In Their Own Words

Eleanor R. Menzin, MD

Every fall, my daughters' dance studio hosts visiting week so that parents can come to watch their children's classes. One year, I pulled into the too-small parking lot 5 minutes before class started on a dreary Monday afternoon to discover that my 8-year-old refused to disembark from the babysitter's car. I pointed out that we were ahead of schedule and could walk in together. Silence. Her best friend's mother, a lawyer, attempted to negotiate on my behalf. My counsel removed her head from our minivan, her face a mix of chagrin for me and admiration for my daughter's determination. No dice.

My husband's dinner-time inquiry about visiting day brought bilateral stony silence. Later that week, I dared to ask my daughter what happened on Monday. Firmly, she informed me that all her classmates had been picked up at school by their mothers, not their babysitters. I had completely misunderstood the assignment.

Medical training teaches us to diagnose the problem and formulate a treatment plan. In my own mind, I had done an excellent job,

Chief Complaint: Needs parent for visiting day at dance class.

History of Present Illness: Daughter requires a parent (95% of peers will have a mother) present at a dance class for 90 minutes at 4:00 PM. Need to chit-chat with friends' mothers, take an appropriate number of pictures, and ensure the beeper stays silent.

Physical Examination: 10.3 miles, 45 minutes with traffic.

Assessment/Plan: The mother will block her schedule, last patient at 2:30, finish by 3 PM, and arrive by 3:45. Appreciate the babysitter who will pick up at school and meet in the parking lot.

My history of present illness, examination, and plan was unimpeachable. The problem was the chief complaint. Rather than asking my daughter what she needed and working from a chief complaint in her own words, I formulated the chief complaint for her. It was the parenting equivalent of the medical student saying that the chief complaint is hemoptysis.

Whether I agreed with it or not, the pickup and the attendance at the class were equally important to my daughter. That may not be objectively true, but plenty of patients come in with a chief complaint of strep throat who do not have strep throat. The validity of chief complaints derives from the patient's opinion, not the physician's.

Often, in medicine, we get away with ignoring the chief complaint. The patient presents with a chief complaint of sleep disturbance and cough. I take a history, perform an examination, and diagnose acute otitis media. I prescribe an appropriate antibiotic, and I believe that the family is satisfied with the care.

Perhaps they are happy because I have left them to make the connection—that pain from otitis is causing sleeplessness and it will resolve with treatment. Sometimes that works, but not always. After all, if the otitis and subsequent rocking to sleep disturbed the sleep routines, the child may need sleep (re)training when she is well. If I do not discuss that, I have solved my problem—the otitis, but not the parent's problem—the sleep.

It is particularly tempting to avoid unsolvable chief complaints. I can diagnose an upper respiratory infection, but I cannot make the cough, the chief complaint, resolve. It is easier to talk about things adjacent to the chief complaint—like the expected duration of symptoms—than to admit that I cannot fix the issue that brought the patient to the office.

Ultimately, these patients are likely to be unhappy. Their negative comments on post-visit surveys are the written equivalent of my daughter's refusal to get out of the babysitter's car. Just as at the dance visit, both sides are frustrated. One side feels unheard, the other unappreciated.

In the following years, visiting week became less dramatic. I asked my daughter what she wanted: how many days she wanted me to come to visiting week and who should pick her up. I let her give the chief complaint in her own words. I tried harder to address her priorities, even if they were not mine, and to explain why they were sometimes unattainable. There were times when I could get to school on time for pickup, and times when I had to meet in the parking lot.

Patients are less brutally honest than children (at least mine) when their needs are unmet; I will need to be, and teach others to be, clearer about the gap

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between patients' expectations and my plan. There are upper respiratory infections that I can diagnose and coughs for which I have no medicine. I *can* be forthcoming about my limits and overtly acknowledge how my plan does or does not fix the chief complaint. In medicine, as in parenting, not every problem has a solution. In both, sometimes the asking and the answering are therapeutic.

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