

# EDITOR'S COMMENT

## The heartsink patient



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'Doctor, I've got a headache.' I don't know about you, but that certainly used to be one of my heartsink openers. But headaches are ubiquitous. We all get them and they are one of the most common presenting symptoms in any general practice – across cultures, gender and the world. The patient population I worked with in Labrador seemed to have an unusually high incidence of anxiety and psychosomatic illness – to be blunt, there were a lot of people with very fat folders and not a lot wrong with them. Arriving just as the local cod fishery closed didn't help matters as people suddenly lost the way of life that the community had known for centuries, and although the Canadian social security system meant that people didn't go hungry, they certainly didn't have enough to do. But the patient with the memorable headache had not worked for years anyway. He was a man in his late 40s. He lived at the end of the road – the furthest away from the clinic that you could get, but every week Howard would arrive with some vague complaint. He had 3 enormous, fat folders. Actually a very pleasant man, he never came without some sort of gift – bakeapple jam, fresh caribou or salt cod, while there was still some around. On one of the rare occasions that I had another doctor working with me and had gone away on holiday, I heard that Howard had been sent over to our referring hospital on the island of Newfoundland at St Anthony (of *Shipping News* fame). From there he landed up in St John's, where I was staying. It was through the local grapevine that I heard that he had an inoperable brain tumour. My colleague had noticed something different about this particular headache of Howard's and followed up promptly.

Well, of course this caused all sorts of repercussions. Howard's family threatened to sue – although for what we could never work out because he had been referred within hours of presentation. Looking back through his folder, sure enough, headache was a common presenting symptom, along with backache, stomach ache, tiredness, etc. etc. – but never any localising symptoms. The poor man eventually died, alone, except for ourselves and the clinic nurses, in one of our admission beds, some months later after futile brain surgery that left him torpid and unresponsive. The aggrieved family abandoned him at that stage. The surgeon said that the tumour was aggressive and had probably only surfaced relatively recently, so there was no particular reason to think that endless doctors had been missing something over the years, but it was still ironic that one of the most difficult patients in the practice should actually present with something fatal. We all missed his weekly visits.

I think that this story does more than illustrate the fact that a headache can sometimes mean something sinister. It alerts us to the whole idea of heartsink patients and how we deal with them. I freely admit that this was one of the main reasons I left clinical medicine; however, I know that there are many very dedicated people out there who have far more patience than I do, and this edition of *CME* offers a particularly sensible approach to the patient with a headache. Professor Vivian Fritz and her team have put together an excellent set of articles and made this a quick reference guide to the diagnosis, management and treatment of headaches that should stay on the shelves for many years.

### Artwork needed

On another note, we are looking for material for our front covers. We are running out of the lovely art we have had recently and would be very happy if another artistic medical person were to send us material that they would like to see on the cover of *CME*. Please contact me – e-mail address on this page – if you paint, draw, or sketch.