

Science Times

CASES

When Doctors Say Don't and the Patient Says Do

By MARC SIEGEL

The woman was 93 and still tap-dancing. In her 20's, she performed for a professional touring dance company. In her 30's and 40's, she taught dance at Juilliard. For the 50 years since then, she had tapped eagerly at amateur shows and recitals.

When she arrived at my office complaining of weakness and pain in her arms and legs, her only concern was that she would no longer be able to tap out a rhythm.

I was concerned that she might be suffering from polymyalgia rheumatica, an inflammatory muscle condition common in the elderly and partly treatable with steroids. But her blood tests showed that this was not the case. The tests showed just the beefy unfettered corpuscles and the clear blood serum typical of a much younger patient.

She looked much younger than her

There was not supposed to be a decision to make. In a younger patient, a controversy occurred when the cord was compressed, but not enough to interfere with bowel or bladder.

A surgeon might favor surgery, while a nonsurgical neurologist might say that because some of the damage to the cord was irreversible, why take the chance of scarring and inflammation from the surgery? On the other hand, doing nothing meant living with the unremitting pain, not to mention leaving the spinal cord vulnerable to further damage.

In patients older than 90, there was no disagreement. It was hard to find any doctor who would recommend corrective surgery when the statistical risks at advanced age of a postoperative complication or poor outcome were so great.

But this time the patient herself insisted. Even when the risks, including paralysis, were explained to her, she simply replied that tap-dancing was her life.

"Can the surgery make me dance again?" she asked me.

"It's possible."

"Then I'll take my chances."

As her heart and lungs were healthy and she was in such good physical condition, I was able to find one of my hospital's top neurosurgeons to take the case.

I could not come up with a good reason to deny her this referral, though I made my reluctance plain. The statistics were not on her side. Still, given her remarkable determination, I found myself rooting for her to dance again.

The day before the surgery was scheduled, a routine blood test found a low sodium count. That meant an automatic delay because of the increased risk of seizure from low salt. Plus, the low sodium could be caused by dehydration, which would be compounded by blood loss during surgery. That sudden aberration before surgery seemed to be a warning that something else might go wrong.

I ran several tests but was unable to be sure of the cause of the low sodium. I was ready to cancel the operation. But the woman, who had already been admitted to the hospital, still insisted that she wanted it done without delay. She admitted to not drinking or eating properly in apprehension of the surgery. So I decided to treat her for possible dehydration, ordering saline solution intravenously.

The sodium condition was corrected. The surgeon saw the corrected lab data and decided that it was safe to go ahead with the operation the next day.

Afterward in the recovery room, seeing her awake and smiling and moving her arms and legs, I first considered that she might have made the right decision. The best medical decisions were made not just on the basis of scientific analysis, but on a clinical gestalt, a knowledge of an individual patient. And sometimes it was the patient who knew how to balance the risk-benefits better than the doctor.

Weeks later, she arrived again at my office, not with tap-dancing shoes, as I had imagined, but unaided, without even a walker or a cane. She was calm and pleasant,

and I could see her vitality starting to return. She was already walking better and feeling stronger than she did before the operation. As if to underline her full recovery, her blood tests were all normal, including the sodium, an indication that she had truly been dehydrated before surgery. Any other cause would not have gone away for good with just saline.

"You see," she said, "we patients are not just statistics. We don't always behave the way studies predict we will."

That was as close to saying, "I told you so," as she would get, and I realized how much more self-congratulating I might have been if the roles had been reversed and I had been the one to recommend the operation.

It was too soon after the surgery to know whether she would be dancing, too soon for me even to bring up the question of it.

But when I received my invitation to her recital several weeks later, I could just imagine the justified smile on her face.

For a 93-year-old tap-dancer, an exception may be in order.

age. Her smooth features seemed related to the years of careful physical conditioning and diet. Still, as she began to have more trouble walking, I sought an explanation consistent with some degenerative pathology or other. I ordered a set of M.R.I.'s of the entire spine. The extensive imaging discovered a bulging disk in her neck, tissue so inflamed that it encroached on the space intended for the spinal cord, the crucial superhighway of the nervous system.

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