

Checklists

The first patient in the otolaryngology (ENT) clinic handed me a clipboard with a checklist filled out. I was eight weeks into clerkship, having barely left the classroom, and I was confused.

"It looks like you've filled out your whole history here," I said, perplexed and at a loss for what to do next. "Is there anything you'd like to tell me that you didn't write down?"

There wasn't, as far as either of us could figure out, and I soon discovered that asking additional questions slowed the clinic down too much for the attending surgeon's comfort. Disappointingly, the checklists seemed sufficient. My attending would walk into the patient's room, glance at the checklist, repeat some of the questions on it, and apparently elicit no new information.

By the third patient that morning, the clinic's checklists had thoroughly impressed me with their comprehensiveness. They made me fear for the future of the professional diagnostician. Perhaps we could be replaced by online forms. Processing patients so impersonally almost made me wish we would.

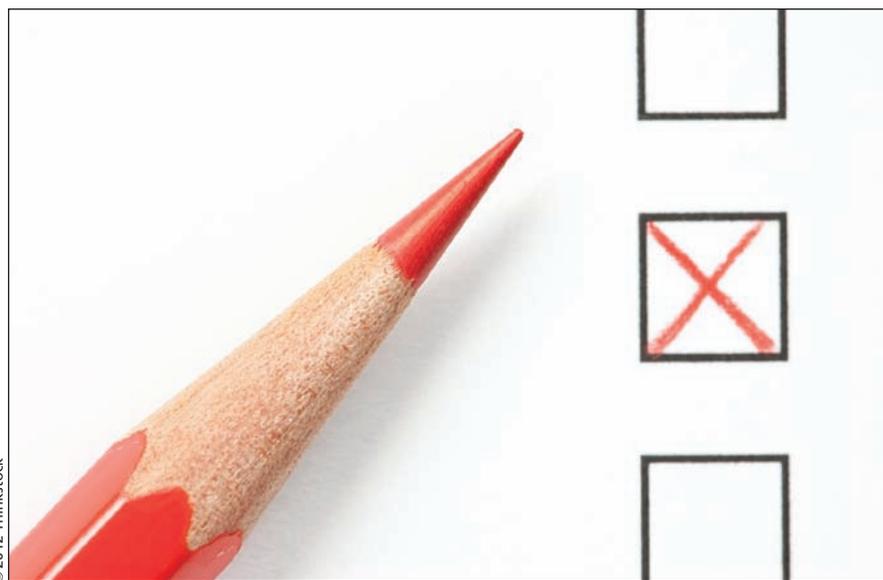
The fourth patient in the ENT clinic complained of hoarseness. "Do you get heartburn?" I asked. "Had it for decades, after meals and at night," he replied.

His checklist suggested that he had no trouble swallowing. This seemed odd in an 85-year-old man with decades of serious heartburn.

"Are you sure you can swallow without problems?" I asked, then paused to think about what he might be thinking. I rephrased the question. "What would happen if I fed you a steak?"

"Oh, I could never manage that!" he exclaimed. "It would stick and come right back up! I just don't have trouble swallowing the foods I do eat. My wife is real careful to only make me soft things to eat, bless her."

Something had happened when we had left the bounds of the checklist and allowed curiosity, rather than checkboxes, to guide the investigation. Still,



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there was no reason those questions could not just be added to a longer list.

One night on call, having long ago left ENT and since joined internal medicine, I assessed a woman who came into the emergency department with bone pain. I knew quickly that it was caused by the lytic lesions of a new and metastatic cancer. She was frail and delicate and beautiful: a tiny lady poised and elegant despite a gown and a hospital bed.

Checklists still held power in my mind, and after my experiences in the ENT clinic, I had made an exhaustive checklist of my own to work up new admissions. We ran through it. She felt fine, aside from some weight loss and lower-back pain. Acetaminophen had helped but made her nauseous. Physiotherapy had done little to alleviate her pain.

Finally, her family physician had ordered a blood count and, on seeing her severe anemia, sent her straight to the emergency department. In between checking boxes on the list, we kept talking: about her partner, a bulwark of support, about the best places in town to buy tomato sauce. She told me about her first major scare, decades ago, when an explosion had torn through her hotel room on vacation in Beirut, about her years of slow convalescence, and about the memories that haunted her still. We sped through an unremarkable physical

exam. And then I sat down beside her and was struck by her face — strong and scared and subtly lined — and paused.

"I'm going to put the list away now," I told her, testing something. "Tell me, how do you feel?"

"Oh, fine aside from the back pain," she said.

"No," I repeated. "How do you feel?"

In the stillness of her pause, it felt as though something had changed.

"Scared," she said. "And cheated. It's not fair. I lived through the explosion, and I thought that would be it forever. And then I cleaned up my act. No smoking, hard work, years of clean living. It just isn't fair that I would get cancer."

"It's not," I agreed. "Can I get you something for the pain?"

"No thank you," she said. "This is plenty."

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