



## ‘Just listen to the patient’

I have hit the age at which, on teaching rounds, I have probably used the hackneyed phrase “just listen to the patient” more times than I ever heard it said to me. It still rings true, but there is now a little rust on the clapper. How much can we actually hear in a 10-minute visit? Nevertheless, amid a normal day of complaints of “my knee hurts when I climb stairs” or “I just don’t have the energy to do the things I used to do,” we can still be jolted by the power of certain buzzwords.

“I woke up sweating with an elephant sitting on my chest” is a phrase that certainly gets our attention. And there are the more arcane but immediately recognizable complaints that make all that training and memorization of facts worthwhile.

I saw a 46-year-old man who looked at me with some chagrin as he told me—at his wife’s prompting—that he had severe chest pain whenever he had a glass of wine. My differential diagnosis for that complaint is fairly limited, and, as if on a mission, I repeated the previously unremarkable lymph node exam, found a small supraclavicular node, and obtained a chest radiograph that revealed significant mediastinal adenopathy.

On page 375 in this issue, Drs. Octavian Ioachimescu and James Stoller, in their IM board review article, report their patient’s description of “difficulty breathing when she assumes an upright position.” Reading this description of platypnea grabbed me like hearing about that elephant or that alcohol-induced chest pain. I smiled. It reminded me what creatures of pattern recognition we internists are, and how valuable that skill is when we can bring it to bear.

Sometimes our patients really do tell us exactly what they have, if we listen with a prepared mind.

Currently, medical educators emphasize that we need to teach using curricula and methods that encourage problem-solving and minimize rote memorization and exposure to voluminous, overwhelming amounts of material. There is certainly value in honing problem-solving skills. But sometimes our knowing some apparently “trivial” fact helps the patient. And makes us smile.

BRIAN F. MANDELL, MD, PhD  
Editor-in-Chief