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On Symptoms

By Karina Hofstee

"She's sick, but it's nothing bad." Arguably one of the most useful phrases I learned from my continuity clinic attending. So many times, I found myself seeing a patient in the clinic, sneaking in to pre-round on wards, or answering a 3 am phone call from a nurse with the same underlying plea. Without fail, they want me to fix it. I might be worried about their hydration status or electrolyte derangements, just like medical school taught me to be, but they are worried that their child's tummy hurts. Can we give them something to make them feel better? It was such an unexpected learning point during my intern year. The pathophysiology I worked so hard to understand flew out the window and instead I had to learn about suffering and how much I should expect my patients to tolerate. I also had to learn what I can successfully palliate in the first place. For every kid I see who is hair-raisingly sick, there are ten more with a benign cough and parents who are begging for a treatment to let them sleep. Navigating how best to help the spectrum of symptoms is a skill I did not know I needed to hone.

Do we need to push ondansetron on everyone who walks into the emergency room? Is a simethicone or acetaminophen order worth an urgent call overnight? Does the 3-year-old need to have their appetite back before they are discharged? And does the agitated teen really need intramuscular antipsychotics to try to calm down? Generally, no, but sometimes yes. There are ways to triage symptoms of course. A joke in the ICU about a patient with severe, brink of tears-itching: "If it isn't anaphylaxis I don't care." Or myself, during a long day when I got called about a runny nose and snarkily suggested a tissue; I then spiraled and started worrying about a CSF leak. I think those of us in medicine, especially trainees, are often so focused on "helping people" we can lose sight of outcomes that are ultimately more important. Is this because patient satisfaction matters more, because we cannot stand to see suffering, or because we are grasping for any suggestions on how to treat our patients?

The crux of the issue starts with the population's understanding of medical resources and illness. How best to utilize medical resources is not something that is taught in school and unfortunately, we are beyond the days of easy access to a physician for basic medical questions. However, I do not want to put any of the onus on the patients or their families. I had a mom wait 8 hours in the ER to have me say her baby's stool was normal baby poop and was not, in fact, diarrhea. I felt extremely guilty, even though I still provided appropriate medical advice. I was also shocked to hear she just had her child's 2-week checkup a few days ago. What did they talk about if not the weird consistency and color of baby poop? I have seen the opposite as well, where the 2-week-old has been home with a fever for days and only comes in now because he is not wanting to drink as much and seems lethargic.

How can the medical community better communicate anticipatory guidance, symptom management, and how to recognize illness requiring more urgent evaluation and treatment? Obviously, one solution that seems increasingly impossible comes with longer well-care visits. Give a pediatrician time to do a truly thorough review of systems or anticipatory guidance for every weird thing a baby does, and I am sure their poop consistency and what to do in case of a fever will come up. One bright side of the current pandemic has been the explosion in telemedicine visits. You cannot triage everything over grainy cellphone video, but you can reassure and offer advice very effectively. Pharmacists are an underutilized resource for symptom management as well. A retail pharmacist will blow an intern out of the water with their knowledge and experience with over-the-counter remedies.

My angst over symptom management is a work in progress, and part of why residency is so important in a young physician's training. I have already seen enough viral respiratory illness to know when to recommend suctioning and oral hydration and when to talk about high flow, but I often need to be reminded that the new parent has not. I think doctors need to be more comfortable saying "I expect you to be miserable." Reassure someone that they are sick, and their body is showing exactly the symptoms you would expect. We need to be better about setting the expectation that not every symptom is dangerous and most of them just need time. Getting sick is part of life and not always a problem for which a solution is readily available or necessary. In short, you can be sick, but it is nothing bad.

Karina Hofstee is a resident physician in pediatrics in Houston, Texas. She published a narrative essay in in-Training while in medical school. While she considers herself a novice to both the fields of pediatrics and narrative medicine, Hofstee loves writing as a form of reflection and is an avid reader.