

Self-delusion and self-care

It started in the night and I wasn't even naked. My generalized abdominal pain gradually worsened but was only a mild ache by the morning. I vomited after eating my lunch and thought I must have the flu that my colleague had the previous week. That night the pain progressed and localized to my right lower quadrant. I found some old oxycocet tablets in my cupboard and after quaffing a couple had a decent night's sleep. "So this is what mesenteric adenitis must feel like," I thought to myself.

Off to the hospital I went to do rounds, but interestingly I had to lift my right leg in and out of my car due to the pain. I also found myself walking in a kind of Quasimodo-like position. I thought, "Wow, this mesenteric adenitis can really be a bitch." Later that morning while seeing patients in the office, my concerned colleagues wanted to know why I was walking like I had suffered a stroke. I explained my insightful diagnosis of viral-related abdominal lymph node pain, at which point they told me I was an idiot and to go get myself checked out. To prove them wrong I gingerly lifted my copy of *Surgical Diagnosis and Treatment* off the shelf and began to read the symptoms of appendicitis to my clearly misguided colleagues. To paraphrase it went something like this, "The pain is often preceded by vomiting... eventually moving to the right lower quadrant: forcing the patient to walk like Quasimodo... often the patient will deny there is a problem, particularly if he is in the medical profession." So, okay, I was going to need more evidence to get them off my back.

I thought that an abdominal CT would give the most information and allow me to miss the least amount of time from the office. I dialed up the CT radiologist and told him I had a

43-year-old man in the office who needed a CT to confirm he didn't have appendicitis. "What's his name?" he asked me. After seeing a few more patients and telling my staff I would be back soon in a smug voice loud enough for my colleagues to hear, I headed off for my scan. I had to drive with my torso contorted into a ball such that I looked like one of those thick glasses-wearing osteoporotic seniors with their faces pushed up against the steering wheel. I also remember letting loose an involuntary moan as I rolled up onto the table. The radiologist let me look at the scan and said, "Sometimes with CT it's hard to make a diagnosis of appendicitis, but your swollen, inflamed angry-looking appendix helped me a little."

"But how do the mesenteric lymph nodes look?" I asked hopefully. The look on the radiologist's face convinced me to contact the on-call surgeon. I related the relevant information to him, "I have a 43-year-old male idiot with clinical and now CT-supported appendicitis in the radiology department."

"Send him over to ER, and what's his name?" he requested. Why is everyone so preoccupied with this name thing? It was now about noon so I figured that as my surgery wouldn't be done until the late afternoon or early evening and as my pain was lessening that I should go back to the office and work until it was time for my operation. Apparently narcotics make you feel better and impair your judgment.

Within a few hours I had my ruptured appendix removed and after a few febrile days in the hospital on IV antibiotics I started to recover.

The moral of this editorial is not the obvious one (that I am an idiot), but that as physicians we don't take very good care of ourselves, or for that

matter each other. We give patients advice about stress management, lifestyle changes, counseling, addiction, mental health, and more, but then ignore our own advice. I wonder how many of you even have your own family physician.

I think this lack of care often extends to our colleagues. How many of us take the time to ask about the sadness in their eyes, their new irritability, or their obvious lack of joy? We are all very busy, but if we don't look out for each other, who will? Sure it takes some time, but wouldn't you like that effort made if the situation was reversed? Sometimes all it takes is a kind word or an act of support to make all the difference. However, not all problems are solved easily and I would recommend accessing the Physician Health Support Program (604 742-0747, 800 663-6729, info@physicianhealth.com). Encouraging a struggling colleague to make the call, while a simple act, may be one of the most important. Who knows, making your own call may even save a life—yours. —DRR

Helping Yourself or a Colleague

The Physician Health Program of British Columbia is a confidential resource for physicians, medical students, residents and their families. Common concerns dealt with by the program include, but are not limited to, personal and family emotional health issues, the inappropriate use of alcohol and/or drugs or coping with physical illness, etc. If you choose, you can call the program anonymously.

If you have concerns about yourself or someone close to you please don't hesitate...

CALL: 1-800-663-6729 or 604-742-0747

They grow up so fast

Fifty years ago, as we have read (ad nauseam), the *British Columbia Medical Journal* was born. Fifty years ago, I was not yet born; I was not even a twinkle in my father's eye! I arrived on the scene when the *Journal* was into its sixth year, so I am hardly qualified to wax poetic on its illustrious history. Other editorials have, and will, celebrate this milestone. What I will say is that the *BCMJ* is the only medical journal I look forward to receiving. I most enjoy reading the editorials, letters to the editor, news, back page, articles, and front cover. I'm sure you get the message — this is my favorite journal.

So when my colleague and friend DRR (a.k.a. "Little Dave") approached me in the hospital corridor a few months ago with "a proposition," I

was intrigued. "I need to find a replacement for myself on the Editorial Board when I take over as editor," he said.

"Why me?" I asked him. He was polite enough to keep his inside voice quiet. ("Because nobody else that I asked said yes. Because we were desperate. Because I hate being rejected, and I knew you would not refuse.")

"Because it is a lot of fun, and it's not that difficult, and I think you will enjoy it," said his outside voice.

Well, I took my time and thought about it. I thought I could manage the monthly meetings at 7:30 a.m. downtown on my day off. I could sleep in and catch the 352 bus at 6 a.m., express from south Surrey to the BCMA offices. He promised me that I would only have a few submissions to read each month. Furthermore, he assured me that the need for me to write an actual editorial was very far into the future. I therefore accepted his proposal. Before I could change my mind, the ever-efficient production coordinator KS had sent me a package of articles to peruse, followed by e-mails

containing more articles for my comment.

Not long after the canapes had cooled at the celebratory cocktail party for the *BCMJ*'s half century, I received e-mails from the erudite editor, DRR, and managing editor, JD, asking for an emergency editorial essay on the topic of my choice!

Well they say that time flies when you're having fun. It feels like only last month that I accepted this position on the Editorial Board. I must say that most of what DRR told me was true. The Editorial Board meetings *are* fun. The other members of the Editorial Board are knowledgeable and witty. It is interesting for me to see what goes into making this journal the success that I think it is.

On the subject of time, I thought I would share this from a patient of mine. After delivering her baby, I was completing the paperwork in her room. I looked up at the clock on the wall and remarked aloud that her baby was already 15 minutes old.

"Gee," she said. "They grow up so fast!" —DBC

Do you have an article idea?

ONE OF THE PRIMARY GOALS of the *BC Medical Journal* is to publish high-quality clinical and review articles by BC authors. If you have an idea for an article you would like to write, please consult our Guidelines for Authors, write the article, and send it in for review by our Editorial Board. If you would like to discuss it first, contact us either by phone (604 638-2814), e-mail (journal@bcma.bc.ca), or post (*BCMJ*, 115-1665 W. Broadway, Vancouver BC V6J 5A4). Our Guidelines for Authors document is available at www.bcmj.org under the heading BC Medical Journal/Guidelines & Resources.

We encourage submission from both experienced and first-time authors. If you have an idea that would require several articles to cover properly, we would also be pleased to discuss concepts for theme issues.

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