“A Little Extra..”

Pages with reference to book, From 180 To 181

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The child was brought to the Emergency Room at 11:00 a.m. she was eleven years old and had severe abdominal pain. While examining her, we found that she seemed to be tender all over her abdomen, but when we distracted her in talking, her tenderness markedly decreased. The worried parents mentioned that she would probably have to miss her examination the next day, this had happened before also. The indicators all suggested that a careful psychosocial history might be productive. On qirestioning, we found that the child seemed to have a more than ordinary workload. After coming back from school, she went straight to a Madrassah, then to a tuition, then her home work was done under her brother’s supervision, before
she went to sleep. She could hot name friends she regularly played with, nor time spent doing other activities, or if she even played. She had dolls, but they were kept in a trunk, locked up; she had no names for them. We suspected over-ambitious parenting, but when we included her parents, they were clearly bewildered and had no idea that this was in any way an abnormal life for a child to lead, simply because she had never expressed any complaints. Her pre-exam tension was put down to illness, specifically her abdominal pain.

At this point we discussed the case amongst ourselves, the resident and I and decided on the major issues to concentrate on. We outlined some general desirable changes in the child’s schedule and expectations made of her, while letting the parents decide on specifics, without letting the child or parents feel that the symptoms were “play acting” or “malingering” on the child’s part. The discussion, which included parents, a child, a resident and a student, at 2:00 a.m., the venue being a hospital bed separated from the others by cloth screens, in a noisy emergency room, ended with two relieved parents and a trusting child, whom we fell, we had helped.

The case made me realize how important it is to patient regarding the psychological aspects of illness and how rewarding the results can be. Since then, I have seen many cases where the major focus of illness revolved around a problem that you could not give tablets for and how careful questioning about a person’s life would
suddenly illuminate a hidden aspect of disease. And how a little extra time spent letting the patient voice his concerns and fears led to a more cooperative and happier patient.

As doctors to be, we will find overselves approached for help in many ways. I find that an investment of time, patience and energy in patient who seems to need more of it is often very difficult to give when there are so many other demands on our time. However, it often ends up as the help most desperately needed, it is often the aspect the most easily ignored and ultimately depends entirely on what we feel that we must give. But an aspect we often forget is that we are not always on the giving end. The satisfaction in a patient that “a little extra” can give, sometimes becomes a major reason to continue trying in the face of our own failures, the feeling that it is worth it, after all.