a delight to see. She is the healthiest 79-year-old I know—in fact, she is probably healthier than I am. Her annual exam today was dominated by a negative review of systems and lots of preventive maintenance. Imagine that!

I worry about her, though. Her husband, a retired engineer who is also my patient, has had a rapid decline in his mental capacity. A neurologist and I are coordinating his care. Although he has stabilized on medication, he is still only a shadow of his prior self. While occasionally frustrated by his memory deficits, he does remain “pleasantly demented.” His wife is the one who carries

the weight of his illness, and she does so with unwavering loyalty and dignity, allowing him all the independence and responsibility that he can manage. She is, in effect, raising a child in reverse. She is coping quite well and has shown excellent insight into their situation. Still, you can see that she is bearing a heavy cross.

Thursday

I never expected anyone to start an office visit with a request for lithium, but I suppose there is a first for everything. BL moved to the area from out of state to follow her boyfriend, who, I gather, did not share her enthusiasm for their relationship. This 24-year-old practically read a textbook definition of bipolar illness to me, except for the fact that she was not exhibiting the least bit of mood disturbance during our interview. Befuddled, I consulted a local psychiatrist who agreed to evaluate her. If she truly is bipolar, her complaints are incongruous to her behavior. I'm interested to see if there isn't some personality disorder at play here.

Friday

Today has been a draining day. DK had her biopsy results confirmed by pathologists at Sloan-Kettering. A few weeks ago a chest film taken to evaluate progressive pleuritic chest pain revealed an 8-centimeter mass that appeared on CT to be a bronchial cyst. During thoracotomy, though, it was found to be a high-grade sarcoma. Thus, in the course of 1 month, this otherwise exuberant 30-year-old woman went from visiting the reproductive endocrinologist to seeing an oncologist. I've been making social visits for the last several days, and the emotions are understandably weighty.

Her illness has had the most impact on me of any patient that I can recall. It has reminded me that, in spite of the miracles of modern medicine, there are forces at work in this world that are beyond our control. But because of this humility, it also reminds me that we have the ability and responsibility to aid the spiritual needs of our patients in addition to their corporal needs. To put it another way: in the setting of relative powerlessness, simply caring for our patients can have very powerful effects—for both patient and physician.

Editor's note: Dr. Wolff is a board-certified family physician in private practice in Huntersville/Davidson, North Carolina. He finished his family practice residency in 1997. He has graciously consented to share stories from the trenches of primary care. While his practice diary is taken from actual patient encounters, the reader should be aware that some medication references may represent off-label uses. We at the *Companion* are certain that these vignettes will inform, entertain, challenge, and stimulate our readers in their effort to address behavioral issues in the everyday practice of medicine.