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LETTER TO THE EDITOR

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A curious case of "s-l-o-o-o-o-o-o-o-w" fever

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ARTICLE HISTORY

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Dear editor,

With keen interest, was received the article by Agius et al. [1], "Empathy in medical training." It was timely and worthy of further discussions, as many respondents cited "pressed for time," as among the common reasons for the inability to practice empathy, a real-time scenario is presented, which demonstrates how time is conserved in the long run with the practice of empathy.

An elderly female walked into the outpatient department, moaning; she had the manner of a chron-ically ill, only that such signs were lacking on clinical examination. Her blood pressure was normal, and her pulse and chest auscultation revealed that nothing particular was threatening her. She complained of fever, which she defined as "s-l-o-o-o-o-o-o-w" variant which eludes detection in thermometers. She described the word slow with all the pause and continuation in a sinew manner as if the entity was hanging on a thread yet, troubled her in every fancied way. Her repetition of the word "slow" continued uninterrupted during her narrative; with the description and method remaining the same: "s-l-o-o-o-o-o-o-w." The son who accompanied wanted to intervene and stop the re-petitive description, on the anxiety that such description might irritate the physician. But the process continued unabated till the multiplicity of it lost all meanings to this listener—s-l-o-o-o-o-o-o-w.

She had three sons, two of whom lived abroad and visited her only on occasions of festivals. The third one although lived nearby didn't seem to live with her and accompanied her only for health reasons to hospitals. It became apparent over the due course of her repetitive emphasis on "s-l-o-o-o-o-o-o-w" that she had a history of asthma; otherwise, there was nothing particular to note. She had no lurking dangers of cancer, or a cryptic infection, which can present in every conceivable manner; as her long history of the illness over a decade brought rest to any such diagnostic con-sideration. Such heuristic thinking has its limitation, and listening to her narration was persisted with without intervening the natural flow of thought, her description—s-l-o-o-o-o-o-o-w. The only pause she took during such description is to collect strength to describe the illness all over again—s-l-o-o-o-o-o-o-w. The son wanted to intervene her again; as he seemed assured that her illness cannot be solved, or he wanted to save her doctor from the now apparent discomfort. In any case, the description of the disease continued—s-l-o-o-o-o-o-o-w.

Every physician sees patient saying "low-fever" in which the cases claim is not detected on the thermometer and is the limitation of relying on a thermometer above the patient. Occasionally, such patients "over the years" are found to have some cancer or some very uncommon disease. Many have no disease process and come to the physician repetitively over prolonged period; some probably find solace in the manner of being a patient. Assurance on the part of the doctor in many of such cases works as a great medicine—a placebo.

Fever along with pain remains the primary reason for health care visits, and the scope of this two symptoms can span the entire breadth of medical science. Physicians early on learn to divide the symptoms into organic (the organs), and functional (the mind, not the structural brain). Such di-chotomy [2,3] though specious remains the

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reason for physicians concentrating on the organs and the psychiatrist on the mind. The human body though is a synthesis with no such separation plausible is of no consequence. The imperfect patients (a rule rather than an exception) in practice is shunted to the minds territory when the body doesn't show up on expected lines.

A similar plan, to shunt her to the minds territory (refer to a psychiatrist) and let her go, was con-templated; as it was feared, that any amount of assurance and medications would fail on her. Given her illustrative consultation history (she had visited almost all the physicians of the town and nearby territory). Ruminating on the above themes, and appearing sincere (pretending), a now fa-miliar sound broke the musings—s-l-o-o-o-o-o-o-w.

A routine prescription was prescribed to her, and all investigations were avoided, lest she would repeat the whole narrative during the review of her reports. The accompanying son was now 'pulling' her out of the examination table, saying, "all is over for today, let's go." He probably got the feel of things, the waiting patient's amusement, and her physicians' disinterest, or the other way around, or something entirely different. He succeeded in pulling her over; but suddenly, the patient added, rather emphatically, "Listen." Things halted; and I pondered, "what else was done in the last half an hour!" In the process of the pull, she lost her balance, and luckily I got hold of her hand; she got back to the patient seat. Now she recalled that the fever though persisting more or less in "s-l-o-o-o-o-o-o-w" manner since a decade, got worse since a week when someone prescribed paracetamol 650mg, followed which she had profound sweatings and aggravation.

Meanwhile, my holding of her hand though accidentally, probably had an impact, her description of "s-l-o-o-o-o-o-o-w" got diminished in its intensity although the length remained the same. I contin-ued to stay put, as I had been since; I felt she was now on her own and prepared to take the leave. She went rather easily, her manner of being a patient seemed to have changed, albeit slightly.

On another regular day, a woman walked in rather easily; I couldn't recognize her as a patient re-cently seen, till she said—s-l-o-o-o-o-o-o-w. As this time around she walked in on her own without any one's assistance. Furthermore, the context of the word "s-l-o-o-o-o-o-o-w" seemed to have changed. She stated, "my fever has come down remarkably."

"Astounding!" I thought.

She added further, "I thank you! You heard me."

Holding my hand, she continued, "You took care of me like a mother." With emotions clouding her speech and eyes, with their usual manifestations. Her slow narrative now changed to the charac-ter—s-l-o-o-w.

Later on another visit, during the routine examination, she rued, "suddenly, my home fills with children, (referring to her grandchildren's) and before one could even realize, they are all gone." A relation between the patient and the doctor was now gradually built, on the premise of humility and empathic listening, on the part of her physician. The layers of her disease were now slowly unrav-eled.

During that trying half an hour, I had presumed, that she would come too soon grinning and whining, "nothing worked, nobody seems to know the way to my suffering, Physicians as a whole, are an incapable lot these days." In that fear of failure, I wanted to refer her, till that fumble changed things. Her capacity to a human touch did not occur to me during that trying time. Since then, she has turned up on multiple occasions, and like many patients has not asked for either attention or sympathy or anything. Her companion "slow fever" though remained, its characterization had now become the usual—s-l-o-w.

How many times we as doctors prematurely give up on human ability in trying times and take refuge in either technology (investigations) or routine (referrals). Even in the most challenging patient, the physician's touch can transform the person when the disease itself is untreatable.

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