The Misperceived Curmudgeon

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I was talking to an older colleague recently who mentioned that he was a fellow when I was a medical intern at the same hospital. He worked with Dr. B., a very famous, but no so well liked, neurologist. In fact, Dr. B. was usually considered the most unpleasant neurologist on earth. Of course, to my colleague, he was a pleasant, very supportive person underneath the crusty façade, although my friend was well aware of the professor's reputation. I don't think I hear about curmudgeons nearly as much as I did during training. I don't know if this represents a change, brought about by limited work hours, women making up half the classes in medical school, the realization that a military attitude is out of date, or, worrisome to me, that I'm possibly one of these crusty old troglodytes so no one says anything in my presence.

"Yes," he said, "he was often very nasty to the residents, but, to be fair, also to the attendings. However, if someone was in trouble, he was always willing to help and he tried to be supportive."

I countered with my own experience, limited to a single teaching conference. As a medical intern, I knew I was going into neurology, and that I'd be at a different program than where I was a medical intern. Every Saturday, Dr. B. had his famous, and highly regarded "Phenomenology Rounds." What could excite a budding neurologist more than a conference focused on exhibiting the arcane abnormalities of the neurologically afflicted? So, after I completed a Friday night on call early enough to attend the Saturday morning conference, I did. What I observed is still embedded in my memory, although not the phenomenology or the teaching points. After the first patient was presented, Dr. B., a man of about 60, looked at the audience of about 20 doctors, and the resident, gave a clear indication of having had his time wasted, and asked, "Why did you bring her?" Although I was an intern, it seemed clear that he thought the patient a "crock" who was simply crazy, and not only wasting his and all the other doctors' time, but that the resident was a fool for giving credence to her symptoms. The patient was clearly offended. He didn't care.

The second patient experience was even more catastrophic. He was a German-born Jewish man with the tattooed numbers from a concentration camp on one arm. I do not recall his symptoms, nor do I recall how Dr. B treated him, but I certainly recall the patient's response. "I haven't been treated this badly since I left the camp 34 years ago. You should be ashamed."

Even in New York City this is a stunning accusation. When I mentioned this to my colleague, he nodded and admitted that, while the second case was quite extreme, even by Dr. B's standards, it was believable.

My colleague then mentioned that he also worked with the Neurology Department chair, Dr. M. I noted that Dr. M, from my very few and brief interactions, seemed to have been cut from the same mold. Shortly after I started working as an attending, in RI, I called Dr. M. about a case that was in his area of expertise. He didn't know me, and, although he took the call, his level of interest was non-existent. "Never heard of this." No advice. No sympathy or encouragement from the world famous Dr. M. to the neophyte. Two years later I was first author on a paper in JAMA, describing the clinical syndrome, no thanks to him. On another occasion he joined a small group conversation I was in at a research investigators' meeting, and stunningly ignored the women who were in the group. It was as if he had special glasses that produced negative hallucinations, even after I introduced the female neurologists.

It is difficult for me to imagine compensatory behaviors that might offset these Paleolithic behaviors. Can one justify such behaviors by saying, "Oh, that's just his gruff exterior. Inside he's really a softie." I doubt it.

One can never know how one is truly perceived by others, but we certainly

get some inkling. A transformative experience for me came many years, unfortunately, into my attending career. I was home and answered a page from a medical house officer about a patient with a neurological problem. I thought the call irrelevant and a waste of my time, but, perhaps more importantly, an invasion of my privacy and time, which was unwarranted, because the problem could easily have been handled without my input. I didn't yell at the poor resident but I was cool and unsympathetic, clearly indicating my displeasure. My daughter, then a medical student, was visiting and heard my end of the conversation. "Dad, you were terrible. If I was on the other end of the phone, I'd probably be crying." I certainly have tried to always be nice to anyone who calls or pages me. I always think that my daughter could be on the other end of the phone. I take solace in having heard from one of my neurology colleagues in Florida, with whom I never worked, that long before this episode, her husband, then a fellow in a medical discipline at Rhode Island Hospital, once paged me about a case of his, and was so impressed by my demeanor that he still talks about how nice I was.

I hope I'm not perceived as one of those, "Gruff on the outside, soft on the inside" sort of old person. I know that I do not broadcast a "warm and fuzzy" personality. I don't smile a lot. I hope that I'm nice, supportive, friendly to those I know. At least I think about it. But the point of this article is not that we, as physicians, need to be warm and open, although that would be nice, but that we do need to not be the opposite. We do not burnish our reputations by cultivating an aura of unapproachability based on fear of humiliation. Fear is not respect. It is not necessarily a good thing that, as an older doctor, you can look back and say, "Dr. X made me think. I'd never ask him a question unless I'd researched it in advance so he wouldn't make me feel like an idiot. I learned not to waste his time." ❖

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