A Good Story Michael Crichton

Narrator 1: The first part of a student's clinical work involves interviewing patients with various diseases. The resident on the floor says, "Go see Mr. Jones in room five, he has a good story" – meaning that Mr. Jones can give a clear history for a specific disease. Off you go to find Mr. Jones, take a history, and diagnose his illness.

Narrator 2: For a student beginning work in a hospital, there is a considerable tension in interviewing patients. You're trying to act professional, as if you know what you're doing. You're trying to make a diagnosis. You're trying not to forget all the things you're supposed to ask, all the things you're supposed to check, including incidental findings. Because you don't want to come back to the resident and say,

Medical Student: "Mr. Jones has a peptic ulcer," Narrator 2: ... only to have the resident say-Resident: "That's true. But what about his eyes?"

Medical Student: "His eyes?"

Resident: "Yes."

Medical Student: "His eyes, hmmm."
Resident: "Did you check his eyes?"
Medical Student: "Uh...sure. Yes."
Resident: "Notice anything about them?"

Medical Student: "No."

Resident: "You didn't notice his left eye is glass?"

Medical Student: "Oh. That."

Narrator 1: To avoid these embarrassments, and to make the job easier, all students quickly learned certain interviewing tricks. The first trick was to get someone to tell you the diagnosis, so you wouldn't have to figure it out for yourself. Knowing the diagnosis took a lot of pressure off an interview. If you were especially lucky, the resident himself would let it slip.

Resident: "Go see Mr. Jones in room five; he has a good story of a peptic ulcer."

Narrator 1: Or you could throw yourself on the mercy of the nurses:

Medical Student: "Where's Mr. Jones?"

Nurse: "Peptic ulcer? Room five."

Narrator 2: Then there might be relatives in the room when you arrived. They were always worth a try

Medical Student: "Hello, Mrs. Jones. How are you today?"

Mrs. Jones: "Fine, Doctor. I was just talking with my husband about his new ulcer diet when he goes home."

Narrator 2: And, finally, the patients generally know their diagnoses, and they might mention it, particularly if you walked in, sat down, and said heartily,

Medical Student: "Well, how are you feeling today, Mr. Jones?"

Mr. Jones: "Much better today."

Medical Student: "What have the doctors told you about your illness?"

Mr. Jones: "Just that it's a peptic ulcer."

Narrator 1: But even if patients didn't know their diagnoses, in a teaching hospital they had all been interviewed so many times before that you could tell how you were doing by watching their responses. If you were on the right track, they'd sigh and say...

Mr. Jones: "Everybody asks me about pain after meals. Everybody asks me about the color of my stools."

Narrator 1: But if you were off track, they'd complain...

Mr. Jones: "Why are you asking me this? Nobody else asked me this."

Narrator 1: So often you had the sense of following a well-worn path.

But even if you figured out the diagnosis, there was always an exciting uncertainty about interviewing patients. You never knew what would happen.

Narrator 2: Another time the resident said.

Resident: "Go see Mr. Benson: he has a good story of duodenal ulcer."

Narrator 2: I went to see Mr. Benson.

Medical Student: "Ah, Mr. Benson, I see you're in your second day of recovery from surgery."

Narrator 2:...thinking that if he had had surgery for his ulcer, it must have been severe.

Mr. Benson: "Yes."

Medical Student: "And putting out good urine, I see."

Mr. Benson: "Yes."

Medical Student: "How are you feeling, any pain?"

Mr. Benson: "No."

Narrator 2: I thought, just two days after surgery and no pain? **Medical Student**: "Well, you're making an unusual recovery."

Mr. Benson: "No."

Narrator 1: For the first time, I really looked at him. He was sitting in bed wearing a bathrobe, a small, precise, tense man of forty-one. He had the detached look that many postoperative patients have when they turn their focus inward to heal. But it was different in his case, somehow.

Medical Student: "Well, tell me about your ulcer."

Narrator 1: Harry Benson spoke in a flat, depressed voice. He was an insurance adjuster from Rhode Island. He had lived with his mother all his life. She was sick and needed him to take care of her. He had never married, and had few friends outside of work. He had had severe ulcer pains for the last five years. Sometimes he vomited blood. Sometimes a lot of blood. He had been in the hospital six different times for this pain and blood. He had had several transfusions for blood loss. He had had a barium swallow that showed the ulcer. Doctors told him last year that they would have had to do surgery if the medication didn't heal the ulcer. The bleeding continued, so he came back to the hospital and underwent surgery two days ago. That was his story.

Narrator 2: As the resident promised, it was a classic story, and after so much medical attention, Mr. Benson told it clearly. He even knew physicians' jargon, like "barium swallow" for an upper-GI series. But why was he so depressed?

Medical Student: "Well given your history, you must be glad to have the operation over with."

Mr. Benson: "No."

Medical Student: "Why not?"

Mr. Benson: "They opened me up, but they didn't do anything. They didn't do the operation." **Medical Student**: "Mr. Benson, I don't think that's right. They did an operation to remove part of the stomach."

Mr. Benson: "No. They were going to do a partial resection, but they didn't. They took one look and then closed me up again."

Narrator 2: And he burst into tears, holding his head in his hands.

Medical Student: "What have they told you?"

Narrator 2: He shook his head.

Medical Student: "What do you think is wrong?"

Narrator 2: He shook his head.

Medical Student: "You think you have cancer?"

Narrator 2: He nodded, still sobbing.

Medical Student: "Mr. Benson, I don't think you do."

Narrator 2: He had no swollen glands, no history of weight loss, and no pain in other parts of his body. And I was pretty sure they wouldn't send a student to talk to somebody who had just found out he had inoperable cancer

Mr. Benson: "Yes, it's carcinoma."

Narrator 2: He was so upset I felt I had to do something immediately. **Medical Student**: "Mr. Benson, I'm going to check on this right away."

Narrator 1: I went back to the nursing station. The resident was hanging around. I said,

Medical Student: "You know Benson? Did they do a gastric resection?"

Resident: "No, they didn't." **Medical Student:** "Why not?"

Resident: "When they opened him up, his blood pressure went to hell, and they decided they couldn't go through with the procedure. They just closed him up as fast as they could."

Medical Student: "Did anybody tell him that?"

Resident: "Sure. He knows."

Medical Student: "Well, he thinks he has cancer." **Resident**: "Still? That's what he thought yesterday."

Medical Student: "Well, he still thinks it."

Resident: "He's been told specifically that he does not have cancer. I told him, the chief resident told him, his own doctor told him, and the attending surgeon told him. Everybody's told him. Benson's a weird guy, you know. Lives with his mother."

Narrator 1: I went back to Mr. Benson. I said I'd checked with the resident, and he did not have cancer.

Mr. Benson: "You don't have to kid me."

Medical Student: "I'm not kidding you. Didn't the chief resident and the other residents come to see you yesterday?"

Mr. Benson: "Yes."

Medical Student: "And they didn't tell you that you didn't have cancer?" **Mr. Benson**: "Yes. But I know. They won't tell me to my face, but I know."

Medical Student: "How do you know?"

Mr. Benson: "I heard them talking, when they thought I wasn't listening."

Medical Student: "And they said you have cancer?"

Mr. Benson: "Yes."

Medical Student: "What did they say?" Mr. Benson: "They said I had nodes." Medical Student: "What kind of nodes?"

Mr. Benson: "Aerial nodes."

Narrator 2: There was no such thing as aerial nodes.

Medical Student: "Aerial nodes?"

Mr. Benson: "That's what they called them."

Narrator 2: I went back to the resident.

Resident: "I told you he was weird. Nobody ever said anything about nodes to him, believe me. I can't imagine how he – wait a minute."

Narrator 2: He turned to the nurses.

Resident: "Who's in the bed next to Benson?" **Nurse**: "Mr. Levine, post-cholecystectomy."

Resident: "But he's new today. Who was in that bed yesterday?"

Nurse: "Jeez, yesterday..."

Narrator 1: Nobody could remember who had been in the bed the day before. But the resident was insistent; records were pulled and checked; it took another half-hour and still more talks with

Benson, before the story finally became clear. On the day after his operation, Mr. Benson, worried that no surgery had been performed, had feigned sleep while the residents made rounds. He listened to what they said, and he heard them discussing the patient in the next bed, who had a cardiac arrhythmia involving the sino-atrial nodes of the heart. But Mr. Benson thought they were talking about him, and his "aerial nodes." And he had been in enough hospitals to know that nodes meant cancer. And that was why he was so sure he was dying.

Narrator 2: Everybody went back and talked to him. And he finally understood that he did not have cancer after all. He was very much relieved. Everybody went away. I was alone with him. He beckoned to me.

Mr. Benson: "Hey, listen, thanks."

Narrator 2: And he gave me twenty dollars in cash. **Medical Student**: "Really, that's not necessary."

Mr. Benson: "No, no. Give it to that guy Eddie in room four."

Narrator 2: And he explained that Eddie was a bookie, and he was placing bets for everybody on the floor.

Mr. Benson: "Put it on Fresh Air in the sixth."

Narrator 2: That was the first sign that Mr. Benson was on the road to recovery.