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When Symptoms Meet SCIENCE

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Foreword
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CHAPTER 2

Setting the Stage

Death sentence—importance of those 5 minutes

Death sentences are usually read out by a serious-looking, bespeckled judge in a court room, filled with men in black robe, ending up with a thud of a hammer and a statement that the court is adjourned. All of us have seen this happen an umpteen number of times, in Netflix shows. But in real life, most death sentences are delivered by a man in a white coat, sitting on the other side of a working table, in a green room with a strong stench of disinfectant. The back-lit scan report is stuck up as a proof of your crime.

Take away the serial killers and mass murderers, and the rest of us would get the worst news of our lives during a routine consultation with our physician. Yes, most of us. And also the news about yourself or the people you love and care.

Good news is also transacted, here—telling you that you do not have cancer, or your cancer is cured, or that you are pregnant. But those are just stuff that is usual, right? The doctor just told you that you are not abnormal, at least for now. Never do you come out of a doctor's consultation with a news that you have won a lottery, gifted a Lamborghini, or found a girl of your dreams.

"Multiple metastatic shadows in the lungs and liver in the PET scan" in plain English language translates to a death sentence in about 12 months at the max, of which half of the time is spent in hospital bed, being pushed inside a dark suffocating tunnel of a whirring scanner, or let of women in white armed with a sharp needle and a professional smile asking you not to worry.

"Angiogram showing critical left-main with diffuse poorly graftable triple vessel disease, with gross LV dysfunction" means the only option left is to cut open your chest and rework the plumbing, and still you might need a wheelchair for the rest of your life.

Even a routine fever might turn out to be a dreadful "pancytopenia" or a diarrhea to a nuisance called "ulcerative colitis" needing lifelong treatment. These verdicts change your life.

Accepted, that as a patient, all that we can do is walk out depressed, but an early diagnosis, much before the cancer has spread, or the block in the heart has become nonsalvageable, we have a better chance of cure. Now, most of

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us, patients, would have seen our physician for a different purpose and the illness might not have been picked up. It is not that your doctor is not good enough but how well and how intelligently you presented your case to him. Those nonsignificant vague complaints that you have, from "gas" "dyspepsia" to jaw pain, might look trivial to you but ring an alarm bell to your physician's mind.

With today's array of ultraslice scanners to 3D imaging, does it matter as to how a patient presents to the physician? Well unfortunately, it does.

A patient with chest pain suggestive of a cardiac disease has a specific way of presenting itself, heavy, diffuse, a feeling of being unwell, restricting activities (angina). Your description of the discomfort rings an alarm bell in the mind of the physician, letting him check you out. Interestingly, in angina, the ECG, echocardiogram, and even the angiogram (especially in women) may be normal. If you do not tell the doctor about your symptoms, it is unlikely that your angina will ever be diagnosed and treated.

Your doctor is busy, not just trying to relieve your symptoms or trying to see if any of your symptoms raise a red flag for more workup, but a host of boring administration work, including documentation, investigation, insurance forms, and billing needs to be done in the background.

Think of it, most of us would see a doctor with either fever, headache, tiredness, or chest or stomach pain. To the doctor, who sees hundreds of such patients, majority turns out to be nothing. A paracetamol here and an antibiotic there with a cough syrup and an antacid would do the job. But when it does not work or it presents with an odd symptom, the doctor tends to sit up. The challenge is more in India because your doctor would be seeing, on an average, 10 times more patients compared to a US physician. Also, Indian patients are fascinated by medical degrees, and doctors enjoy flaunting them in dozens, covering every single alphabet in the dictionary. There are patients who keep on seeing their gastroenterologist with stomach pain which is actually cardiac, and I continue to treat, possible unnecessarily, unrelated medical problems since their ECG shows some variation. Had these patients seen a good general physician first, a lot of trouble could have been avoided. Decluttering the health system is extremely important, but we are not talking about it now.

If I asked you to recall what you think to be the most important milestones of Steve Jobs life, you would perhaps list the incorporation of Apple in 1977, introduction of iPod in 2001, iPhone debut in 2007, or his famous Stanford commencement speech in 2005. But asked the same question, Steve Jobs himself would say, it was that day in 2004, when during a routine health check-up his doctor detected the presence of a pathology in his pancreatic gland, which finally turned out to be pancreatic cancer. A life-changing diagnosis.

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iPhone or iPad might have changed the life of many of us, but for Jobs himself it was the diagnosis that changed his own life course.

Life-changing events can happen by accident just about anywhere—a mall store might catch fire, a road trip end up in a car crash, or a routine flight fall off the sky—but these are rare accidents. They regularly scroll-crawl along the *x*-axis of TV screen but they are distinctly rare. But a doctor's office and hospital are places where life-changing events take place as a routine, almost by *design*. We are born and eventually die in hospitals. Today, you actually need a lot of luck to die peacefully at home. The society, your family, friends, and neighborhood would make sure that you are not allowed to pass away peacefully at home. Most major illnesses are diagnosed here, in the hospital. The shadow in the X-ray or the mass in the scan might turn out to be a highly invasive cancer or a mere false alarm, life changing either way.

Surprisingly, a medical checkup is traditionally never looked upon as a "life-changing" encounter. We routinely wish people a safe flight but not a good luck as they go to meet their doctor.

The doctor listens to our complaints, examines us, and suggests tests, scans, and may be a biopsy. The radiologist looks at the scans, the pathologist at the cells under a microscope, and a diagnosis emerges. If the cells under the microscope look normal, you would go back home whistling; if the pathologist found some abnormal cells, you may end up on the operating table and end up losing a limb or a breast.

Today, studies after studies have shown that more and more young, highly talented, extremely skilled doctors, interventional cardiologists, surgeons, anesthetists, and critical care specialists are heading for a *burnout* (a term indicating that they would become medically useless) and many are already neck deep into it. It is also known that the more stressed the doctor is, the more likely he is going for a burnout at Godspeed. The stressed doctor is likely to commit more professional mistakes in their decisions, which might be just a piece of mistake for him but may cost you your life.

Patients ask doctors as to what are "my chances of getting cured". A medical answer of 80% would appease him, but neither the patient nor the doctor knows if he belonged to the good 80% or the bad 20%. Medical statistics is good for a population and a group, but tells nothing about an individual's response to a treatment. So after discussing all the options, when you doctors say, "I think chemotherapy is better than surgery for you", he is trying to match the statistics with his experience of your kind of cases that he has seen and make a logical conclusion. So that means it is extremely important that he does it for you in a stable state of mind, by applying all his cognitive energy. An irritated doctor, upset by a silliest reason, and thus making a different judgment (not wrong or right but the best for you) could change the course of

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your life. It is important that he is smiling because a smiling "cool" doctor is more likely to take a correct decision for you.

Human body looks so beautiful and proportionate outside but was designed to have no user-serviceable parts, which explains for the lack of screws and fasteners. The only way doctors can go inside is to cut it open or sometimes entering through natural ports or punctures. When spliced open, it does not look good at all. A brown-colored heart with yellow fats as fillers, a pair of soggy wet lungs, coils of slippery intestine filled with gooey material, oozing blood and lymph, even the best surgical fields are not a nice visual to watch, worse than the tangled wires and chipset of a PC.

Agreed that doctors are professionals, and most excel in what they do, catching the disease by its tail, they throw away the serpentine curse swiftly before it can use its fangs on us.

Doctors deal with torn arms, wounded torso, bleeding nose, broken bones, and dilated heart. They watch people sob in pain, cry of loss, stunned by sorrow, suffer from shock and disbelief of tragedy, and often are duty bound to watch people die. Most part of the day, they have to face and talk to people who are facing the darkest moments of their life and that is not funny. It is not humanly possible to move quickly from a dying patient, detach yourself emotionally, and smile and laugh a few minutes later because the next patient has told him something funny.

If you thought that medical school toughens a doctor, you are right and wrong. Right because we do not faint at the sight of blood or vomit at the smell of rotten body parts, but most would react to their kids' school-day drama performance or their mom's disability with the same degree of enthusiasm and desperation like anyone else. Watching people suffer day in and day out takes its toll on anybody's mind.

Don't you want that at every stage of your illness, the doctor—the physician, the surgeon, the radiologist, the pathologist, and the anesthesiologist be not just the best in business but fully focused on your problem so that you do well? A stressed-out, angry radiologist, a dissatisfied pathologist, or a grumpy physician would be the last of your hospital bucket list.

As you would see reading further, an unhappy, stressed, grumpy doctor may not always make a correct diagnosis; even when he hits the bull's eye, he might not logically think of the best options available, or choose one which is right for you. But fortunately, these are rare.

But what is common is vital for you.

Once a diagnosis is made, it is easy to look into many of the options available. Search google for breast cancer and you would find millions of hits in a fraction of a second, from chemotherapy to diet therapy and nature therapy, from radiotherapy to immunotherapy and everything in between. Now, the

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next question is which of these is best for you. Biochemistry, histopathology, and even genetic testing narrow down the choice further. But still multiple options remain. That is where your physician's opinion counts. Not just an opinion but direction, decision and way forward.

Modern medicine teaches doctors on offering all available options to the patient, based on evidence-based medicine, and there are many. The philosophy is to let the *patient* choose the best option. This has become more important in the days of litigation, where the doctor's decision might be scrutinized under a magnifying glass later to detect flaws in his diagnosis and treatment. But medicine is about taking chances too. The first recipient of penicillin or insulin never imagined that they are the first lucky ones to receive a life-changing therapy. The first recipient of pacemaker, Arne Larsson, aged 43 years, did not think that he would receive 26 times changes of the pulse generator (those days pacemakers lasted for few years) but subsequently outlive the engineer who devised it and the doctor who implanted it. He died in 2002 at 86 years of age. But many others who received such trial "*experimental*" therapy, hoping to get a miracle cure, did not live long enough to tell their stories of failure.

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When Symptoms Meet SCIENCE

The 5-minute consultation with your doctor could potentially change your life. A simple fever or an indigestion might turn out to be a cancer or a heart disease, or just nothing. A correct and early diagnosis could save your life; a missed one could be catastrophic. Here is how to navigate out of a crowded doctor's clinic unscathed and walk away with a right diagnosis.

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