Saving Lives: Easier for Neurologists Than for Rheumatologists?

By Philip A. Baer, MDCM, FRCPC, FACR

"There is no difference between saving lives and extending lives, because in both cases we are giving people the chance of more life."

– Aubrey de Grey, PhD, biomedical gerontologist

"Saving lives" sounds like a trite answer to the classic medical school admission interview question "Why do you want to be a doctor?", along the lines of the less dramatic phrase "Helping people." Watchers of medical dramas on television, such as *ER*, *Chicago Hope*, *Remedy*, *Grey's Anatomy*, *Saving Hope*, and countless others could be forgiven for thinking we save three lives per hour in dramatic fashion. Particularly in the cognitive specialties, we know that is not the case. Rheumatology is a specialty devoted to reducing morbidity, improving quality of life and somewhat extending life expectancy, rather than dramatically saving those on the verge of imminent death. We are capable of the latter, dealing with vasculitis, scleroderma renal crisis, severe lupus, and the like, but the opportunities arise infrequently for most of us.

Two of my closest to life-saving interventions dealt with people who were not even my patients, and whose problems were neurological, not rheumatological. About twenty years ago, someone I worked with in a non-practice setting told me they were having headaches of new onset. As well, their vision was less sharp, but changing their prescription glasses had not helped. Their GP had requested a computed tomography (CT) scan of the brain, but the wait was going to be months and the person was having trouble functioning at work. Could I expedite matters?

I replied that I was willing to submit a CT requisition at my hospital, in the hopes that this waitlist would be shorter. Under "clinical information and reason for testing," I mentioned new headaches and impaired vision, followed by the phrase "rule out brain tumour." I was totally unprepared when my office was interrupted a few days later by one of our hospital's radiologists to tell me that the scan showed a six cm mass! Calling the person to deliver the bad news was one of my toughest moments in practice. With the help of a neurology colleague married to a neurosurgeon, we arranged for the patient to be promptly assessed at a tertiary centre. Fortunately, this turned out to be a benign, fully resectable tumour, and the long-term results were excellent.

More recently, another person I know through work seemed a bit off. I enquired and found out they were worried about their partner. Ten days earlier, this high-functioning retiree had crashed their vehicle into a parked car on their street in broad daylight, for no apparent reason. This was attributed to a brief blackout, and there were no visible injuries. Thereafter, the person was noted to be bumping into furniture at home and having some word-finding difficulties. The GP had been consulted virtually due to the pandemic, and had ordered blood tests and a magnetic resonance imaging (MRI) test, which was thought to be weeks to months away.

Whatever spidey senses I have felt this was an emergency. I suggested taking this person directly to a tertiary centre emergency room, at a hospital with full neurosurgery capabilities. The next day, the news was that they had been urgently admitted. A CT scan and an MRI showed a brain tumour. Unfortunately, this one was malignant and not fully resectable. The prognosis is poor.

So, did I make a difference? Yes. Did I save any lives? Probably not, though I may have prevented these two patients from having a seizure before being accurately diagnosed. I did not actually carry out any treatment on either one. Maybe this type of problem is easier to act on in neurology, where I am not an expert, but know just enough to recognize a high-risk situation when it is described to me, than in my own specialty.

I think I can safely say that I set in motion the work of a multidisciplinary team, expedited the start of therapy, and facilitated the best outcome possible under the circumstances. Maybe that is the best answer to why someone would want to be a doctor: "To work with a team of health care professionals to improve patient outcomes, reduce morbidity, pain and suffering, all while doing challenging, interesting and well-paid work." Forty years after being accepted into medical school, based more on my grades and Medical College Admission Test (MCAT) scores than any brilliant interview answers, I know what I should have said. Still, participating in saving an occasional life along the way is personally and professionally very fulfilling, albeit rare.

Philip A. Baer, MDCM, FRCPC, FACR
Editor-in-chief, CRAJ
Scarborough, Ontario