FROM THE HEART

The Spot on My Wrist

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I have a red spot on my left wrist, an inch up from the base of my thumb. It appeared one day a couple of years ago. Physicians get alarmed about a spot that suddenly crops up, watch it to see if it grows, scrutinize it to be certain it is not malignant, and push the dermatologist to get a biopsy if there is any question. But this spot has not gotten any bigger and in fact it is fading away. But I still pay close attention to it and look at it every day, and I hope it will not disappear.

Two years ago I developed vague discomfort in my chest while riding my stationary bicycle. (As a physician, I am annoyed when patients use the word "vague" to describe a symptom. I ask them to be more specific, to tell me more. But I could not come up with a better word.) The next day, I rode for 30 minutes without any problems. The day after that I had discomfort again. Then another normal day. But one morning the strange feeling became more severe and my breath got short. I drove myself to the hospital (something I tell a patient to not do) and found a cardiologist—a colleague—reading echocardiograms. He pulled me into a nearby room and questioned me, just like I query patients. It didn't take him long to say, "Joe, I think you have angina." Within 3 hours, another colleague had inserted a catheter and advanced it up to my heart. He found a badly narrowed left anterior descending coronary artery. He ballooned it open and inserted an inch-long stent. I was wheeled back to my room with a bandage over the left radial artery, which had been punctured so that the physician could thread in the catheter. Within a day all that was left to remind me of my cardiac catheterization was a tiny spot on my wrist.

You would think I'd want this spot, a marker of this traumatic event, to disappear. But surprisingly, I have found that I do not want it to go away.

For one thing, the spot reminds me that I am a patient myself. I am not any more immune to heart disease than those I care for. I should know that but I didn't seem to. Coming to grips with being a patient has changed me. I used to tell my patients, "This is what I recommend for you." Now, even if I don't say it out loud, I am thinking "We are in this together—you with your heart disease and I with mine." Sometimes I even show my little spot to a patient and tell him or her that this catheterization that I am recommending is something I've undergone. "It's not so bad," I say. I am more patient while listening when people try to describe the funny feelings in their chests because I've been there myself. I am more understanding about their fear of another cardiac event. Sometimes I wake at 2 AM with a cold sweat, worrying about what might happen to me. I now realize what patients may worry about when they see me because now when I see my cardiologist, I fret: does he think I'm dumb for not being able describe my symptoms? Is he irritated when I can't rattle off the medications I am taking and the doses of each? Becoming a cardiac patient has changed me. My spot reminds me of that.

This little spot reminds me that the severity of symptoms does not necessarily correlate with the gravity of the medical problem. Patients tend to associate severe symptoms with bad outcomes and minimal symptoms with good outcomes. As a physician, I know this is a dangerous misconception. But despite this head knowledge, I found it hard to believe that my vague symptoms could portend a heart attack. But now head knowledge has become heart knowledge. I pay more attention to my symptoms when I exercise. It took a stent in a coronary artery to make me accept the reality that vague chest discomfort may be an ominous symptom. And this new heart knowledge has made me more vigilant in my discussions with patients. My last words to the patient before he or she leaves the office are, "If you have any funny feelings in your chest that you can't explain, call 911. I'd rather you go to the hospital and be told nothing is wrong with your heart than not go and you end up with a heart attack." My patients know that I am not just mouthing a platitude to them.

During my weekly clinic, at the end of each visit, I review with patients what they can do to decrease their risk of having a heart attack. I tell them that they should take their pills and exercise. I remind them to eat less fatty and sugary foods. I used to shake my head at the patients who did not lose weight and kept on eating potato chips and putting cheese on their hamburgers. How could they do this to themselves? What did they not understand about what I told them? And then I had my own cardiac event. The nurse discharging me gave me a list of things that I could do to reduce my risk of having a heart attack. Some things on that list I found easy to do. I swallow my 3 pills in the morning within 5 minutes of waking. It is easy for me to ride my stationary bicycle 30 minutes a day. But when it comes to things I should not do, that is another story. I find it difficult to turn down the second helping of beef wellington. I frequently yield to the temptation of crème brulee. I tell my patients that pills don't cancel out a bad diet. That's the science that I know so well. But my own actions make me question if I really believe that. It's very unsettling. I feel like a hypocrite, telling my patients to do as I say, not as I do. I still tell my patients what they should be told, but I am more understanding when they come back at the next visit 5 pounds heavier. I understand that the scientific facts that I give them will not necessarily translate into action. Looking at the spot on my wrist before I walk into the examination room to see a patient reminds me that head knowledge may not be enough. I need to gaze on the spot more often when I sit down at the dining room table.

The spot on my wrist makes me reflect on denial. Denying symptoms can be catastrophic, especially if they

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are those of a heart attack. Half of the people who die within a year of a heart attack die within the first hour, and as many as half of the people who arrive in an emergency department with a heart attack wait at least 4 hours to go to the hospital after the onset of their symptoms. Did they wait to come because they didn't know if their symptoms were cardiac, or did they delay because they knew deep down what might be wrong but told themselves, "No, this is not the heart, it's the pizza I ate at lunch"? Physicians often make the assumption that the delay is caused by denial and not by ignorance. Since my cardiac event, I realize that may be a wrong assumption. I've thought a lot about my symptoms during the days before I drove myself to the hospital. Did I wait several days before seeing my cardiologist because I really didn't think what I was feeling was coming from my heart? Or did I suspect that this could be a sign of a heart problem but didn't want to believe it? I'm still not sure. I've talked to other physicians who have had cardiac events. They have had the same question. I've come to realize how hard it can be to know the cause of a symptom and how difficult it can be to know if patients don't seek medical attention because they thinks their symptoms are benign or because they are in denial. If I can't figure it out for myself, how can I judge the patient's response? And I realize that my end-of-the-visit instructions to patients, that if they think they are having a heart attack they should call 911 immediately, may not be easy to follow because of the "if they think they are having a heart attack" part. Sometimes the symptoms of a heart attack are straightforward and easy to interpret. Sometimes they are not. How is the patient to know? The spot on my wrist has made me scrutinize myself more carefully and made me less judgmental of patients.

I think of the little spot on my wrist as a bindi. A bindi reminds a person to think about the purpose of life and about self-realization. My bindi makes me recall an important life event and what might have been. I look down at my bindi before I walk into an examination room to see patients. It helps me understand them, increases my patience when I hear their stories, and enhances my communication skills.

My bindi will get smaller; it may disappear. I think I will go to a tattoo parlor and have the artist ink on something permanent. Perhaps the word "remember."

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