

To our students

Rosa

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Sometimes, in helping them, we make our patients cry.

Most of the patients at the free clinic seem to be there for one of two reasons: they need a refill of medicines they can not afford, or they have a medical problem that, if they had insurance, would have been treated at least two years earlier. Rosa was an exception.

A 35-year-old monogamous immigrant from Guatemala, Rosa came into the clinic because she “wasn’t feeling well.” She had no fever, had never felt like this before, and reported no changes in medication or lifestyle. She was just feeling “tired and run down.”

I started going through the differential in my mind. I saw notes in my head. I heard voices from lectures that I had attended. I mentally shuffled articles I had read. I soon came to the unsettling conclusion that feeling “tired and run down” is a part of the differential diagnosis for just about every disease process I knew.

Diff. diag. of “tired and run down”

Rosa and I started to go down the list of differential diagnoses together; she described in perfect open-ended style questioning what she was experiencing, while I crossed off diseases and syndromes in my mind. Finally it became clear



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that she had a triad of more specific complaints: backaches, GI discomfort, and trouble sleeping—specifically, she had trouble falling asleep and woke up early.

This was early January. Since she had been having these problems for the past two months, we started to talk about the holidays. How did she celebrate them in the past? This year? How were her holidays as a child? Now? Good memories of the holidays? Any bad ones? While complaints with onset around the holidays could be any of many organic pathologies, it could also be depression. But Rosa's holidays—then and now—were happy, memorable times of celebration with family and friends.

She had not smiled even once when we talked about her “happy” holiday memories, and my gut feeling that she was depressed was gaining support. I asked more questions. Nothing in her history around this time made her symptoms a recurring theme. Questions relevant to seasonal affective disorder made this entity unlikely. She told me that her relationship with her husband was safe, loving, and trusting.

We had talked for about 15 minutes, and depression was now beginning to seem less likely as each minute passed. I was realizing yet again that as a student, I had so very much to learn, and that while my gut feeling often served me well in life, it certainly did not—yet—in clinic. I went back to the books, classes, and articles in my head that were the basis for my initial differential.

We're taught early in medical school to ask the patient what she thinks is going on. I've read how successful this has been at times, but I've also been told by some of the people I admire most that, in practice, the technique isn't all that effective. Yet I was at that point at which I would take anything I could get. I asked, and I got the answer I expected: “If I knew what was making me feel this way, I would not have come to see you.”

So the white-coated student wheeled the black-cushioned examining chair up against the wall, sat back, and thought for a minute. If only medicine were black and white. I remembered what I often tell myself when I don't know an answer: seize the gray. I told Rosa that I was thinking about what could be making her feel this way. I didn't really know, but I was going to try my best finding out. I'm not sure if it was out of thankfulness, pity, humor, or my always-improving Spanish language skills, but this made her smile.

My mind kept drawing blanks, and I was poised to tell my preceptor just that—and that while I know one should never order lab tests unless an index of suspicion is high, I thought we should order a TSH, CBC, and see her the following week, thinking anemia or hypothyroidism must be making Rosa feel this way, even though I had not yet had the opportunity to examine her. Everything inside me though told me this was the easy way out, and although Rosa would never know this, I knew I wasn't doing her any good to leave it at this.

Burrowing deep for the meaningful history

I asked one more time, being as specific as I could: “Rosa, what happened in November of this year that has never happened before?” Rosa began to cry.

She had learned in late October that she was pregnant: missed menses, positive hCG. Ecstatic, she and her husband saw it as their last chance to have a child. They had tried several times to have another child as a brother or sister to their now six-year-old son, but she could not get pregnant again. Their “insurance” was a free clinic; *in vitro* attempts were never an option. How happy they had been to be having another child!

One Monday morning when she got to work, Rosa noticed that she was bleeding a little bit from her vagina. Knowing, of course, that she should not be menstruating, she went to the bathroom. She was in intense pain for about five minutes sitting on the toilet, and then something the size of a tennis ball and the consistency of “strawberry jam” fell into the toilet. She stopped bleeding very soon after that. She knew it was her baby. She continued to sit in the bathroom stall, cried for a few minutes, flushed the toilet, and went back to work.

Rosa told me that she and her husband were both saddened about this, but she felt most responsible, because it was not his sperm, but her body. She now felt they would never have another child, and this made her cry whenever she thought about it. Thinking about it was something she did a lot—for the past two months.

A small part of me wanted to jump up, hug her, smile, and tell her that we probably understood what was happening and we could help her. A much larger part of me wanted to cry with her. The middle road, which I chose, was to hold her hand and let her cry. Or perhaps better put, help her cry.

I will always remember Rosa. She is the first patient who made me trust my “gut” in medicine. But she challenged me to think well outside the box to get there, and presented a reason I never imagined. To me, she epitomizes medicine. She was tough to help, but in the end, so very, very easy to help. She made me think, analyze, doubt—and do it all over again. And in the end, she reminded me that while I will learn a great deal more in my medical training, my “gut feeling” about how a person feels is something that I must always listen to in considering the entire patient. Sometimes, it has been a very small piece. And other times, like with Rosa, it has been a very large piece. But to deny that piece, to me, would be to deny one of the very fundamental tenets of being a caring physician.

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