A Doctor’s View of Illness
Up Close and Personal

To the Editor:

The pain in my back would not go away despite weeks of self treatment. Finally, I couldn’t get out of bed, so I underwent a spine computed tomography scan. This scan showed large paravertebral masses and thoracic vertebral osteomyelitis. That evening I entered the hospital and began a new phase in my medical education. In the next several months, my epidural abscess and staphylococcal vertebral osteomyelitis taught me about the feelings and needs of a seriously ill patient. During my weeks in the hospital, I learned that patients often respond to their illnesses with an irrational turmoil of emotions and distress. I also felt the great powers of fear and pain in a patient’s life. My illness has given me a renewed understanding and sympathy for the sick.

Each day during my hospitalization, I was afraid and uncertain about my life. Before my diagnosis was clear, I feared, were the masses near my spine cancer? Would this cancer first cripple and then kill me? Even if these masses were “only infection,” would this infection paralyze my legs? My weeks of complete bed rest gave me plenty of time to ponder other harsh questions. How could I afford the time and money to treat my disease? When would I be able to work? A physician has a unique dread and fear of personal illness. He is aware of the great power of disease and the dangers of treatment. He has often been defeated by disease and seen many of his patients maimed and cruelly killed. He remembers the faces of those tragic patients who steadily deteriorate despite medicine’s best treatment.

Though many of my early fears were justified, often I became irrationally afraid of my infection, pain, medications, and prognosis. While lying in a tiny, confining magnetic resonance (MR) imaging scanner, I suddenly felt as though I were lying inside a closed casket. This dreadful feeling of doom kept me very still during my MR imaging scan. As I left the scanner, an attendant apologized for the poor view from my hospital room and told me the view from the hospice room were the best in the hospital. I nervously smiled, but wondered if this attendant knew something I didn’t. Until my illness, I was ignorant of the dread and uncertainty that daily preys upon the sick. My 12 weeks in bed revealed to me that the sick bed is an irrational place often ruled by fear, pain, and other phantoms of the mind.

Pain was a harsh bedfellow. He was my hope’s worst enemy, for pain robbed me of sleep and wore on my strength and resolve to become well. Both the pain of disease and treatment never seemed far away. Gnawing back pain and muscle spasms were the pains of my illness. Painful intravenous (IV) infusions of nafecillin, bone biopsies, surgical procedures, and the innumerable needle sticks of blood drawing were the pains of my treatment. Even when I didn’t hurt, I knew when the next needle or painful infusion would come. Mild pain became large with anticipation, and the endless “little” needle sticks became almost unbearable. One day, I was in great pain, had three infiltrated IVs, and numerous unsuccessful attempts to restart my IV. That evening I became overwhelmed with pain and sorrow. If I had a white flag, I would have gladly surrendered and died that night. I can now understand why some patients are willing to trade their lives for relief from their pain. My illness clearly showed me the dread and sorrow that often haunts the sick.

Pain medication gave me some relief but often brought nausea or other ills. These medications did give me precious moments when I could forget and escape my illness. Other precious moments of escape came while reading Dave Berry’s humorous stories or laughing at the cartoons of the Far Side. However, the best treatment for my physical and mental suffering came from the human kindness and concern of those who cared for me. The gentle care and concern of my doctors and nurses comforted me. My attending doctor asked me each day about my discomfort, and he gave me enough analgesics to relieve this pain. My doctor clearly explained to me that my infection was serious, but he calmed many of my fears by answering all my questions in an honest but reassuring manner. This honest reassurance gave me hope that I would recover. Everyday my doctor asked me, “Is there anything I can do to help you feel better?” This question was a daily reminder that my physician cared for me with kindness as well as knowledge.

My nurses were similarly caring and concerned. One night a nurse recognized that I was in pain and helped relieve my back spasms with heat packs and gentle massage. A new nurse carefully placed an ice pack on a tender, inflamed IV site. Suddenly, the ice pack burst and ice and water splashed onto my lap. My icy bed linen was a shock to me, but my surprise was small compared with the horror felt by my young nurse. Her dread was relieved as I laughed and asked her if this was a new kind of treatment, “Perineal Ice Therapy.” Successful or not, their efforts to identify and relieve my pain convinced me that my doctor and nurses cared for and about me.

As I return to medical practice, I wonder how I can use my new understanding and sympathy for the sick. How can my knowledge of the fears and pain of illness make me a better physician? First, I will spend time each day identifying fear and uncertainty in my ill patients. All fears will be treated with truth, hope, reassurance, and sympathy. Second, pain will be identified and responsibly treated. Painful medical procedures will be avoided unless they are essential. Any painful procedure will be done in a gentle and thoughtful manner to avoid all unnecessary discomfort. Third, I will understand the tumult of emotions, distress, and irrationality common in ill patients. Finally, I will always be mindful of Francis Weld Peabody’s wisdom, “The secret of caring for the patient is caring for the patient.” For a caring physician can best relieve the fears and pain of disease and calm the distress of illness. These efforts will demand extra time and energy each day of my practice. Such is the price of an understanding and sympathy for the sick.

Larry J. Findley, M.D., F.C.C.P.
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Erratum

A typographical error occurred in the article “Effects of Theophylline Withdrawal in Severe Chronic Obstructive Pulmonary Disease” (Chest 1993; 104:1101-07). The error appeared on page 1101, column 2, Materials and Methods section, subsection Patients, line 16, and read “…this included 4x100 μg of salbutamol or fenoterol….” It should read “…this included 4x200 μg of salbutamol or fenoterol…”