Lessons From the Practice

An Occupational Hazard

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The power of suggestion is a force to be reckoned with. Although I prepared diligently for all my examinations as a second-year medical student, I found myself totally unprepared for an affliction that was not mentioned in any of my texts: Medical Student's Disease.

This malaise of mindset has plagued young physicians-to-be for centuries. It is characterized by the sudden appearance of symptoms that correspond precisely to whatever illness one is being lectured on at that time. At acute risk is anyone enrolled in pathology or infectious disease courses. The treatments of choice are a weekend spent away from the hospital and library, a trashy novel, or a mindless movie.

During a series of lectures on cardiac pathology, I developed pains in my left chest. Mysteriously, during lectures on pulmonary disease, the pains jumped to the right upper quadrant. Around the time I caught up on the assigned readings on the esophagus, the pains had shifted lower in my chest. Worried that the intensity of my course work was playing with my mind, I kept reminding myself that these aches were mere figments of my inflamed imagination.

I considered dropping by the campus clinic but hesitated to do so. I feared no one would take me seriously given the ambulatory character of my pains and my risk factors for Medical Student's Disease. Moreover, I was a coward. Physicians are notorious for not getting their ailments checked out, and I understood why. I had already heard stories of patients who came into the clinic with trivial complaints, only to be told they had only a few months left to live. I decided to wait and see if everything would clear up on its own.

The pains, however, became more intense. With no one to turn to for help, I applied my recently acquired clinical skills to myself. I auscultated my heart for murmurs and arrhythmias and my lungs for zones of dullness. I palpated lymph nodes and carefully measured my blood pressure. Despite my best efforts, I could make no notable findings.

Then I took a meticulous medical history. What was the character of the pains? Did they coincide with any particular time of day? Were they worse at rest or on exertion? I discovered a strong correlation between the intensity of my discomfort and the number of sodas I drank in a day. Since I knew that heartburn could account for my symptoms quite nicely, I advised myself to find other sources of sugar and caffeine. This treatment worked, and I was relieved to realize my pains were nothing serious.

The next Wednesday, after a poor night's sleep, I arose early to cram for my endocrinology exam. Then, after two more classes, I grabbed my white jacket and black bag and rushed down to University Hospital, where I was to take a medical history and do a physical examination of some unsuspecting patient.

I found my patient, Mr G., in the Cardiac Care Unit, where he had just had a pacemaker installed. At 66 he had a long story to tell: three heart attacks, two episodes of congestive heart failure, an 80-pack-year history of smoking, and a soft spot for fried foods. Mr G. also spent a long time telling me about his heroics as a Navy pilot in World War II. After a protracted physical examination, he began to lecture me about how physicians do not spend enough time with their patients. As I listened to him, I began to feel lightheaded and noticed I was sweating. I excused myself and went into the next room to sit down.

I awoke with an intern and two nurses standing over me. My shirt had been ripped open, and EKG electrodes were pasted across my torso. "Are you all right?" the intern asked me, gazing into my dilated pupils with an intense stare. Before I could answer her, one of the nurses exclaimed, "Look at his EKG. He has ST segment elevations!"

I tried to get up and look at the cardiac monitor, but the nurse immediately pushed me back down. "Oh, my," the other nurse exclaimed, "the EKG computer says he has possible atrial enlargement and valve prolapse!" My God, I thought, the chest pains were real!

A barrage of questions ensued. Did I have any congenital heart defects, murmurs, or arrhythmias? Was I taking any drugs? Had I ever passed out before? When I answered no to everything, she carefully listened to my chest with the bell of her very cold stethoscope.

The intern sent me down to the emergency department. Waiting there, I scrutinized my strips, which had been sent along with me, the whole time feeling my own heart pounding with trepidation. I examined every single wave for abnormalities. I did not see any ST segment elevations. My EKG looked all right to me: rhythm regular, axis decently oriented, magnitudes and width normal. Then again, what did I know? I was only a second-year medical student, and the computer had diagnosed possible atrial enlargement and valve prolapse.

When the emergency physician saw me, he listened to my heart while putting me in a variety of contorted positions. Finally, he asked if I had eaten lunch or had anything to drink. No, I told him, I had been too busy. "Your heart's fine," he said, smiling. "It's a hot day, and you're dehydrated. Go drink a nice cool, tall one."

He told me I had made the mistake of passing out in the wrong place—the Cardiac Care Unit. "The interns up there get cardiac cases referred to them 24 hours a day, seven days a week. The other eight days a week, they read up on rare diseases of the heart. Whatever they see becomes a cardiac

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problem, at least until another specialist checks the patient out, when the problem then becomes a suspected disease in that specialty."

I realized then that the Medical Student's Disease might not end with graduation. The symptoms I was projecting on myself could later all too easily become projected onto my patients. In a profession approached with such intensity, psychological limits were reached as easily as physical ones. Unless I learned to counterbalance my work with outside interests, the power of suggestion might become an inescapable occupational hazard.

I decided to rehydrate with a weekend off.

THE HOURGLASS

for Edwin M. Kinderman, PhD
Hanford, Washington

You thought
your Peggy would go first,
with her pig's valve
and her strokes, but now

you steer
your own frail wagon
between invisible arrows
and poison darts
that might subdue renegades,
but not before they
(renegades, rays or drugs)
kill you.

You read
statistics to guess your odds,
your ruminating mind
hungry for a new field
in which to browse.

You listen
for genetic messages
whose code was broken
with the wrong cipher book.

You listen
to your body as it cries
its loudest since
your wailing infancy.

You listen
for outlaws escaping cells
to range in other districts
of your traumatized city,
no sirens to pursue them.

You wait
with your nuclear family
for the hot sands of Hanford
to run through the glass.

You wonder
how far *Amanita* spores
have blown on half-life winds
to cloud your horizon,
a fairy ring rippling
from the center of decay.

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