

# Medical student turned patient

Kush S. Patel, MD



Illustration by Erica Aitken

Dr. Patel (AQA, University of Virginia School of Medicine, 2017) is a recent graduate of the University of Virginia in Charlottesville, VA. He is currently a resident physician in Internal Medicine at Brigham and Women's Hospital in Boston, MA.

It was the end of February and I had just taken the most important exam of my life, the STEP 1 Boards. I was finally about to begin my third year of medical school. Like most students who had been confined to the pages of a textbook for two years, I eagerly, and nervously, anticipated walking in and out of hospital rooms multiple times each day. What I did not foresee, however, was doing so as a patient. For a period of 10 weeks during my clinical rotations, I was not myself, battling an unrelenting febrile illness that defied evaluation—a fever of unknown origin (FUO).

It all began one day near the end of my first month on surgery when a temperature of 39°C hit me. I felt completely fine the previous day, and the next I was lying in bed reviewing my own differential. The last thing I wanted to do was jeopardize the health of those around me, so I notified my team's upper-level resident. As I had expected, he recommended staying home a day or two. In doing so, I was already beginning to feel a sense of weakness—physical from my illness, and emotional in letting my team and my patients down.

Unfortunately, a day or two was not enough, and my symptoms worsened over the ensuing weeks. Daily temperature spikes were accompanied by severe myalgias, appetite loss, and overwhelming fatigue. I was more and

more drained, to the point where simply walking became painful. Although staying at home and resting would have been in my best interest, I chose to go back to work after only two days since I did not want to appear to be a person who couldn't handle a minor illness.

Balancing my ongoing illness with the responsibility I had to my patients was difficult. I kept thinking back to my first week of medical school where the concept of patient first was instilled in us. As health care providers, we were to be impervious to external forces. Despite my body repeatedly telling me to give it a rest, my mind instructed me to soldier on.

For most, a worsening of symptoms would have been an indication to see the doctor; however I was reluctant to do so. I kept telling myself that this wasn't a big deal, that it was probably just a prolonged viral infection, and that I didn't really need to see a physician. After all, I was in medical school and should be in a better position to know when to actually see a doctor.

Several weeks passed, and I presented as a walk-in patient at the university student health clinic, hoping that I would be able to avoid attracting attention. After multiple visits without any answers or improvement, my workup ascended from the student health clinic to the university hospital, with input from infectious diseases, rheumatology, and hematology/oncology, and serial labs, scans, and biopsies. What previously was a preoccupation with appearing weak and unduly worried turned into a genuine concern for my health and well-being.

"In more than 10 percent of patients with FUO, we never come to a diagnosis," I was repeatedly told.

I knew that the list of possible etiologies for FUO was vast, ranging from infectious to inflammatory to neoplastic. I spent countless nights mulling over the details of my case. When I wasn't resting, I was on PubMed combing through the literature. What I found was unsettling. What if this was a developing lymphoma, or an autoimmune disorder? I began to frantically palpate every lymph node I could possibly reach, but felt no enlargement.

My symptoms continued to progressively worsen. Daily headaches became the norm, and assisting in the operating room felt like running a marathon. Making it through the night was no easy task either—for the first time in my life, I understood the true meaning of night sweats. The idea of lymphoma quickly soared to the top of my differential, and my greatest fear started to become tangible. An extensive and ongoing workup remained frustratingly (though reassuringly) negative.

On Memorial Day, I returned to my hometown, hoping that a change in scenery and family support would facilitate recovery. Quickly, I found myself in the emergency department (ED)—this time with a fever of 40°C. I wondered, at what point would I set aside my educational responsibilities to take care of my own needs, as a person and patient? I sought a consult on my own, this time to a trusted faculty member.

"In order to take care of patients, you must first take care of yourself," she said. I recall having heard this expression before, though I believe it took an outside voice to let the message sink in—I was being too hard on myself.

I returned to campus a few days later in anticipation of an upcoming clinic appointment. After two months, I was worn out and near my breaking point. I went to sleep that night as usual, anticipating the onset of the now routine night sweats.

"You woke up abruptly and sprung out of bed, only to make your way down to the floor. You then started crawling on the floor, complaining of an unbearable, excruciating headache. Your words were incoherent and you were totally out of it. It was terrifying," explained my significant other.

Rather than head back to the ED, an unpleasant experience in the best of circumstances, I presented to my scheduled clinic appointment the following day. After a thorough HPI and ROS update, the combination of fever, severe headache, and recent altered mental status (emphasized by my significant other who had accompanied me) prompted my physician to suggest hospital admission, which I gratefully accepted.

My three day stay in the hospital afforded no shortage

of lessons. I quickly learned how difficult it was to get sleep at night; empathized with patients uneasy about lying in an MRI scanner; and lived, rather than learned, the steps of a lumbar puncture.

I realized that over the last several weeks, what I craved was not concrete answers to this medical mystery, but rather, caring physicians who had my best interests in mind, and would serve as my advocates. It was these individuals, with their concerned demeanor, who kept me going.

By the middle of June, I had undergone more diagnostic testing than I care to remember. I again presented to clinic, this time for a routine hospital follow-up. I anxiously awaited the final word on my diagnosis. "Pathology showed a necrotizing lymphadenitis," my doctor reported.

I never could have imagined that those words would bring me so much relief. I was reassured that I did not have lymphoma. What I had was Kikuchi disease, a rare condition for which the etiology and pathogenesis remain unclear, and treatment is empiric at best. For once, my literature search was encouraging: the disease was completely benign and the prognosis, for the most part, excellent.

Exactly 10 weeks after the onset of my initial fever, I was back on the wards, this time looking forward to delivering my first baby.

Though my time battling Kikuchi disease was not the setback I had feared, experiencing the vulnerability that defines being a patient was transformative. After having spent countless hours learning the pathophysiology and clinical presentation of various diseases, I became the very patient about whom I had been reading. As health care providers, we may not always have the opportunity to step into the shoes of our patients, but the perspective it provided me was truly invaluable.

In just a few months, I learned how arbitrary and capricious our health can be, despite practicing the best preventive health behaviors. I witnessed firsthand how the paradigms of current medical training can act as unspoken but powerful barriers to appropriate self-care. And, as a future health care professional, I came to realize that the greatest strength of physicians, as perceived by patients, may actually be their compassion rather than their knowledge or technical skills.

I hope to one day apply these lessons to my own practice in order to be a more complete and well-rounded physician.

The author's e-mail address is [ksp5wa@virginia.edu](mailto:ksp5wa@virginia.edu).