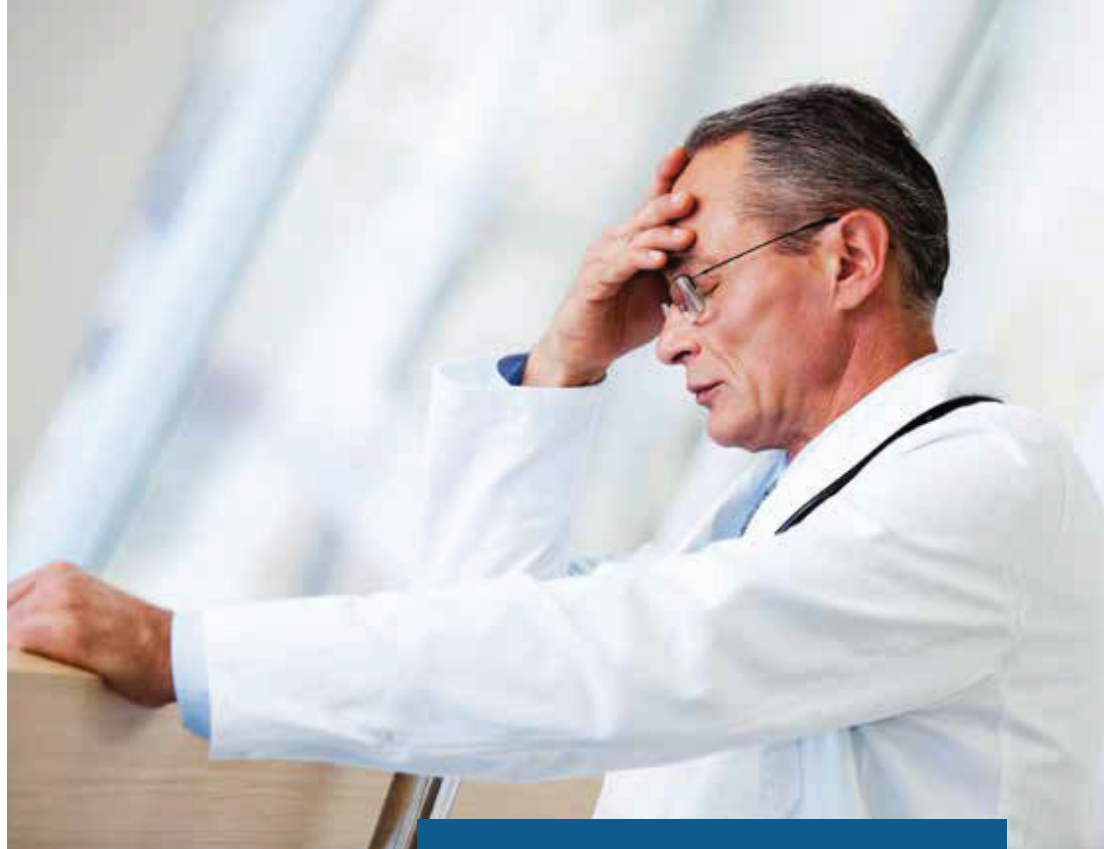


A Doctor Walking in Pain

By Daniel J. Bressler,
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DIFFERENTIAL DIAGNOSIS is a foundation of medical practice. Because human experience and ailments are so various and overlapping, the skill to hone down a large list of possibilities to a smaller list is one key to being both efficient and effective as a doctor.

Forty years ago, as a medical student, I developed mild melena. I read in the textbooks from the library about the possible terrible diseases that could be responsible, including various cancers, inflammatory bowel diseases, and hematologic abnormalities. Some have called this tendency to assign catastrophic explanations for symptoms “Medical Student Syndrome,” and I certainly had it.

My head was full of these dire possibilities during my evaluation by the kindly primary care doctor at student health. After a careful history, physical and simple laboratory tests, he explained that the blood from my upper GI tract almost certainly came from a gastritis caused by the high-dose aspirin being taken for calf pain related to my training for the Boston Marathon. A week off aspirin and on Tagamet and the melena resolved never to return.

Today, on the other side of that

clinical desk, patients bring me their assortment of symptoms and physical changes. The algorithms of assessment that I have assembled in my head and that I keep handy on my computer and phone guide the questions I ask, the tests I order, and the therapy I prescribe. At the same time, as a 64-year-old man, my own symptoms serve as prompts both to my habits of analysis and to my fears about my own body’s inevitable decline. As for the hip pain mentioned in this poem, it vanished as mysteriously as it arose, likely an overuse tendonitis. Although no longer suffering from Medical Student Syndrome, I am still a human being filled with the anxiety that comes with the awareness of my frailty. When I am at my best, I bring that awareness to my clinical encounters such that I address both the intellectual challenge of differential diagnosis and the emotional challenge of the human predicament. **SDP**

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My hip hurt like hell every day last week
But still I walked to my scheduled tasks.
With every painful step I took I imagined
worse case scenarios A differential
diagnosis of catastrophes

It was a bony metastasis from an aggressive
Prostate cancer that had slipped through my
Biennial PSA screenings. I saw myself
Chemotherapy bald and brave-faced Trying
to mouth the words that *This cancer is a gift.*

It was a roughened ball in a desiccated socket
And I become the third patient of the day For
the young enthusiastic orthopedist Who
cheerfully tells me he’s making it new *My hip
but not my life*, I remind him.

It was an infection that started as a blister
From those old sandals I had worn walking
To Vons while talking to my mother On the
phone. A multidrug resistant
Staphylococcus, spreading from toe to hip.
My mother never forgives herself.

I don’t know the future, mine or yours. No
one does. No AI or God can fathom it. But
today, just today, I can walk and will.
Imagining the worst and hoping for the best
As I always do, as we all must do. And then
To keep on walking for as long as we can
Where we need to go.