



DIVERSIONS

Symptoms of the season

Julie Roorda BA

December 25, 2012

Re: Mr. G

Dear Colleague,

Your patient Mr. G presented to the emergency room today with swelling in his chest accompanied by unfamiliar feelings of magnanimity and peace. His skin was an alarming shade of green and covered in a similarly discoloured lanugo, suggesting Wilson disease and malnutrition. I ordered a chest X-ray. The images were remarkable: his heart had enlarged to nearly 3 times its normal size. (I noted the patient's previous diagnosis of microcardia.) Damage to the surrounding tissue suggested that the expansion had occurred recently and very quickly.

Mr. G had been escorted to the hospital by a large group of people; they appeared to be members of one extended family with the same surname, but their relationship to the patient was unclear. When I reported my findings to the patient and his friends, I was surprised by their seeming inability to grasp the critical nature of the patient's condition. Several of his companions requested copies of the X-ray to frame, claiming his enlarged heart was evidence of a miracle. They rejected *en masse* my recommendation that Mr. G be admitted immediately. The youngest of his companions, a small girl, exclaimed that their seasonal festivities, at which Mr. G had been guest of honour and had carved their "roast beast," had been cut short by this sudden illness and were to continue as soon as possible. I felt that the last thing Mr. G needed was excessive food, drink and excitement. The sudden addition of large quantities of this "mystery meat" to his diet, given his previous picky eating habits, also seemed unwise.

I was concerned by the influence the patient's companions seemed to exert over his state of mind. I asked them to return to the waiting room while I spoke to the patient privately. Alone with Mr. G, I did a few cognitive tests and was satisfied with his capacity to understand me. I told him frankly that his condition was life-threatening if it remained untreated.

Mr. G repeated his refusal to be admitted. He reasoned that his heart condition could not be a bad thing, since it had instigated such a positive change in his outlook and behaviour. Never before, he said, had he felt such love and appreciation for humanity. "I used to hate Christmas!" he said. "Now, for the first time in 53 years, I'm *happy*." I explained that low levels of oxygen in his blood were the likely result of his heart condition, and that oxygen deprivation can induce feelings of euphoria. I felt his newfound Christmas spirit was, therefore, a delusion.



Amazingly, he remained unconvinced and utterly unperturbed by my diagnosis. He was more concerned about the well-being of his dog, who had been made to wait outside in the cold, and he was eager to return to his friends who could be heard singing, in an unknown language, in the waiting room. I tried to dissuade him from returning to his mountain-top home, pointing out that access to timely care, should his condition deteriorate, was limited in such a remote location, but I was unsuccessful. The only compromise I was able to elicit was his agreement to book a follow-up appointment with you, his family physician, in the New Year. Although I am uncomfortable with this approach, I can see no alternative but to hope that his haze of holiday cheer fades quickly so that he agrees to proceed with a more appropriate course of treatment.

If you have any questions, or if I can be of any further assistance, please feel free to contact me.

Sincerely,
Dr. B. Humbug

Correspondence to: Julie Roorda, julie.roorda@rogers.com

Affiliation: Julie Roorda is a freelance writer and editor in Toronto, Ont.

CMAJ 2012. DOI:10.1503/cmaj.121654