

QUERY



I often feel useless as a doctor. Weeks go by in which I find nothing, no ominous lumps or heart thumps, no malignant splotches or purpuric blotches. I see patient after patient, hear story after story, and do little more than act as a sounding board. My patients lighten their emotional burden, and as days go by I receive what they unload with increasing boredom.

I know that listening to even the most trivial complaint is worthwhile — my patients feel they need to talk to their doctor, and in this regard they are always right — but it's disheartening to go a long stretch without making a significant discovery, the kind that can alter a patient's life. Whenever I have a dry spell I find myself actually wishing that I could sort out a broken bone, chest pain or some other meaty problem that would allow me to *do* something — a biopsy perhaps, or a reduction. Some days I'm so desperate that I pray for a simple skin infection to break the empathetic monotony. Instead of nodding and commiserating, I could take one look and say, "You've got a skin infection!"

This would be pathetic — ten years of school to get a thrill from diagnosing run-of-the-mill cellulitis — if I weren't mired in patients troubled by intractable psychosocial problems, the kind that do not disappear with any prescription. Unfortunately, there is no antibiotic for marital woe or occupational angst. To these patients I cannot say, "You've got a life disorder!" and with a drug make it all go away. So I listen, and listen some more. To be thorough, I send them to career and marital counsellors. Yet why doesn't this give me the same satisfaction as making a referral to an internist or surgeon?

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I don't think the desire to see something exciting stems from a God complex that needs to wreak havoc in patients' lives — "You have cancer" — as a means of bolstering my fragile sense of power. No, I just crave a little variety now and then, a few instances where I can, with a few words or a flick of my pen, alleviate someone's suffering.

Then again, perhaps I'm confusing boredom with frustration. Psychosocial complaints comprise the bulk of my practice, and these are mostly chronic and difficult to solve. They can be ameliorated but rarely cured. In contrast, the skin infection is concrete and easily vanquished. Those problems for which "something can be done" are therefore the most straightforward. But why do I feel that treating cellulitis is professionally more satisfying than helping patients cope with problems that have much deeper roots? Shouldn't it be the other way around?

I suppose it's human nature to prefer the quick, easy fix to the long and hard struggle. Experience has taught me that the long-term relationships I develop with my patients are the warmest and most satisfying. So why should I hunger for a problem that I can order a test for, that I can "rule in" or "rule out"? And, if I do find something, what then? Will I take the same relish in breaking bad news to my patient as I did when working up the diagnosis, chasing it down with blood work and x-rays?

No. And the irony is that by finding something "physical" as opposed to "psychosomatic," by informing patients of this bad news, I'll have brought down upon their heads a host of psychosocial problems. That's the trick I'm learning about medicine: it's rare that you have one without the other. — *Dr. Ursus*