The Stress Test

by Joseph Gascho

I felt good about myself, driving to the free medical clinic that evening. A full professor at a medical school, seventy-one years old, leaving my warm home on a cold night after I'd spent the day at the hospital, seeing patients in clinic in the morning and teaching second-year students medical ethics in the afternoon (autonomy was the theme; we'd covered beneficence and maleficence earlier in the week).

Once a month, patients with cardiac problems come to the clinic, and this was the night. Two students presented the last of three patients to me, a middle-aged woman with chest pain. Their presentation was disjointed, in part because of their inexperience, in part because she spoke no English and her story was obtained with the help of a translator.

When we entered the room, I saw a woman who looked at least ten years older than her actual age. She had grayish hair that appeared not to have been trimmed for months. She wore a snug brown blouse above a black skirt that fell to mid-calf level, ending a few inches above mud-stained and worn lowcut shoes not fit for a January night. She was sitting awkwardly, her legs too short to reach the step at the foot of the examining table. She was clenching, then releasing, then clenching her hands. Her eyes rarely met mine; she kept glancing at the translator, then down at the floor.

I washed, smiled at her, and shook her limp hand. How long have you been having the chest pain? Maybe three months, from the translator. (Years, the students had told me). What is the pain like? Soreness. But then, in the next translation, palpitations. Does walking up steps make it worse? Yes. Then, again, no. Sometimes there were two or three back-and-forth conversations between her and the translator before I was given an answer. I pride myself on my ability to get good histories from patients, and I wanted to show the students how to do it right. But I was stymied.

I asked her to lie back on the table, wiped off my stethoscope with an alcohol swab, and auscultated her heart and lungs, letting the students listen through my stethoscope. What to do now? Had she been a patient that morning back in my clinic, I would have thought to myself, "I can't get a good history, why not do a stress test?" I smiled at her, took her hand in mine for a second or two, and told her, through the interpreter, that we would be back.

We stepped out in the hall, and I asked to speak to the clinic administrator. "Can we order a stress test?"

"We have a discretionary account at Hospital X. How important is the test? Does she have insurance?"

I poked my head in and asked the interpreter. "No."

The administrator heard the reply and said, "Oh, but there is Hospital Y. If she is an American citizen, sometimes we can get a stress test done free of charge."

Back to the room again. "Citizen?"

"No."

I thought, for what seemed like an eternity: If I send her for a stress test, that will deplete the funds needed for other patients. How important is this test? Is it really necessary? If I send her for a stress test, will someone with a suspicious mass on their chest x-ray not be able to get a CT scan because no money is left?

Questions like these would not have crossed my mind back in clinic this morning. There, I rarely consider the "importance" or the "necessity" of a test. "Depletion of funds" is not an issue. I would have explained the test ("This could lead to a catheterization; if that shows a blockage, you might end up with a stent. This might take away your pain.") and if the patient nodded her head, I would have clicked the "Order" button on the keyboard.

As I mulled over the situation, I did some in-the-hallway teaching. "Stress tests can be misleading. Often they are positive when the patient does not have heart disease and negative when the patient does. And they are expensive—just another thing to drive up the cost of health care." I talked about the treatment of coronary disease: "If a patient's pain is not classic angina, he or she might not feel any better after stenting opens a narrowed coronary artery." I told them that, more times than not, stents do not decrease the risk of death or a heart attack. First-year students, they earnestly nodded their heads. But enough talking. I had to make a decision. I had to act. I had to do something.

We went back into the room. Exertion didn't really seem to precipitate her chest pain, I told myself. There was really no good reason to order a stress test. But she did have hypertension and had not been taking medications for years. There was something we could do.

I wrote a prescription for an ACE-inhibitor and told her she could get a three-month supply for $4 at Walmart.

One of the students gave her instructions about how to cut down on the salt in her diet. She looked me in the eye for a second or two after she heard the interpreter's translation. I wish I could have read her mind.

After we left the room, I wrote on the line below my signature at the end of the students' lengthy note: "Chest pain quite atypical for heart disease. Return to clinic in one month."

When I walked outside at 10:03 p.m., the roads were covered with ice. Within a block of leaving the clinic, I saw her walking (the buses weren't running this late), clutching a sweater around her shoulders, sloshing through the snow on the unshoveled sidewalk in her summer shoes. I was anxious to get home. I still had some preparation for the next afternoon's ethics class, this one on justice.

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