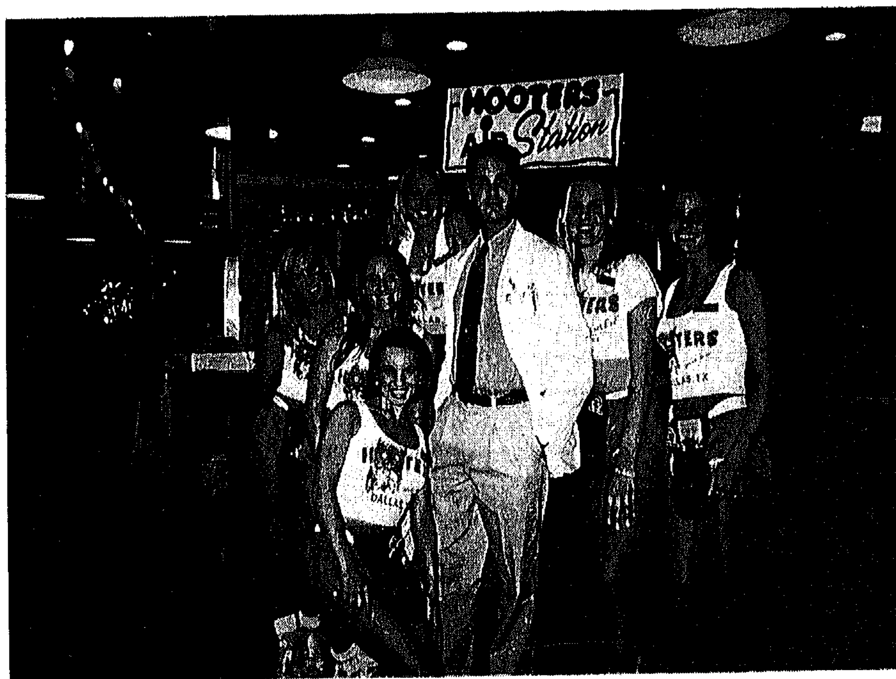
Shifting Dullness

October, 1997

The "October is Find Nate a Girlfriend Month" issue.



Drayer Does Dallas

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Pleural Effusions

Jeff Drayer

I don't quite know what possessed me to decide to spend four weeks on rhuematology. Maybe it was the allure of seeing elderly patients with extremely painful, extremely incurable diseases. Possibly it was for the chance to experience a level of learned helplessness and frustration surpassed only by psychiatry for being able neither to diagnose nor help in any way any of the patients who came to clinic. Perhaps it was simply the morbid curiosity as to why these patients continued to return to their rheumatologist, when faced with the irrefutable fact that their joint paint never got any better, though their rheumatologist-prescribed non-steroidal induced GI bleeding got even worse. Whatever it was, somehow the filters I normally have set up to suppress such destructive urges were all down, or else otherwise too occupied with preventing me from stalking Drew Barrymore.

And I wonder this because rheumatology, as it turns out, is as boring as dirt. The only difference is, if you have a problem with dirt, you know how to solve it-just hire somebody to sweep it up. If you have a rheumatological disease, though, you can give it 18 different steroid preparations, run 586 different blood tests, press your thumbs against all 324 different joints, and still not know what the problem is.

Now, the entire purpose of the "specialty" of rheumatology, as it turns out, is to order an erythrocyte sedimentation rate on every patient that walks in the door. Which is amazing, of course, since the sed rate is about the least useful test employed by doctors since phrenology. The only significance of a positive sed rate is that it tells the doctor that the patient has a positive sed rate. It's too non-specific to rule anything out, and too untrustworthy to rule anything in. Which is why, after you've gotten your positive, or negative, sed rate, you then, if you're unfortunate enough to be a rheumatologist, put your patient on a non-steroidal.

These are good medications, of course, because they combine the ineffective analgesia of aspirin with the poor anti-inflammatory effects of acetominophen. And of course, they sometimes do not cause bleeding ulcers. But the real advantage of these drugs is that they don't contain steroids. Which is why when they don't work, the next step to put the patient on steroids. This usually works to alleviate some of the patient's joint pain, because they soon become more preoccupied with their atypical infections, paper-thin skin and brittle, aching bones. It's at this point that the rheumatologist refers the patient back to her family practicioner, orthopedist, internist, PA, or anyone who will take her since she now has too many medical problems to be considered a rheumatological patient, and is usually subsequently admitted to the hospital.

But, to be fair, rheumatology is not just all clinic-based work. There are times when other physicians need advice concerning a hospitalized patient of theirs who has some troubling joint symptoms or a strange connective-tissue disease. In these cases, the rheumatologist is consulted and therefore afforded the chance to shine in front of his colleagues, the chance to prove that that extra

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Happenings in Organized Medicine

No, you will probably not be graded on the following information. Knowing this information probably won't affect what residency programs decide to give you interviews. Now that we have all the disclaimers out of the way, and all the gunners have stopped reading, let's get down to business; namely, what's going on in the field of medicine these days.

AMA ISSUES RESPONSE TO SUNBEAM SUIT

In response to a $20 million breach of contract lawsuit filed by the Sunbeam Corporation, the AMA issued a statement saying that the contract in question is not legally binding because the AMA Board of Trustees never had the opportunity to vote on the issue. The disputed contract would have entitled Sunbeam to use the AMA seal of approval as a product endorsement in return for funds donated to AMA supported charities. The AMA acknowledged that the efforts of former executives to pursue the Sunbeam deal were a mistake, but added that forcing the AMA to execute the contract would place the organization in conflict with its ethical principles. The AMA has a long-standing policy against product endorsements.

DAVID SATCHER POISED TO BECOME NEXT US SURGEON GENERAL

In stark contrast to past surgeon general nominee Henry Foster, David Satcher MD, PhD has breezed through early confirmation hearings. Foster's bid to become America's highest ranking physician stalled amidst controversy over his past abortion record. As director of the Centers for Disease Control and Prevention, Satcher has made good nutrition, exercise and smoking cessation priorities. If confirmed, Satcher would hold both the position of surgeon general and assistant secretary for health, the first time that the positions would be held by the same person.

LOSS OF TASTE AND SMELL IN ELDERLY CAN HAVE PROFOUND HEALTH IMPACT

Researchers here at Duke University Medical Center have found that as adults age, they naturally lose their sense of taste and smell. These deficits can have profound health effects. Susan Schiffman, PhD of the Department of Psychiatry, reviewed scientific literature from 1966 to 1997 on changes in taste and smell in the elderly. She found that "these sense deficits make eating less enjoyable, and represent serious risk factors for nutritional and immune deficiencies. They also make it more difficult for the elderly to maintain recommended diets." Loss of the ability to taste sweet things may make elderly diabetics to overconsume foods containing sugar. Similarly, loss of salt perception can cause some hypertensive patients to exceed their daily recommended sodium intake. Finally, loss of taste and smell can decrease a person's motivation to eat, leading to nutritional deficiencies, weight loss and immune deficiencies. To combat this problem, more and more researchers are studying the effects of flavor enhancers that would increase the "tastiness" of foods, thus offsetting the natural decline in the senses.

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two-year fellowship was not, in fact, the biggest mistake of his life. And so in difficult cases like this, the rheumatologist takes about an hour-long detailed history from the patient, performs a complete physical exam, carefully documents it all in the chart, and then orders an erythrocyte sedimentation rate. In especially complex cases, of course, he might use his specialized training to order an ANA or, if the consulting physician believes the patient might have lupus, a lupus panel, and thereafter happily discharges himself from the case, letting everyone know that he'll be glad to explain the significance of the sed rate results if anyone has any questions.

But, what rheumatologists lack in actual medical effectiveness, they make up in the ability to sit and talk about uninteresting crap with patients for hour after hour. Every morning my tired, worn spirits are lifted when I see only seven patients on the schedule for the entire day. Eight agonizing hours later, though, there we are, still talking to nice old Mrs. Hooper about her grandson's weasel collection while my blood pressure stabilizes at 230/145 and the veins in my forehead bulge out enough to perform dialysis through.

But, of course, this is the whole reason why the patient is there in the first place-to have someone to talk to. And this is how one learns that 85% of rheumatologic diseases are what we cleverly refer to as "fibromyalgia," which is actually Latin for "pain in crazy people." Because there's nothing actually wrong with these people, muscularly, that can be treated. They're just people who can afford a rheumatologist's fees for the service of a social worker. And as any rheumatologist knows, they have to be nice to these people, change their dose of non-steroidal every once in awhile, and occasionally admit them for bleeding ulcers, because without them, they couldn't maintain a practice, since there aren't really many other diseases that they can actually treat.

So, I guess I'll finish up my month here, shuffling around like a stuporous zombie until someone finally lets me off of this rotation. And when that happens I'll finally be able to sit down on my couch, stop pretending I have any idea what a pannus formation is, if there is such a thing, take a couple of tylenol, and go to sleep.

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On the Road Again
with Drayer

Hello from the Texas Women's University School of Nursing dormatory! My month here in Dallas has been terrific, though it is quickly drawing to a close; however the memories of my time here will, as memories sometimes do, stay with me forever. Of course some of these memories will always be sweeter than others. Certainly, spending a month's rent at the Texas State Fair, dating a Hooters waitress, nearly getting trampled at the Texas-Oklahoma game, countless rounds of golf, and even having two girls fend off Emmitt Smith to save me a seat at a bar will never be able to, at least in my mind, match up to what I am sure will always remain the best of my memories of this wonderful city. That memory, of course, is of spending one entire month working in a private hospital.

Now, up until only a few months ago, I didn't know there even was such a thing as a private hospital. I thought everything was just like Duke— the same lazy employees, the same crappy schedules, the same eerie smells. But then someone told me of a land, not too far away, where residents were more than just secretaries. This was a place, she told me, where patients were actually able to pay for their medical care. It was even said that some patients came to the ER for reasons other than being drunk, out of heroin, or because they were too lazy to make a doctor's appointment due to being drunk. She called this place Baylor University Hospital. It sounded so magical, so otherworldly, I simply had to see it, if only just to prove to myself that it wasn't really true. But it was true. It was all so very wonderfully true.

It all began that very first day. I needed some blood from a patient. So as always in a new blood-drawing situation, I knew I first would have to find a needle, syringe, alcohol, gauze, test tubes, tourniquet and the location of the nearest resident for when I missed on my first three tries. I looked everywhere, but couldn't find anything. I figured that I should just ask someone for help, and accept with that the usual sensation that I was putting a severe burden on the already overworked hospital staff, who could not possibly eat donuts, complain about their hours and answer my question at the same time. And so with my usual terror at the prospect of having to speak to, or even worse, ask a question of, an HUC, I gingerly sought out the "floor coordinator" (Baylor's HUC equivalent). However, I was unable to find any 360-pound woman stuffing hamburgers into her mouth while yelling at her kids over the phone. It was then that I realized that, in fact, the floor coordinator was just an ordinary woman, who happily told me that I didn't need to draw any blood— the patient's nurse would take care of that.

I look back at that moment now as perhaps the happiest of my medical school career, despite the fact that at the time I was so overcome with shock I was unable to register any emotion at all in my reeling, confused brain. The blank stare of incomprehension on my face in no way belied the kind of joy and wonder that I would be feeling much later on, after I could fully digest what I had just heard. Did this woman, this normal, humanoid-shaped floor coordinator, actually mean that a nurse was going to draw blood? That the very most basic aspect of nursing, the thing that, throughout time, has defined the role of the nurse, was actually going to be done by a nurse rather than by a medical student or resident? My neural wiring was unprepared for something like this,

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and it took me several days to recover. But then, this was just the beginning.

It was only a couple days later that I realized that something was missing. Where were all those four-hour blocks of time when I'd sit in a room with 30 other people and pretend that I really was more interested in the latest techniques of studying collagen vascular disorders through the use of hedgehog embryos soaked in laminin than thinking about football? Why, all I was doing was seeing patients and getting my work done. What was going on here?

The answer was, of course, that the residents were not forced to attend 17 meetings every morning, ranging from Jejunum Conference to Pancreatic Secretions Conference, like their counterparts at Duke did. How could these people know how to take care of patients, I wondered, without attending a weekly Thoracic Duct Conference? How could they understand anything about disorders of sweating without attending Sebaceous Board? Somehow, though, they were learning. Perhaps part of it was that they were able to get their work done, go home and do some reading and get some sleep, rather than having to sit through 4 miserable hours of attending rounds every morning in which they were forced to mindlessly generate differential diagnoses the length of the "Goldman" listing in the Brooklyn phone book. Maybe another factor was that whenever there was a conference, food rivaling a thirteenth century French monarchical banquet was provided by a drug company, just as God meant for it to be. Whatever it was, the residents seemed extremely good at what they did, and were happy as well. I simply didn't know what to make of it.

Another thing that I began noticing more and more with each passing day was that I never really saw any hospital employees, except when they were doing their jobs. The janitors seemed actually to be cleaning things up, and the food services peopple appeared to really be going about the task of getting patients their food. No ladies with their linen cart or "rush— blood materials" cooler standing outside the seventh floor elevator bank watching the elevators come and go, yapping on and on endlessly about how great church was last Sunday, only to finally get on an actual elevator and take it to the sixth floor. No guys standing around leaning on their brooms and arguing about whether Dennis Rodman is the coolest basketball player in the world or the coolest person in the world. You didn't even need to promise your first born in order to get a stat x-ray. No, at Baylor the people seemed to do their jobs the entire time they were getting paid, and seemed to do a good job, since the hospital was beautiful, spotless, and fairly efficient. And then it occurred to me— maybe at a private hospital, the people running the hospital are actually allowed to fire people if they're not doing a good job! Maybe they don't have to wait for a "good" reason, like armed robbery or manslaughter, before they can fire someone without fear of a gigantic lawsuit or labor strike. This was looking better and better all the time.

So as I prepare to return back to my home, to Duke, it is with just a touch of ambivalence. Sure I will miss the friendly patients and the competent staff. And true, I'll regret no longer having a parking spot twenty yards from my clinic. But Duke is, after all, the place where I grew up. It's the place that taught me to order as many tests as I could possibly think of, so we don't miss any of the 68 possible diagnoses for right arm pain following a motorcycle accident. It's the place where you always know that an escaped or recalcitrant patient can easily be lured back to their room and the oxygen mask waiting for them with a simple pack of cigarettes. It's the place where you could lose yourself on a rotation for a whole day trying to find housing for a woman with a history of leaving every nursing home she was ever placed in within 48 hours.

Yes, I will admit, I was a bit surprised by what I saw this past month. I don't recommend it to the faint of heart, who may not be able to absorb

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the shock of seeing what goes on, and what doesn't go on, in a private hospital. And of course, the private hospitals of this country aren't the ones with the big names or nobel prize winners or celebrated research programs. Which is why we here at Duke haven't been alerted to their presence. And once I'm back, of course, all the talk I'll hear again will be of what's going on at Hopkins and did you hear who the new chair is at the Brigham, and so on and so forth. And they'll tell me I need a solid 118-hour-a-week academic program for my internship, especially if I ever want to get into a fellowship, blah blah blah. But they can't make me forget what I've seen— they can't take away my memories. After all, I did actually see a nurse draw blood from a patient. ■

"A Plea for the Right to Die with Dignity"

Medical science is my shepherd;
I shall not want.
It maketh me to lie down in hospital beds;
It leadeth me beside the marvels of technology.
It restoreth my brain waves;
It maintains me in a persistent vegetative state for its name sake.
Yea, though I walk through the valley of the shadow of death,
I shall find no end to life;
For thou art with me;
Thy respirator and heart machine, they sustain me.
Thou preparest intravenous feeding for me
In the presence of irreversible disability;
Thou anointest my head with oil;
My cup runneth on and on and on and on and on.
Surely coma and unconsciousness shall follow me all the days of my continued breathing;
And I will dwell in the intensive-care unit forever.

--Anonymous

IM SPORTS UPDATE

Flag Football---

The season drew to a close last week with the sole med school team, made up of those lazy third years, losing 15-13 in the semifinals of the playoffs. The team enjoyed a fine run through the playoffs led by quarterback Frank "Golf and "Ennis "Club" and surehanded reciever Aftab "Da Bee Bob" Kherani. "Martha" Stewart Worrell captured Offensive Player of the Year honors, while Jason "the Big Bang" Lange garnered the Defensive Player of the Year award.

Soccer---

The most successful IM soccer team in recent memory, concluded their season with a 1-0 (that's one-nil for you soccer enthusiasts) loss in the finals of the playoffs. This team was reminiscent of the squad depicted in the movie "Hoosiers" as it came from nowhere to surprise bigger and more heralded foes. Look for players Rob "Latvian Lightning" Malinzak and Lauren "Sweet Sixteen and Never Been" Gist to sweep the postseason awards.

Basketball---

It is again that time of year for the only IM sport that Duke may run better than Notre Dame, that's right, IM HOOPS!!!!! This year teams from the predominately the first and third years will vie for the the title. A third year team, made up of Nate "5'7" and I'll Still Kick Your Ass" Mick, Sean "Mount" Glasgow, Garheng "King" Kong, Matt "Svelte" Williams, Cameron "Manic and Proud" Dezfulian, "Last" Will "and Testament" Corkey, and Sean "Ringer" McNally has made it to the preseason tourney finals, where they will face off against the Kappa Sigs.

Congratulations go out to Nate "5'7" and I'll Still Kick Your Ass" Mick who captured the IM Hoops 1-on-1 basketball title in the 6' and under division.

I'LL SPEAK NOW, SO YOU CAN FOREVER HOLD YOUR PEACE

BY CAMERON DEZFULIAN

There's an alarming trend that seems to be ever so popular with medical students--an obsession with the institution of marriage. Everyone seems to be in such a rush to say "I do," even though statistics show half of them will end up saying, "Well, I didn't really" somewhere down the line. Now there's a new class in town and if history is any indication, roughly a third of them will also fall prey to the bonds of matrimony before the year is through. For those of you currently considering the decision, consider these reasons to reconsider.

1. You can always do it later.
2. Most of you who say "I do" this year will need a year to plan the wedding (unless you're from Las Vegas, where an hour will suffice). That means you miss the only vacation you get at the end of first year. Kiss that honeymoon goodbye. You wait until residency, and you can plan out the vacation when you want it.

Money. Most of you not only have none, you owe some.

3. Money. Most of you not only have none, you owe some. Residency pays, which means you can actually afford a wedding and honeymoon.
4. More important, your friends will be residents too, which means they get paid. This means they can afford to get you real presents. And by then, most of your other friends who actually started working when they graduated college with you are really loaded. You might be able to increase your take by >5000%.
5. When the unexpected happens at the wedding and grandma gets so excited she goes into V-fib, your ACLS certified doctor-self can give her that sternal thump to get her back before the organ even quits playing.
6. After being on peds for eight weeks, the sound of that one infant crying at the back of the church will seem like music compared to a whole nursery full of them.
7. I sure will sound a lot better when the preacher introduces you as "Dr. and Mrs." or "Dr. and Mr." rather than plain old boring "Mr. and Mrs."
8. Think how much better qualified you'll be to cut the cake after your surgery rotation.
9. The drug reps would give anything to advertise at a reception full of MD's. You could probably get Glaxo-Wellcome to sponsor the whole reception in exchange for a brief 5 minute presentation nestled quite unnoticably between the throwing of the garter and bouquet.
10. And not only would they give you money, they'd give you free samples. How much better off would Grandpa be if he got his Zantac after dinner. And slip about 20 milligrams of Prozac to mom and you could get her to stop crying after the first rehersal. And imagine how much more useful the wedding souvenir bags would be with a pen and post-it pad in each one.

So if you find that the urge to commit is getting unbearable, give it a little more thought. Isn't the biggest decision of your life worth that much. ■

A Note from the Editor: Cameron is stone cold single and if the above article is any indication, , he will be for quite a while.

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SPIF stands for Sole Physician In Family and has the potential to be an incredibely competitive field specializing in the care of an incredibly diverse group of illnesses. If you thought that the insanely long differentials of the internists were mental masturbation, just wait until you hear the variety that SPIF doctors are forced to come up with. I'll use an example from my own life to illustrate this fact. My mother called me the other day and told me that she had a question for me. Sensing impending doom, I grabbed a bottle of beer, a pencil and my Harrison's, my Sabiston's and my Nelson's. She proceeded to tell me about the son of one of our neighbors who had a "doohickey on his thingamabob." Since we were always taught in Physical Diagnosis to write the Chief Complaint in the patient's own words, I quickly scribbled this down and then asked her to clarify that statement. To my utter dismay, my mother replied, "Oh, I don't know anything more, except he has diabetes and is now wearing orthotic shoes because of the doohickey." She then told me to read up on this condition and be ready because this neighbor would have some questions for me when I came home for Thanksgiving.

After a few good curses and another bottle of beer, I sat down and tried to make headway into this perplexing case. Since I could not find the terms "doohickey" and "thingamabob" in Harrison's, Sabiston's or Nelson's, I decided to take an organ system approach to the symptoms. If the doohickey was a chancre and the thingamabob was this poor soul's penis, then we were looking at a case of syphilis (the realm of the internist). If the doohickey was a vegetation and the thingamabob a heart valve, then we might be dealing with endocarditis and valve replacement surgery might be the only option. If my neighbor's son was a pediatric patient (which was a possibility since Mom failed to specify the age of the patient in question), then he might just have a raging case of diaper rash on his buttocks (ie. doohickey on his thingamabob).

After multiple experiences like the one above, I became more and more convinced of the need for a new medical specialty open only for those unfortunate folks who happen to be the first ones in their families to enter the medical field. As you can see, it takes a wide scope of medical knowledge that is not found in any other field. The difficulties don't end there though, because most of your practice as a Doctor of SPIF is outpatient based and you are expected to make house calls. Add to this the fact that you are expected to be able to deal with any medical condition known to man, and it quickly becomes obvious that you need a truck big enough for the respirator, bypass machine and MRI.

In conclusion, becoming a competent SPIF takes years of hard work and dedication but the rewards are substantial. Besides that rosy glow you get from helping others, you can also take pride in the fact that you are the only person in the neighborhood who really knows what causes that big oozing sore on old Mrs. Terwillegar's back. ■

Can you type, write or even just refrain from drooling on the keyboard? Then you are qualified to help put together this wonderful publication. Contact Nate or Jeff for more details.

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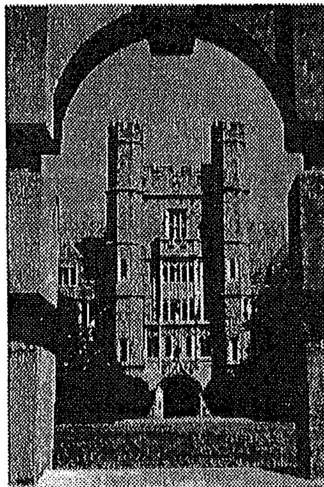

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Shifting Dullness

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IRISH AND PROUD

BY NATE MICK

I don't think that anyone would debate that there are considerable differences between the various medical specialties. In no other practice is the difference more apparent than in the time honored practice of "creating a differential." Present a patient with chest pain to an internist and suddenly you are ruling out 843 separate diseases including such common etiologies as visceral leishmaniasis or mastodynia. Present the same patient to a cardiothoracic surgeon, and they will quickly and decisively crack the chest, attach the LIMA to the LAD and send the person to the ACU to catch mediastinitis, all while pretending not to hear the part of the presentation where you describe this 21 year old males recent top 10 finish in the Ironman Triatholon. A pediatrician would never get around to making a differential because they would be too busy cooing and making faces at the baby in the next room. The Ob-Gyn doctor would look frantically for a uterus or cervix and, all else failing, take a stab at the ureter. I think you get my point; medical specialties are in large part defined by how they approach the problems presented to them. Now this being true, I wish to propose starting a new residency program here at Duke to train people in the unique and demanding specialty of "SPIF."

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