

# 'Hand'ling Uncertainty

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Submitted to *For the Office-Based Teacher* in Family Medicine

Abstract: Patients presenting with undifferentiated concerns are a hallmark of family medicine, but can be unsettling to students accustomed to specific answers. A mnemonic using the fingers of one's hand can give learners a structured approach to managing such concerns. This may create a more positive image of primary care for receptive students.

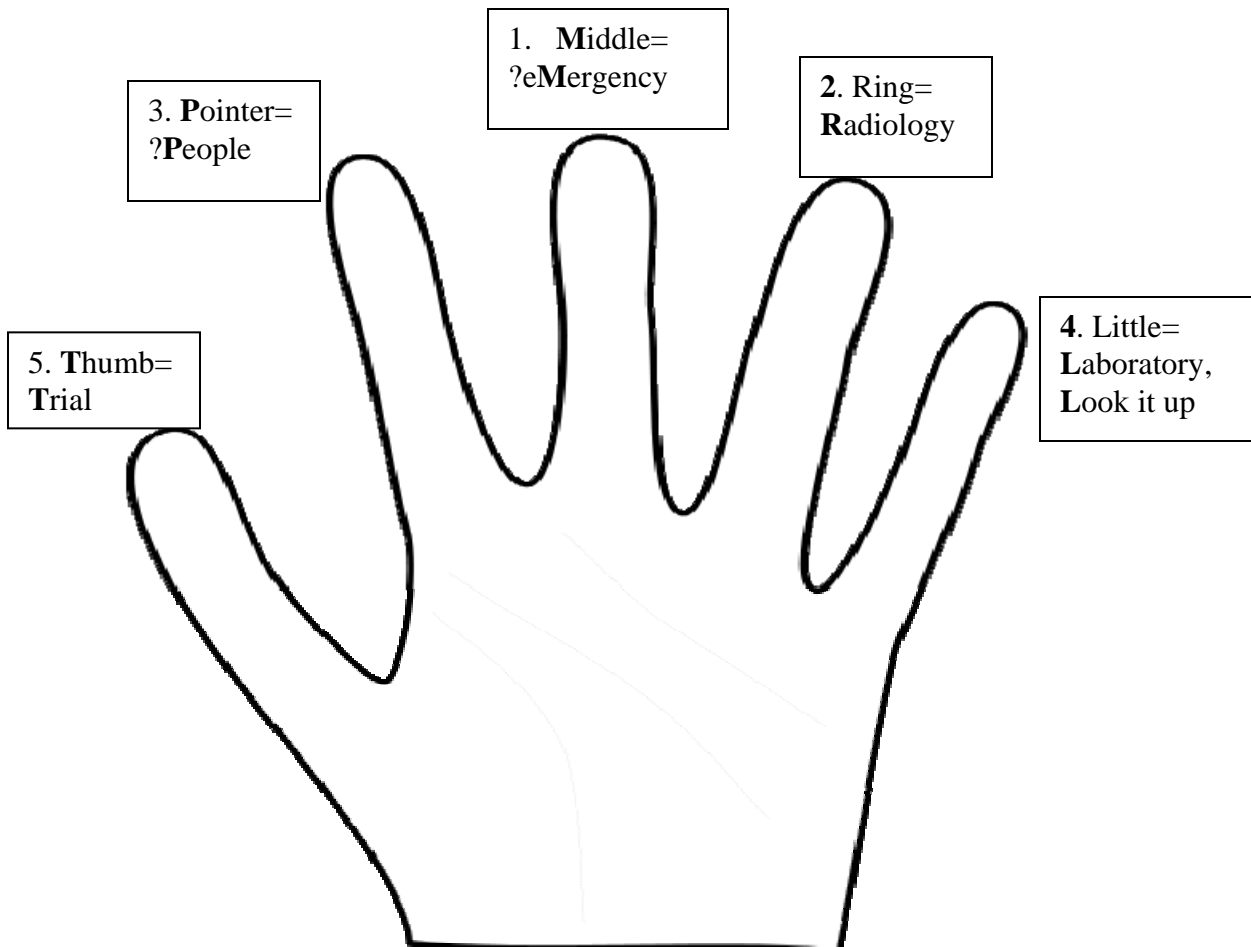
"Medicine is a science of uncertainty and an art of probability." <sup>1</sup>

William Osler

Family physicians frequently encounter symptoms of uncertain significance. The myriad complexities of the human organism make it impossible to anticipate every situation, recognize every diagnosis, and be certain of every step of every treatment. Students may find this breadth of possibilities daunting, and thus may be deterred from pursuing primary care careers in favor of a career where they can be an expert in one area.<sup>2</sup>

When I was a resident presenting a puzzling case to a wise mentor, he shared with me the mental process that he went through when faced with uncertainty about a patient's symptoms. I have thought about this process many times through the years, and in fact it stands out as probably the most useful clinical advice I have ever received.

Recently I tried coming up with a mnemonic for this advice using the names of the fingers. It may be a useful structure to assist learners struggling to cope with uncertainty.<sup>3</sup> This, in turn, might lead to a more positive attitude toward primary care as a career.



1. **M**iddle finger: **eM**ergency? The first question to ask oneself is whether the situation requires an immediate intervention. Most of the time, the answer is ‘no’. For example, a recent UK study of patients presenting to their GP with a new headache complaint identified only a 0.15% incidence of malignant brain tumor. If there were no ‘red flag’ symptoms and the GP could ascribe the symptoms to a primary headache syndrome, the rate dropped to 0.045%.<sup>4</sup>

The wise family physician knows that most pains will resolve spontaneously. Frequently, listening attentively to the concern, performing a careful exam and explaining why we don't think something is worrisome will greatly reassure the patient. Our relationships with patients over time and trust that we have accumulated from them is important in this equation, as is the patient's level of anxiety over the concern.<sup>5</sup>

2. **Ring finger: Radiology?** Imaging tests may be needed to make a diagnosis or rule out a serious condition. Most imaging tests are relatively safe, but they should be used judiciously, as they are expensive, and may identify incidental structures that cause further anxiety and unnecessary invasive testing<sup>6</sup>
3. **Pointer finger: People?** Helpful persons can be medical consultants, social workers, community agencies and resources, a colleague or a student who can do a great literature search. This conversation about people resources can provide a great way to discuss with students the anticipated role of the physician in the care team of the Patient-Centered Medical Home model.<sup>7</sup>
4. **Little finger: a) Laboratory?** Similarly, are there any lab tests that could help make or solidify a diagnosis, or rule out a serious problem? Even a seemingly innocuous blood draw, however, is at a minimum painful for the patient, and again can lead to a cascade of further testing. A key axiom is to make sure that you know what you will do with the results before you order the test!
  - a. **b) Look it up.** Patients generally respond favorably to an offer to research their problem, ideally using point-of-care search tools, or to look it up and

get back to them with your findings.<sup>8</sup> This strategy role models life-long learning for our students.

5. **Thumb: Trial?** Is there something we can try? This may be a behavioral change, home monitoring system or log, over-the-counter or prescription medication, topical therapy, or a relaxation technique. In all cases the benefit should outweigh the risk.

The uncertainty inherent in Family Medicine may be a factor in selection of our field; for example, research has shown that medical students applying to FM residencies are lower in ‘neuroticism’ than more subspecialty-oriented colleagues.<sup>9</sup> Providing receptive learners with a structured approach to undifferentiated symptoms may enhance their comfort and appreciation for generalist careers.

Thanks to Dr. Bill Dralle for the sage advice that has stayed with me for 2 decades.

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