



By: Dr. Rush Pierce

It must have started some time before, but I assign the beginning to a sunny August day, auspicious at the time for another reason. I was looking forward to ~~hiking~~ ^{hiking} with my daughter,

doctor because thousands of patients had volunteered for such trials. Now I could be one of
ALS, I would not have had that opportunity.

Together, my wife and I made a number of decisions: retire early, move our kids, build a handicapped accessible house. We felt that this was the best way to address a difficult future. Though it took over a year, we built a handicapped accessible home, I retired, and we moved to another state. Amazingly, through all o

evaluation. Angrily I called them on his last day and begged them to allow him to get-bacon after all, we were sending him home to be comfortable.

On his last day, we rounded and after the medical student gave his presentation, the attending asked me if I had anything to add. I turned to Mr. O and asked him if he got bacon with his

THE EASY ONE

By: Dr. Jason John
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We arrive at the hospital early in the morning, review our overnight patients, and furiously mine clinical data, and patients. We prioritize the newest and sickest. But things come up, priorities replace priorities, and we frequently find ourselves running behind. During our most chaotic mornings, we find solace with the Easy One.

The Easy One is alert and oriented, and not acutely ill. His or her plan of care is established, much for the Easy One aside from addressing frustratingly nonmedical barriers to discharge.

For a time, my Easy One was a pleasant elderly gentleman. Admitted for a COPD exacerbation, cultures drawn at admission grew MSSA. The Easy One was one of my favorite patients. He was nice and nonchalant, and his mannerisms made me laugh. My team got a kick out of our interactions, which were always the same.

occupy our afternoons just like the mornings, and my duties mostly involved sitting at the computer in the same windowless workroom, coordinating care with consultants, putting in orders, answering pages, following up on data, and writing notes.

One day, I was struggling with these tasks. One patient was sick. Another needed a lumbar puncture. Another had a poor long-term prognosis, and I had to discuss this with him and his family. I was starting to experience all the symptoms of burnout we discussed during intern

including Eise

In her seminal work

WHEN THE DOCTOR BECOMES A PATIENT

By: Dr. Gail Mizner

One year ago, the night I got home from the 2018 CO ACP Chapter meeting, I was relaxing in the bath when my hand swept across my right breast and I felt something hard. I had a moment of dread, but pushed that aside and went to bed. Eight days later, a diagnostic mammogram which showed nothing just the dense breasts that my mammograms had shown for years. The ultrasound was another story. Even I could see, the irregular mass in my lower right breast when I looked up at the screen. Dr A, the very diagnostic radiologist who takes turns with her colleagues coming to our rural hospital every Monday and Tuesday, tried to come up with a differential diagnosis, but we both knew I had breast cancer.

The biopsy was scheduled for the following week. I had a talk to prepare and patients to see breast cancer until Thursday, the day before we were to leave on a one night hut trip. With the living room filled with backpacks and ski equipment, I decided to look up my ultrasound report: stage 2. What I had thought was a

tearful moments, the trip was wonderful. My husband and friends enveloped me with love and support and laughed with me as I joked my way through my dread at having to stop HRT.

The biopsy went smoothly. It was not particularly painful, and I found it interesting to be in the role of a patient getting a procedure I had ordered for others so many times. The radiologist said she would call me in 3 days with the path report. She called the next day while I was at work: invasive ductal carcinoma, grade 2, ER/PR and HER2105.266.37 2-3(a,)-4(ga)9(d5t)-4(h)-()-3

As the week proceeded, I got the good news that my tumor was ER/PR positive and HER2 negative, and I had a phone call from the nurse navigator at the Breast Center. Perhaps because I told her I was a physician, she flooded me with information. I was eager to hear that first, but

taught since medical school not to overwhelm patients with

information. The shoe was on the other foot. I got off the phone feeling completely overwhelmed.

Friday morning I had my MRI. Though I had resisted the idea of doing breast MRI screening

the radiologist recommended it after my diagnosis. The exam was awkward and uncomfortable not the kind of acute discomfort of a squeezing mammogram, but a long, noisy time in a weird position.

Later that afternoon, Mike and Zach and I were getting ready to go skiing when, not having learned from my experience with the ultrasound, I looked up my MRI report: 6 cm tumor with chest wall invasion. A common expletive beginning with f exploded inside my brain. Were we talking stage 3 now? I could not bring myself to go to my husband or son right away with this news. I needed to talk with someone who would immediately understand the implications of the report, so I called one of my internist friends. She reacted with the same four letter word. Finally, I went and told my husband and then my son, trying to reassure them with the most information I could get from that overwhelming phone call with the nurse navigator that MRIs often make the tumor look bigger than it really is. And then we went skiing. It was a beautiful, sunny afternoon, and I skied like a bat out of hell. I felt powerful and strong, able to face whatever was to come and thoroughly inspired and strengthened by the beauty around me. I actually felt joy.