REFLECTIVE PIECE

It was a long weekend

ON A FRIDAY MORNING IN APRIL 2021, I woke up feeling worn out, with a head that didn't feel right. I didn't have a fever or any respiratory symptoms. A headache had been nagging me for a few days. Earlier that week I had undertaken a COVID-19 test that came back negative.

It had been just over a year since the pandemic began. Our rural city, like everywhere in Australia, was still reeling from the impacts. At that time, as a local general practitioner (GP), I was living with a doggedness to keep working. So, I went to work at my practice and started seeing patients. But throughout the morning several thoughts occurred to me:

> *I don't feel well.*
>
> *I do have a headache.*
>
> *My cognition seems cloudy, like a foggy winter morning.*
>
> *We are short-staffed and I have patients to see and general practice registrars to supervise.*
>
> *I had a COVID-19 vaccination 2 weeks ago.*
>
> *Yesterday, I read about case reports of people getting blood clots in the brain (cerebral venous sinus thrombosis) and other types of thrombosis following the vaccine.*

This thought, of possibly having a clot on my brain, frightened me. Then an unexpected series of events took place.

The last patient I saw in that morning session came in with a classical presentation of gout in the foot. It's difficult to describe what happened. My clinical reasoning and management were intact. But the words and actions needed to complete the consultation vanished.

Fortunately, this patient's usual GP was onsite, and I called her in. Somehow, I managed to suggest this on the pretext of arranging a follow-up appointment. My colleague skilfully intervened and took over the management, and our patient left. Then my colleague looked at me quizzically, and I said:

> *I don't feel right. I've got a headache. I seem to have somehow shut down. I had better go home.*

At home I sat down with a cup of tea and thought about what was going on. My own GP was in another city, and it was Friday. I knew that all the 'on-the-day' appointments would have been taken by then. Besides, it would have been a telehealth consult, and I needed to be examined. But I knew I felt unwell and needed help. The realisation that I ended up 'freezing up' in that consultation was very unsettling. In the end, the decision was clear. I had to go to hospital.

My visit to our regional hospital began with explaining my symptoms at the triage desk, then sitting in the waiting room, being assessed in the accident and emergency department, moving onto a short-stay ward, being re-assessed by another hospital doctor, being taken in to have a cerebral computed tomography (CT) venogram and back into the short-stay area to wait for the result. Throughout all these activities, several staff, nurses, doctors and even patients from my own practice recognised me. My initial feelings of being exposed and embarrassed quickly faded, however, as I experienced first-hand their concern and care.

I sensed from the doctor's body language that the result was not good. She walked slowly towards me and seemed to be preparing for a 'breaking bad news' discussion. With a hesitant and kind voice, she advised me the report stated it was suspicious of a left transverse sinus thrombosis. I received this news with a jumbled mix of emotions. My initial reaction was that I felt justified in coming into the hospital. I said something to myself like, 'I knew I was sick'. Following this, I was terrified at the idea of a clot in my brain. But then I thought to myself, 'Am I really that sick?'

My platelet count and D-dimer results came back and were in the normal range, as were my vital signs. Later on, the COVID-19/respiratory syncytial virus/influenza A and B tests also ended up negative. The hospital team were great. They consulted with a haematologist, and then, despite the anomalies in the blood tests, it was assumed I had the thrombosis seen on the scan. I was admitted and started on fondaparinux.

The following Saturday morning another hospital doctor came to see me. She began by asking me to tell my story. I recall answering several relevant medical questions. Then she performed a traditional neurological examination, which she said was normal. Following this, we both talked with each other. It felt like a proper conversation. There were several pauses. She then calmly said something like, 'This doesn't make sense. Let's get a magnetic resonance imaging (MRI) scan. In the meantime, we will keep you on anticoagulants.'

Then, after what felt like a long weekend of waiting, I had an MRI on Monday morning. The conclusion was I had pansinusitis, and the suspected finding of sinus thrombosis, initially reported on the CT scan, was now deemed to be a false positive! It was attributed to artefact and left transverse sinus hypoplasia. I saw another doctor and was discharged with a course of antibiotics and went home with lots to reflect on.

Epilogue

Despite being 5 years ago, the experiences that I encountered on this 'long weekend' remain indelible. I still feel grateful for the care that I received from all the hospital staff who looked after me. At the epicentre of this was the consultation with the doctor on Saturday. My experience as a patient on that morning left me with a strong, embodied sense of having been seen, heard, understood, examined, thought about and looked after. This reinforced to me that these are the essential features of care that our patients need and value.

Reflecting on this consultation, as a clinician, medical educator and patient, I identified the consultation skills that helped me to feel seen and understood. Firstly, this doctor had a disposition that communicated a calm and unhurried interest in both me and my problem. The skills were: listening, reflecting back what was said, appropriately questioning, examining and then sharing the concerns, ideas and actions needed to manage the problem. I also recall there were periods of silence. These gave me a strong impression of her taking and making the time to actively interpret what was going on and then decide the best course of action during these pauses.

As I sat in that bed – anxious and frightened – I was reminded that these skills and characteristics are the qualities that define us as doctors.

I have shared this story because I want to show just how important it was to have a caring and thoughtful doctor re-assessing what turned out to be a false-positive diagnosis. I think it also highlights the maxim that no test results are self-interpreting.

Modern medicine is increasingly being augmented by technology, with extraordinary benefits. However, we must be vigilant in not letting it sideline the very essence of what we do, and who we are, when we work with our patients, face to face in consultations.

Footnote

To maintain the privacy and anonymity of the people depicted in this story, the female forms of pronouns have been used throughout.

Author

Hubert van Doorn MBBS, FRACGP, MClinEd (Res), Retired General/Family Practitioner, Melbourne, Vic

Competing interests: None.

AI declaration: The author confirms that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript.

correspondence **ajgp@racgp.org.au**