

## A PIECE OF MY MIND

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## Notes on Healing After a Missed Diagnosis

**My patient came to see me** during the second winter of the COVID-19 pandemic. I have taken care of his family for years, and I have loved watching his daughter grow in tandem with my own children. He works in a laboratory, and his scientific training shapes his worldview, something I had not noticed until the assessment of each patient's understanding of what a tiny virus could do became a center point of every visit. He scheduled the appointment in person instead of over video, so I knew he was worried. "I'm tired, Doc" he said. He went on to describe generalized fatigue, difficulty sleeping, and a sense that something was wrong.

The diagnosis code for "fatigue, unspecified" used to embolden the imposter syndrome that I carried in my pocket to peek out, sometimes crawling up onto my shoulder during the visit. The differential is vast and sorting through it felt overwhelming at first. But over the years I've become comfortable with fatigue, often meeting it as an old friend who finally nudged my patient into the office for a visit long overdue.

When my patient said he was "tired," I conjured up the familiar algorithm. I began the dance with an open-ended question: "When you say *tired* what does that mean to you?" Next, I asked about timing, progression,

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and severity, following the familiar path I was taught as a medical student when I first learned how to take a history. Then I asked about hair loss and constipation, dizziness and snoring, rumination and anhedonia, tip-toeing in one direction and then another, until my steps became steady.

47-year-old male with obesity and history of anxiety presents today with a 3-month history of progressive fatigue and insomnia.

He came in because he was exhausted, up at night worrying about the pandemic, concerned about how they would care for their daughter while working from home and struggling with the uncertainty of it all, a feeling I certainly related to. He was tired on and off throughout the day. I asked about chest pain and difficulty breathing, but I wonder now if I truly heard his answer or if I was already too far along the path I was following. We agreed to check some laboratory results, start a low-dose antidepressant, and schedule a follow-up visit in about a month.

I still wonder if I missed a pause or a facial expression that I should have followed in a different direction.

I don't know if *it* would have even showed up on an electrocardiogram, but 2 weeks later he was admitted to the hospital.

47-year-old morbidly obese male presented with chief complaint of substernal chest pain, admitted with an NSTEMI [non-ST-elevation myocardial infarction].

He was admitted to the cardiology service for cardiac catheterization. Subsequently, he underwent a 4-vessel coronary artery bypass graft (CABG) surgery and had an uneventful postoperative course.

Except he missed his daughter's birthday.

His daughter and her mother came in for a 6-year well-child examination while he was still receiving mechanical ventilation in the intensive care unit. Usually bright and sunny, her limbs were tense, and she clung to her mother's neck in a way I haven't seen since she grew out of the "stranger danger" phase familiar in the transition from baby to toddlerhood. I knew this child when she was just a wish expressed in my examination room. I met her when she was 2 days old, perfect tiny toes reflexively shooting upward on examination saying "hello" to me and the world. That day she refused to allow me to listen to her heart, too worried about her dad's, scared that something bad could happen to her at the doctor too.

I skipped my usual tricks, balloon examination gloves and otoscope-lit jack-o'-lantern fingertips, in favor of sitting quietly with them. I joined them in their uncertainty and their fear about what might happen next, while translating the documentation in his medical record into language I hoped they could both understand. They asked questions about what to expect, and I did my best to answer. I felt so guilty that they still trusted me when I had missed the cardiac disease that could have killed him.

6-year-old female presents for a well-child exam. Healthy child, growing and developing well. Immunizations and anticipatory guidance per orders and patient instructions.

That well-child appointment was one of the most difficult visits of my career because of the crushing weight of my guilt. I don't know if I could have prevented his hospitalization by ordering more tests the month before or lecturing him about his diet years ago when he first established care. I suspect he would have needed the procedure either way, but it would have been nice if they could have been prepared.

That said, I don't know how you could truly prepare a child for something like this. When I asked about

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her understanding, she said, "Daddy needed a surgery to fix his heart," but to a child who knows she's loved, how could a parent's heart be anything but perfect and whole?

At his hospital follow-up appointment, I invited my mistake into the examination room. I can still feel the echo of my chest rising and falling as I examined the thick, crusted line over his sternum. I clenched my hands to still my trembling fingers. The wheels on my chair squeaked as I turned toward my developing shame. "I am so sorry. I wish I had found it sooner. We might have been able to prevent some of this, and the blockages could have killed you."

"I could have killed you," I thought.

But he gave me an incredible gift of grace. He said, "It's okay, Doc. I know you. And I know you're doing the best you can."

A few months later, he came in to talk about new-onset rectal bleeding. The emergency department told him it was caused by the blood thinner we started after his surgery. They told him not to worry. But I was worried. I carefully asked one question, followed by the next. I wanted to get it right this time. His heart attack reminded me that it is easy to stumble even after years of

practice, and that when we misstep in medicine, our patients stumble too.

The blood thinner whose job it was to protect his new stents forced the tumor to reveal itself before it spread beyond the bowel wall. This time, he was able to meet with the specialty team and consider his treatment options. Because I trusted him with my apology, he trusted me to guide him through this diagnosis. He had an exceptional oncologist, but he still called my office to talk through treatment options.

47-year-old male with CAD [coronary artery disease] s/p [status post] 4-vessel CABG, history of stage 2 colon cancer s/p resection and chemotherapy presents today for routine physical exam. Chronic medical concerns are stable, overall doing well.

He reminded me of the power of the relationships we build with our patients. We have the incredible privilege to care for people during some of the most vulnerable moments of their lives, but that means sometimes we need to be vulnerable too.

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