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How to Solve a Medical Mystery

By Brian Deady

I am working an emergency department shift on a weekday and I reach into the rack to pick up the next patient's chart. I am feeling optimistic, buoyed perhaps by a day that is so far goin

Over the long haul of a working life spent teasing out patients' histories and dutifully examining their bodies for telltale evidence of disease, I have seen many changes in clinical practice. But to my way of thinking, the increasing reliance on computed tomography over the last two decades is one of the most remarkable. CT offers to take away clinical doubt and in so doing, diagnostic precision is not only possible but demanded; hence its overuse is virtually assured. Its nicknames are telling: the magic white doughnut or the truth machine.

Not surprisingly, after we relieve the patient's pain with an intravenous cocktail of analgesics, I order a CT scan of her chest, abdomen and pelvis. I must admit, I am fishing. I am not entirely sure what I'm looking for other than something diagnostically bleak, but I am quite certain that if my suspicions are correct, the scan will find it, whatever it is.

"You ordered the scan on patient Lee?" the radiologist asks me while we stood looking at the films of another emergency department patient I had run back to review with her.

"Oh, yes," I say as I turn my attention to the CT scan she brings up on the screen.

"Your patient has cancer, metastases in her bones, quite widespread. It looks bad."

"Oh, okay. Wow, I guess I'm not surprised. But still."

"Is there a history of breast cancer? Here, look, we see what appears to be a breast tumor on the left."

This blindsides me. Breast cancer? She had said nothing that triggered me to think of this possibility. Now in hindsight, everything makes perfect sense. I had failed to uncover an important historical clue, which in turn caused me to skip what turned out to be a fundamental part of the physical assessment: the breast exam.

I walk back to the emergency department from medical imaging. Despite years of practice, I feel the need to briefly pause and think through how to deliver this life-altering diagnosis.

"Hello, again, Mrs. Lee," I say as I reach her stretcher. "And Mr. Lee, I'm glad you're still here, too, Listen, I have a few things to talk to you about. I was just down in the radiologist's office looking at the scan. I wondered if you realized you had a lump in your left breast?"

"Well…"

"Oh, okay, so you were aware. Look, it's all right. But I do need to examine you there, hmm?"

With her husband at the bedside, I find not a lump but a large, rock-hard mass that would have been impossible to miss.

"Why didn't you tell me about this?" I say, in a flash of unguarded vexation. Then the thought quickly occurs to me that I hadn't directly asked about a breast lump so how could I shift the blame? I take a breath and clear the frustration from my face as I look at her.

"Because that's not what I came here for," she says. "The breast doesn't bother me. It's my back that's given me such misery. Honestly, the pain is intolerable now and that's why I'm here."

"Sorry, Mrs. Lee. I'm sorry," I say.

Later, at the end of the shift, in the quiet of the physicians' office, I attend to the bland necessity of chart completion. My thoughts drift to Mrs. Lee where it bothers me, perhaps more than it should, that I let a machine, a magical white doughnut of truth, make the diagnosis of metastatic breast cancer. The probable solution to the diagnostic riddle, it turns out, was within reach of a probing history and thorough physical exam. Instead, flying blind, I short-circuited tradition and dropped the soothing CT-balm of radiation.

I try to content myself with the fact that a diagnosis was made, that finally the patient knows what she is confronting and can plot out a course for her future. A broader question, though, tugs at my sleeve: In medicine, how do we ride the surging tide of technology without washing away the art?

A final reflection comes to me before leaving for home. It is a replay of my final moments with Mrs. Lee at the bedside. She has just told me why she hadn't let me know about her painless breast lump, that she had presented because of the torment in her back. It is a revelatory moment and she has demonstrated a compartmentalized understanding of her own body which had allowed her to deny a connection between a breast mass and protracted back pain.

"Sorry, Mrs. Lee. I'm sorry," I say to her. And she peers up at me and forces a smile, lips quivering ever so slightly, anticipating the grim report I was about to share. And in the time before COVID-19 changed how we interact with our patients, I take her hand and turn to her husband who is seated beside his wife's stretcher.

"Can you come in here, Mr. Lee? I am afraid I have some bad news for you both."

I reach out with my free arm and draw him to me. With those words, I begin the short introduction to the diagnosis that would shift the ground on which they have stood together

for nearly fifty years. Afterward, as they face each other, with tears welling up and thoughts too large for their tongues to form, I tiptoe away.

Brian Deady is an emergency physician, long in the tooth and short of the hair, with three decades of experience who can remember when CT scans were neither so powerful nor so readily available.