

Listen to your patients

Nazli Hossain

Madam, this is age of artificial intelligence. From driverless cars to stethoscopes, which can be attached to your mobile phones, for interpretation, science and technology has made great advances. But nothing can replace a good listening ear and an empathetic doctor.

I was asked to give my opinion for a 17-year-old girl, who had been transfused with three units of packed red cell, as she had been referred to the centre for having a haemoglobin concentration of 3gm/dl, along with upper abdominal pain and loss of appetite. There was also history of prolonged and heavy menstrual cycle. Her low haemoglobin was considered to be due to menorrhagia. We had earlier reported about menorrhagia in adolescent and how it is investigated.¹ The girl underwent diagnostic testing for abnormal menstrual bleeding. This included apart from complete blood count, iron level, and iron binding capacity, serum ferritin, prothrombin time, partial thromboplastin time, thyroid status, vWF antigen, fibrinogen level, factor VII, and thyroid status. Except for her total iron binding capacity, which was raised, and low ferritin and serum iron levels, all other special reports were normal. When I saw her for first time, her mother accompanied her. They belonged to low socio-economic class, where mother worked hard to feed her six children. Her father had passed away long time ago. The girl studied in a college, being malnourished, appeared behind her age group. Her continuous nail biting showed she was under very much stress, and appeared depressed as well. While I was seeing the documentation and reports, I made small conversation with the mother, as I was trying to assess dietary habits of the young girl and family as well. On finding a listening ear, the mother disclosed that she had discovered a huge amount of broken pencils from her college bag, sometimes ago. The girl accepted that she was chewing the nib of the pencils for more than a year. Along with it she also had habit of eating clay, hence could be categorized as pica. The

pencil nib is made up of graphite; hence this process of graphite eating was going on for years. Graphite causes layering in the stomach and other parts of intestine, hence prevent absorption of food particles, leading to nutritional deficiency. It also causes stomach ache, and may cause obstruction of the bowel as well. This disclosure solved the mystery for me, as I was baffled by the normal reports of bleeding profile with recent history of blood transfusion. The only next investigation she needed was an endoscopy to find out the damage, which had been done by the continuous ingestion of graphite. She was also referred for a mental health check up with a psychiatrist. And for her menstrual complaints, she was started on hormonal preparations to decrease the amount of monthly blood loss. Children with pica habit have been found to have depression and need help in with qualified professionals.²

Nothing can replace a good clinical history and an empathetic doctor, no matter how much science and technology may advance. Importance of good clinical methods and history should always be emphasized in the curriculum of both undergraduate and postgraduate medicine. Gone are the days when physician was an important member of family. Physicians were able to connect with their patients, through their attitude, politeness and empathy. All these words have become obsolete now. As physicians remain focused on their computer screens, this connection got lost somewhere. We have lost our trust with our patients.

Disclaimer: None to declare.

Conflict of Interest: None to declare.

Funding Disclosure: None to declare.

References

1. Hossain N, Farzana T, Khan NH, Shamsi TS, James AH. Adolescent menorrhagia due to platelet function disorder. *J Pak Med Assoc* 2010; 60:127-9.
2. Bhatia MS, Gupta R. Pica responding to SSRI: an OCD spectrum disorder? *World J Biol Psychiatry* 2009; 10:936-8. DOI: 10.1080/15622970701308389.

.....
Department of Obstetrics Gynecology, Dow Medical College, Karachi, Pakistan.
Correspondence: Email: nazli.hossain@duhs.edu.pk

DOI: <https://doi.org/10.5455/JPMA.59977>