On Being a Doctor

**Shirts and Skins**

walk into hospital rooms every day, but this time was different. My father was in this particular hospital room, trying to recover from total hip arthroplasty. As physicians, my father and I both knew that surgery is never risk-free, but neither of us anticipated this much postoperative drama. I took a deep breath before entering, hoping to find

**I**

him in better spirits and without new complications.

Our welcome hug was difficult with his various wires and tubes in the way. I had barely settled into the chair when he shared the day’s epiphany with me. “I’ve divided the physicians here into two teams,” my father informed me as he squirmed uncomfortably in the hospital bed. “The Shirts and the Skins. Like when you were in high school—you remember.”

Truth be told, I sometimes had more trouble remem- bering my high school years than he did. But, yes, I did play pick-up basketball occasionally, and we often divided into two teams: one wearing shirts and one without shirts—the “Skins.”

I struggled for a few moments to figure out what he was talking about, and then quickly abandoned the at- tempt as futile. This was neither delirium nor dementia speaking, merely my somewhat quirky father’s usual ellip- tical communication style. I knew that if I were patient, he would explain further.

“You see, the Skins are the ones who actually place their stethoscopes on my chest to listen and leave it there long enough to hear more than one beat of my misbehav- ing heart. The Shirts, on the other hand, just allow the stethoscope to graze my chest momentarily before resum- ing their examination of the cardiac monitor and computer workstation by my bedside. Some of them don’t even place the stethoscope directly on my skin but listen through my hospital gown. Frankly, I’m afraid to wear a sweater, or they’ll think my heart has ceased producing any sounds at all.” Sadly, I am familiar with the behaviors he was describ- ing. Cursory physical examinations are the norm now, and auscultating the heart through a layer of clothing is simply taking this to the next level. Once, out of curiosity, I tried it myself. It turns out that you can hear the heart sounds reasonably well through a thin shirt or hospital gown.

However, I’m not sure why one would want to try.

My father is a member of the group of patients whom we physicians least enjoy caring for—a physician himself. Not just any physician, but a well-educated, intelligent, opinionated, and stubborn one (as if there is any other kind). In his zeal to have his painful hip replaced, he seemed to have conveniently downplayed his increasingly frequent episodes of paroxysmal supraventricular tachycar- dia. Now the episodes were occurring multiple times each hour. Worrying even him. And me. He finally shared his symptoms of frequent palpitations with his nurse, who now joined in our collective anxiety. She paged the ortho-

**Annals of Internal Medicine**

pedic resident, and, after a brief delay, he entered the room.

The resident must have been in his late 20s but looked a decade younger to me. “I hear you have been having some rapid heartbeats. I asked the nurse to get an EKG and put you on telemetry, and we are calling Cardiology. Let me know if you need anything.” This resident was defi- nitely a Shirt. No physical examination at all—perhaps he wasn’t even playing in the game. My father pretty much ignored him and listened to Bach on his MP3 player.

We waited. I was struck by how busy and fast-paced the hospital seemed when I was the one making rounds, and how impossibly slow-moving it seemed from the pa- tient’s perspective. My father was feeling less philosophical now that his Percocet was wearing off and was merely grumpy. Honestly, I couldn’t blame him; I was feeling rather grumpy myself, even without any postoperative pain or tachyarrhythmias.

Finally, the cardiology fellow came by. He exchanged a few brief words with my father, then examined the EKG and cardiac monitor and, finally, briefly examined the heart and lungs. Another Shirt, sadly. “How long have you been having these episodes?” he asked my father.

My father’s response, “Forty years,” was both truthful and designed to confuse and irritate the fellow, who hap- pened to be playing for the wrong team. Yes, my father did first develop rare bouts of paroxysmal supraventricular tachycardia 40 years ago, but this certainly didn’t provide a useful explanation of the recent change in their frequency and persistence. Dad knew better, but couldn’t bring him- self to really engage. Plus, his hip was hurting and his Percocet was (yet again) inexplicably delayed.

The fellow finished his rather lackadaisical history- taking and examination and informed us, “The cardiology consult attending, Dr. G., should be by shortly to see you.” He then departed with little ceremony to begin his chart- ing on the computer. Somehow, I had a feeling his note would contain a lot of copied-and-pasted information, but perhaps I was merely feeling a bit peckish myself.

Dr. G. arrived soon thereafter. He was only a few years younger than my father and probably near retirement. His seniority seemed to relax my father, as did his focus on the man in the bed rather than the monitor overhead. When the examination came, I knew what to expect. Yep, defi- nitely a Skin. And not just a quick once-over. He actually placed his hand on my father’s chest to palpate, then lis- tened in the correct spots. And listened. It seemed as though he was moving in slow motion, although the whole examination probably took less than 90 seconds.

As they spoke, I saw my father relax and open up. Adept in the structure of medical histories, he provided an organized, coherent, and comprehensive summary of his symptoms and how they developed over time. After review

**564** © 2013 American College of Physicians

Shirts and Skins

On Being a Doctor

of the EKG, a discussion ensued about treatment options. Dr. G. answered our numerous questions about risks, ben- efits, and alternatives and rendered a decision. An ablation would be scheduled to destroy the offending pathways, while hopefully leaving the normal ones uninjured.

The electrophysiology physician barely met my father, relying on his fellow to obtain consent and make the nec- essary preparations. The next day, the ablation was per- formed. The electrophysiology physician—another Shirt by any reckoning—performed his technical magic with el- egance and precision. Although never performing a thor- ough cardiac examination, he cured my father’s heart from the inside. Score one for the Shirts!

After another interminable day in the hospital, Dad finally returned home. He was well-treated, perhaps, but didn’t feel as though he had been treated well. Still, I suppose the outcome is what counts, and all’s well that ends well.

I must sound like an old-timer, lamenting the good- old days of medicine, when physicians listened to their

patients, and the laying-on of hands was paramount. I am reminded of the joke told when I was a resident, of the good-old days when medicine was an art, and the patients died. There is much in medicine’s advances to bring credit to our profession, and there is no quibbling with cures. Still, it seems that it wouldn’t take that much effort to have a few of the Shirts strip down a bit and join the other team. At least it would even up the teams and give the Skins a fighting chance.

*Joel Stein, MD* Columbia University New York, New York

**Requests for Single Reprints:** Joel Stein, MD, Columbia University, 180 Fort Washington Avenue, Harkness Pavilion Room HP-1-165, New York, NY 10032; e-mail, [js1165@columbia.edu.](mailto:js1165@columbia.edu)

*Ann Intern Med.* 2013;158:564-565.

**IN THE CLINIC**

In the Clinic is a monthly feature in *Annals* that focuses on practical management of patients with common clinical conditions. It offers evidence-based answers to frequently asked questions about screening, prevention, diagnosis, therapy, and patient education and provides phy- sicians with tools to improve the quality of care. In the Clinic includes links to PIER and continuing medical education quizzes offering category 1 CME credit.

For more information on In the Clinic and to read the latest issue, visit [www.annals.org/intheclinic.aspx.](http://www.annals.org/intheclinic.aspx)

[**www.annals.org**](http://www.annals.org/)2 April 2013 Annals of Internal Medicine Volume 158 • Number 7 **565**