LETTERS TO THE EDITOR

To the Editor:—The article¹ entitled *Laughter and Balance: A Letter to a Junior Resident* addresses important issues for all clinicians, regardless of generation and level of training. I submit that equally powerful emotional experiences emanate from “poor-outcomes” of patients with whom you have had longstanding relationships. In May 1993 a 67-year-old man presented with upper abdominal pain. UGI and ultrasound were negative. Over the next five months I saw him frequently for the same symptom but could not determine a cause. Six months later an abdominal CAT scan revealed a gastric abnormality. Biopsy revealed poorly differentiated adenocarcinoma. Despite surgery and radiation therapy he had a rapid downhill course, dying about eight months later. In May 1997, I evaluated an elderly patient with flank pain, back pain, and intermittent obstipation. Despite frequent visits and multiple tests I was unable to come up with a diagnosis. Six months later I palpated a hard abdominal mass. CAT scan demonstrated a large retro-peritoneal mass which on biopsy was confirmed to be lymphoma. In both cases the patient, family, and I focused on why I did not obtain a CAT scan earlier. My anxiety, guilt, and inadequacy returned each time their names appeared on my schedule, when there was a telephone call regarding their care, and when we met face to face. For the second patient I had frequent thoughts that it would be better for someone else to care for him. In both I had failed to be the diagnostician I thought I was. I took no consolation from my colleagues’ assurances that

the six month time delay did not make a difference. It might not have clinically but it did personally to the patients and their families and to me professionally. These patients entrusted their health and lives to me and I failed them. I had difficulty accepting the fact that they continued to trust me. The positive rewards were equal, however. I was able to assist the first patient and his family in preparing for his death. He was fiercely independent and was able to maintain residence in the apartment he had lived in for years. The second patient is likely in remission. His tumor has decreased considerably, he is no longer in pain, and he is traveling with his wife. We have shared these successes. Each interaction with the patient and his wife brings me more understanding and confidence that I indeed can fulfill my duties despite my limitations. Dr. Tierney has affirmed the challenges, risks, failures, and rewards of our cherished profession. I have benefited by his taking the first step in allowing me to examine myself. More is needed!—**DAVID A. NARDONE, MD, Portland, Ore.**

REFERENCE

1. Tierney WM. Laughter and balance: a letter to a junior resident. *J Gen Intern Med.* 1998;13:271-2.

In reply:—Dr. Nardone’s heartfelt description of his experience reminds us that we physicians are human and fallible. And further, he reminds us that we are often our own worst critics. He has obviously grown from his introspection, and we have too.

My own piece¹ was not meant to indicate that such feelings are unique to young physicians-in-training. I tried to use my recent, painful experience to make a more general point about what we physicians can, do, and must face in providing both highly technical and empathetic care. Dr. Nardone’s letter reinforces this notion.—**WILLIAM M. TIERNEY, MD, Indiana University School of Medicine, Indianapolis.**

REFERENCE

1. Tierney WM. Laughter and balance: a letter to a junior resident. *J Gen Intern Med.* 1998;13:271-2.

JGIM welcomes your letters and comments. Letters may contain brief commentaries on articles published in the Journal, illustrative case reports, general suggestions for improving the Journal, or other information of interest to readers. Letters to the Editor should not exceed 450 words in length and should be sent in triplicate (typed, double-spaced). We cannot guarantee publication and we may edit to improve readability.

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