

# Diagnostricks



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m sorry. I don't really know what is wrong."

It happens altogether too frequently. You add up the sum total of a patient's complaints and symptoms and come up with ... a blank. Sometimes I think patients do this deliberately. They can sense in some perverse way the reply you want, but just to make the diagnosis game more challenging, they substitute the wrong answer. We call this "diagnostricks." This is where veterinarians have the advantage, your average animal being almost completely guileless and with less complicated insurance plans. Although, come to think of it, we had a dog once that was so clever

at playing dead, that he actually *was* dead for three days before we noticed it. He didn't mention any symptoms.

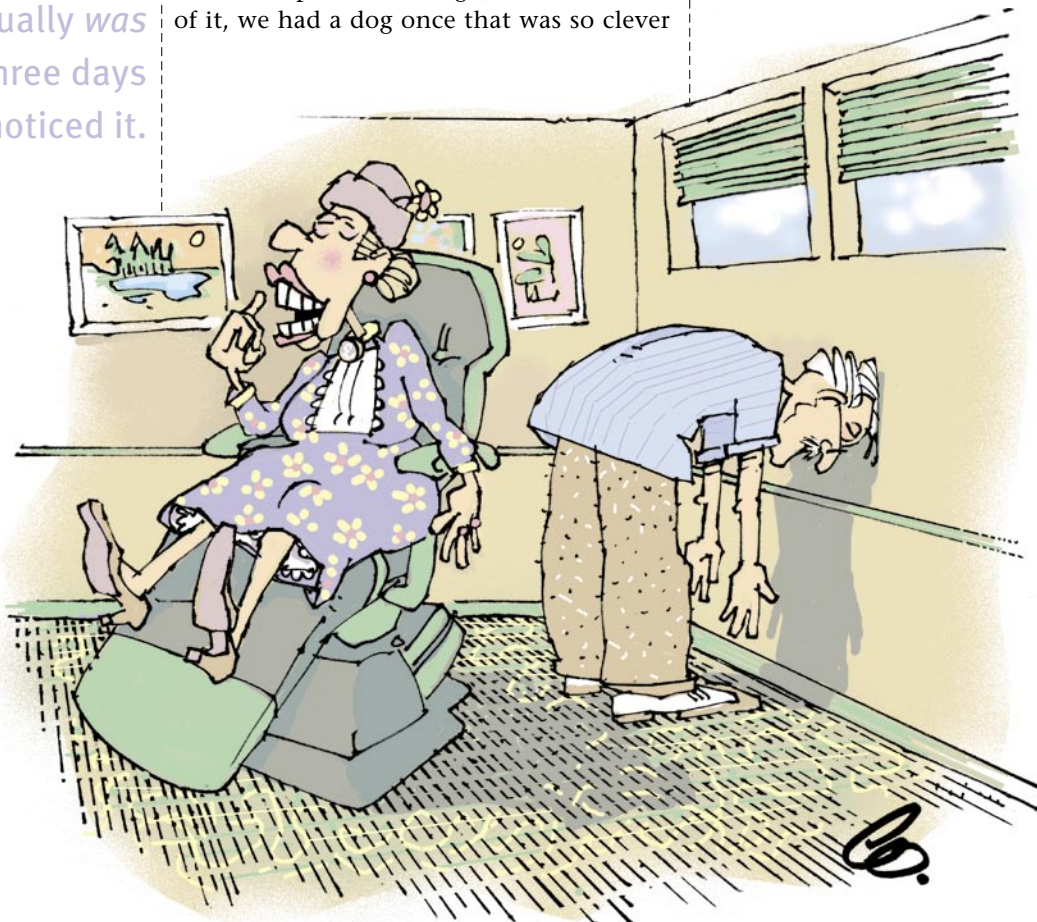
"Is it sensitive to bite on?" I asked my patient, building to the solution I've already partially framed in my mind.

"No."

"No? It doesn't hurt to bite on that side? I thought you told me ..."

"Only when it's cold or late at night," the patient explained, smirking inwardly at my confusion and at the same time, enjoying the feeling of being unique.

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"Hot or cold, or both?" I asked, pressing on.

"Hot, sometimes, but it stopped. But cold off and on."

"I see. So which tooth was it when it hurt?"

"I don't know. It didn't *exactly* hurt, but felt kind of, you know, *uncomfortable* when I go like *this*. There! That hurt!"

"Where?"

"Both sides, but maybe the lower right. Or the upper."

Tap, tap. "That hurt?" "No?" Tap, tap. "How about that?" "Nope." "Oooo-kay."

X-rays, clear. Soft tissue, normal. Lymph glands, normal. This is when I dragged out the old time-worn and honored *Justification for Waiting Routine*.

"Madam or Sir (as case may be), we have a saying in dentistry that goes something like this: 'Things seldom remain the same, they either get better or worse.'"

"If they get better," I explained, indicating by my facial expression that this is the outcome I anticipated and that the appointment is drawing to a mutually unsatisfactory conclusion, "we're all pleased. If they get worse, then at least *I'll* be happy because then I'll know what's wrong with you."

Sometimes this works and I'm saved the embarrassment of admitting I haven't the faintest idea what the problem is. Sometimes the problem goes away, as the patient, seeing through this ruse, takes his problem and departs to seek a more intelligent diagnosis elsewhere. But as often as not, at our next encounter as I inquire about the recent complaint, he or she either doesn't recall ever having mentioned such a thing, or says it went away and never came back.

Of course, the odd one now and then actually *does* get worse to the

point where I can, with considerable pride, bring my questionable diagnostic skills into play for a satisfactory conclusion. This euphoria is unfortunately offset by the veteran Weird Symptoms patient who replies when asked how long his complaint has been going on, "Oh, three or four years."

"Not getting any worse?"

"No, and not getting any better either, if that's your next question."

I hate when that happens.

Physicians may have a tougher time than we do. A good internist might spot a case of Farquar-Silverstone Syndrome, the last known victim of which was in 1704, but I suspect even he may get a patient in occasionally who defies diagnosis and that's why the "take two aspirin and call me in the morning" treatment became so popular. It'll either get better or worse, they figure, the autopsy eventually clearing up any remaining mystery.

With the proliferation of computers, I understand software is available to help us beleaguered practitioners who possess less than psychic powers. One merely types in all the symptoms provided by the patient, no matter how contradictory or bizarre, and presses "search." The computer then whirs a second or so and reveals a selection of ailments which should respond to a couple of 325 mg aspirin tablets — no, I'm sorry — ailments which the symptomatic patient *could* have, thus eliminating a lot of guesswork and frustrating questioning.

If this software becomes available to the patients themselves, they will then be able to present with a smorgasbord of treatment plans. The sacred doctor-patient relationship that has been so sorely tested by managed care inroads will then remain intact, ex-

panding only enough to make room for the computer's opinions, one of which will undoubtedly be "This condition will either get better or worse. If it gets better ..."

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