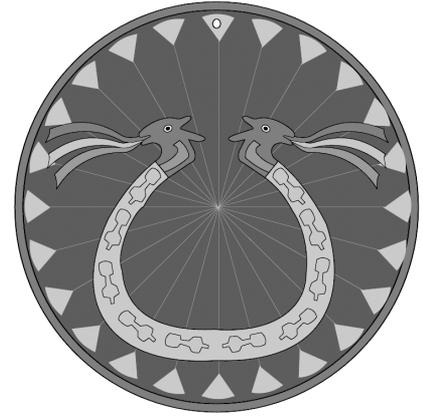




Commentaries

Medical Notes



My daughter is an intern. She was lamenting the poor quality of her notes in patient charts. “I write sloppy notes. They don’t have all the information they should. They’re not complete. I’m embarrassed.” I reassured her that her notes were probably fine, maybe even excellent since she’s very exacting and her own harshest critic. Nothing she does is ever below average, which is, of course, the vicious cycle that most of us in medicine suffer from, high expectations and compulsive natures. In baseball, a batting average tells us who is average, who is below and who is above. In professional life, other than looking at income, which is usually not how we rate ourselves, grant dollars or numbers of publications for medical researchers, there are no hard data to use to rate ourselves. Like the children in Lake Wobegon, we all consider ourselves above average. However, back to medical notes...

I told her about my note on Johnny D when I was a subintern in pediatrics. Johnny was about 7 and suffered from hemophilia. He was a frequent flier who was admitted to the hospital every few weeks. One early time he had hit his head and bled into his brain. His hyperactivity either stemmed from that or simply worsened with that. Now that he was seven, he required admission with almost every baby tooth coming out. There was no factor VIII replacement in those days. In retrospect, Johnny wasn’t very complicated, but as a subintern I thought he was. After all, he had been admitted scores of times.

Medical student presentations at rounds at my medical school were expected to be “complete.” This required a review of each hospitalization (and from memory). Obviously this was well nigh impossible for Johnny’s case, but I did what I could. To prepare for this I decided to summarize each hospital admission for the admission note. I went through many charts, summarizing each clinical course. In retrospect I think this could have been collapsed into: 27 hospitalizations for bleeding related to

hemophilia, hyperactivity, all treated with epsilon amino caproic acid, a non-specific clot enhancing drug, no end in sight.

I thought I had done a good job. In fact, I had done a good job. More importantly, I learned an important lesson. The hematology fellow came by, reviewed the current record and asked to see the student who wrote the 5 page note on Johnny. I introduced myself. He said, “That’s a great note but you should know that no one is going to read it. It’s too long. Who has time to read a note so long?” I was crushed but he was correct. I wouldn’t read a note that long by a medical student, maybe by anyone other than a world renowned medical scholar.

When I was a neurology resident, I came across a note from the opposite end of the spectrum. At morning report we presented to the chair, in a microencapsulated form, all the admissions from the preceding day: “Mr. Jones, 76 year old man with a left middle cerebral artery stroke; Mrs. Smith, 46 year old woman with myasthenia exacerbation; Mr. Doe, 27 year old man with several seizures; Mr. X, 68 year old man with a spinal arachnoid cyst; Mrs...” “Stop”, said the chief.

“How did you diagnose a spinal arachnoid cyst?”

This was in the days before MRI or spinal CT.

“I didn’t,” said the resident. Dr V. did and the patient was admitted for a myelogram, and then for his operation.”

“How did Dr. V. diagnose a spinal arachnoid cyst?”

“I don’t know,” said the resident. “That’s all he wrote in his note, ‘Patient admitted for myelogram of spinal arachnoid cyst.’”

The next day the chief asked what the myelogram showed.

“Spinal arachnoid cyst.”

“How the heck did he know that,” asked the chief?

“I don’t know” replied the resident, “that’s all he wrote in the note.”

We all trained in the days of the “giants.” Although when I was in training there were few living giants, all my mentors had trained in the days of the giants. There used to be giants, but they all died out just before you started training, whenever that was. I sometimes do long for those days, although they were not good days for patients. I wish I could write a note in the chart that was three words long, “spinal arachnoid cyst,” but I couldn’t, and certainly I shouldn’t.

Medical notes should be accurate. I shudder when I think of the patients I referred to a famous neurologist who had peculiar theories relating handedness, autoimmune dysfunction and neurological problems. His histories were fictional. He made them up to fit his theories. Histories must be accurate. They must also be concise, so that the reader can read them in a brief time-frame. The examination should document what was evaluated and the impression should briefly give an hypothesis, or a diagnosis, explaining the thought process which led to the opinion.

It is an unfortunate aspect of our current medical predicament that we frequently lack the time to sit and think and then to write in a thoughtful manner. I worry that that time will never come back. It did exist though, back in the days of the giants.

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