Aging doctors

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"Steve, John Hyatt. If you have time, I think I really need to talk to you."

"John, what's going on?"

John's anxiety is perceptible as he describes his symptoms to me. Although he's seeking assurance and is unsure if I need to evaluate him, I tell him to stop by tomorrow. I've received many similar calls over the years from physicians who bypass their primary care physicians to see me, because they are quite certain their symptoms are the foreshadowing of a serious neurologic disorder.

A month ago, the two of us had attended the funeral of a physician colleague. We knew that our friend was perfectly healthy until out of the blue he developed back pain. An imaging study revealed several bony tumors in his spine and limbs from what turned out to be multiple myeloma. Even the most aggressive chemotherapy failed to stop his disease progression. He died in a matter of months. John and I lamented that more of our friends and family members were developing serious illnesses with the passage of time. While illness is obviously the inevitable consequence of aging, we agreed that knowledge doesn't make the reality any easier to accept.

All doctors have heuristics that help us hone in on diagnoses. We use these shortcuts frequently, but sometimes they can be counterproductive. Are we ever objective when we attempt to diagnose or treat our own symptoms? I've come to understand that physicians like John need reassurance to stem their growing fear that they, as skilled clinicians, have diagnosed themselves to have a condition that will lead to serious incapacity or even their demise. Such support is best provided face to face and the sooner the better.

On a personal note, I've been experiencing a gnawing pain in one leg for several weeks. Like many hard-driving physicians, on most days I ignore the pain, hoping it will eventually go away. Perhaps to a fault, I, too, readily neglect my needs when I have a full schedule of patients and other commitments. Admittedly, as I greet John, my aching thigh is somewhat of a distraction.

"I've always enjoyed reasonably good health," he said. "Like you, I'm guessing, I take medications for hypertension and elevated cholesterol. I continue to be very active. I ski, hike, swim. For the last year or two, I ride a mountain bike on steep terrain for 2–3 hours several times a week. Part of my concern is that I notice I fatigue much more easily than my buddies in what's become a friendly competition. Now I seem to struggle to keep up. I develop muscle cramps and can feel fasciculations. I thought the cramps might be from the statin I'm taking, but I stopped it and my fatigue, cramping, and muscle twitching persist. I even ordered a creatine kinase—it came back elevated. That's what made me call you."

Like other doctors I have examined over the years, John describes his medical history more as a physician forming a conclusion than a patient seeking help. He also includes in his narrative several past events that he thought might have precipitated his symptoms—a fall without loss of consciousness and an upper respiratory infection that lingered for several weeks. I am listening patiently, trying to keep an open mind, but I sense that he has other more serious hypotheses that are weighing on his mind.

"John, are you concerned about any particular condition that might be causing your problem?"

John shrugs his shoulders, pauses momentarily, and then offers: "I wonder if all my symptoms are the first signs of amyotrophic lateral sclerosis?"

There it is. John's concern is out on the table. His muscle fasciculations—those tiny twitches with a terrible reputation among health providers—heightened his apprehension.

"I saw a man recently with advanced ALS. His symptoms prior to establishing his diagnosis were very similar to mine. He's in a wheelchair now and having trouble talking and breathing."

"From what I already know about you, I think it is highly unlikely that you have ALS, John. I'd like to examine you first, and then we'll talk more about what might be causing your muscle twitching and other symptoms."

As I stand up, the ache in my leg jolts me. I've been puzzled by what can be producing the pain since the location, frequency, and character aren't typical of conditions I'm most familiar with. I've ruled out vascular and neurologic explanations but now I wonder

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The characters in the story are fictitious but based on my clinical experience.

if there is a problem in my femur. But clearly now is not the time to think about my problem. I need to focus on John's concerns.

While performing the examination, I ask John, "Is there any new stress in your life that you're experiencing? I know doctors as patients are put off to think stress is causing symptoms. But we both know it's a significant contributor to medical disability."

John shakes his head no but doesn't speak. I want to stimulate rather than discourage this discussion but I'm not sure I have. I certainly don't want John to feel I'm being dismissive and implying that it's all in his head.

"What are your professional plans these days? You're over 65, so how much longer will you work?"

"Well, I'm struggling with the decision when to retire and even more what I'll do when I quit medical practice."

"I'm right there with you. I can't imagine not seeing patients. I have no idea how I'll fill my days."

As John dresses, I think about how to approach him with the idea that his symptoms might be self-induced from overexertion. I also want to explore further what I sense is his growing fear of developing an illness. I opt for the direct approach.

"John, my neurologic examination detects nothing abnormal. Do you think your zealous exercise regimen might be the cause of your complaints?"

"Why are you so sure my neurologic examination is normal? We both can see fasciculations in my calves and that I have brisk reflexes. And how do you explain the elevated CK? All of those changes can't be normal."

"John, believe me, I'm not minimizing what you have been experiencing lately, and I'm really glad you don't show any evidence for a more concerning illness. In my experience, fasciculations are often benign and don't automatically indicate that you have something as serious as ALS. Although your reflexes are brisk, I still think they're within the normal range. The elevated CK can be seen in anyone following physical exertion. If you refrain from exercising for a few weeks, your CK will likely become normal."

"You understand that I take good care of myself—I'm thin, don't smoke or abuse alcohol, and I always stretch before I exercise. I've been able to do this level of exertion for many years without experiencing any symptoms. I realize that no two people respond the same way to a similar amount of exertion, but the men I ride with are my age and they don't seem to experience the excessive fatigue that I do. Isn't that an indication that something might be wrong? As you can tell, I'm having trouble accepting your conclusion that I'm overexerting and that there is nothing wrong."

"John, don't try to be your own doctor. Throughout our careers we diagnose illness every day, so it's only natural for us to anticipate that we will eventually develop an illness that we will diagnose ourselves or at least have suspicions of sooner than those with less medical knowledge would have. But your hypothesis this time doesn't take into account the amount of exercise you are doing. You are pushing yourself so hard on your mountain bike rides. Why? Performance steadily diminishes as we age, even in elite athletes."

"I've always pushed myself in everything I do, and it has paid off. I could never be a couch potato or give up trying to improve myself. I don't see anything wrong with working harder to stay in shape."

"I admire how well you've maintained yourself physically, but like it or not, all of us have to change our strategy as we get older. Haven't you said these same words to your patients? No matter how much we take care of ourselves, our good habits don't automatically translate into extending our life or warding off all chance of developing a disease. I'm the first to admit that contemplating my own aging and the possibility of developing an illness worries me at times. You shouldn't look at reducing your level of exertion as a failure. See how you feel if you cut back a bit."

"I realize that I'm the patient and you're the doctor, but let's turn the table around for a moment. How do you deal with the limitations of aging? If we all have to face these issues, then I'm open to any strategies that have worked for you."

I'm surprised that John has put me on the spot and unsure about how much to reveal of my own situation. As a younger physician, I'm sure I would have felt that I was losing control of the interview and objectivity if I made self-disclosures. On the other hand, interacting with patients over many decades has given me the confidence to avoid artificial barriers and to be open even to unanticipated questions.

"John, some days I'm more successful than others. I surprised myself a few years ago by how upset I felt when I developed cataracts and soon after needed hearing aids. Even though there were satisfactory medical remedies, to me they were clear indicators of aging. When I was younger, I never seemed to have any medical problems. These days, I take quite a few pills, and I'm usually aware of some ache or pain when I get out of bed. How I adjust is a work in progress and varies on any given day. I admit that it's much easier for me to recognize unsuccessful coping strategies in others than in myself. But let's get back to your situation. Can we agree not to do any further tests for the time being, and I'll reexamine you in a couple of months? Of course, you can call me at any time with your concerns. I value our relationship, John. You give me some consolation knowing you're experiencing some of the same issues as I am. I hope I can do the same for you."

After John left my office, I kept thinking about our discussion. In truth, I've not been totally open and carefully weighed what I was willing to share. Admittedly, I've been obsessively worrying over my leg pain the last few weeks and did not mention that concern to him. It was so much easier for me to discuss John's anxieties than to come to grips with my own. Maybe I, too, am being hasty in thinking that my leg symptoms are an early sign of a bone metastasis or multiple myeloma. I guess I'll wait to see what my internist thinks at my next appointment.

It was time for my next patient.

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