

The Last Ride

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As medical trainees we were always in awe of those physicians who seemed to know it all. They were like walking encyclopedias filled with exotic medical knowledge and everybody sought their advice on diagnosis and treatment. They served as role models and we wanted to be like them when we grew up and became “doctors”. Physicians are fiercely competitive and these doctors occupied the rarefied stratosphere among them.

For as far as I can remember I always wanted to be a surgeon. But soon after entering medical school I realized I liked the intricacies of brain and nervous system. The pathways, decussations, tracts, columns, horns and most of all localization won me over. As a child I spent many hours reading about the adventures of Sherlock Holmes and with neurology I could finally be like my childhood hero and put different clues together (localization) and identify the villain (disease) and save the day. Perhaps I felt that one day I could be like one of those physicians with exotic knowledge of the brain and nervous system who live in the rarefied stratosphere.

I met Paul, a 60-year-old gentleman at the hospital for the first time. As fate would have it, the patient who was previously scheduled for EMG-electromyography (electrical testing of nerve and muscles) cancelled his appointment and Paul was scheduled in his place. He was having numerous falls and the ordering physician wanted to know if his “nerves” were causing the falls.

Paul called himself a farmer and flying enthusiast and took frequent trips in his two seater plane, a 1980 Piper Tomahawk, across his farms and the lake. He told me it made him happy and he felt part of something larger. But in the last couple of years he had difficulty getting in and out of the plane. He also had difficulty holding onto the controls and at his family's insistence he had stopped the plane rides. His condition deteriorated further and he had difficulty walking and had to use a walker. He had frequent falls. He saw a physician who recommended back surgery. After back surgery his condition worsened instead of getting better. His weakness worsened and he hardly left the house. He also had developed difficulty swallowing and could no longer enjoy his favorite steak. He saw another physician who

recommended stretching his food pipe which he underwent with no benefit. By the time he saw me, he was evaluated by almost 10 different physicians.

His ‘case’ challenged and fascinated me and I wanted to slay the villain afflicting Paul just as my hero Holmes had slayed his arch nemesis Professor Moriarty. Further, the fact that he had been evaluated by 10 physicians with no answer made it even more intriguing. Could solving this case send me to the rarefied stratosphere where my role models were and I so yearned for?

I carefully examined Paul and collected clues just as my hero. I completed the EMG but to my dismay the answer I had for Paul was not something I want any of my patients to have. Paul's weakness was due to Amyotrophic Lateral Sclerosis-ALS (also known as Lou Gehrig disease). ALS is a progressive neurological condition that causes weakness and wasting of muscles affecting all limbs, speech/swallowing and ultimately breathing, with no known cure.

As I saw Paul back in the clinic every few months he got weaker and the disease had slowly eaten away his muscles leaving only skin and bones. He spent most of his time in the electric wheelchair whose joystick he still could operate. He was losing weight and could barely swallow but still refused the feeding tube.

During the last clinic visit he confided to me that he was afraid and didn't want to die. For a moment I panicked and didn't know what to say. What would my hero Holmes do in this situation? What if the villain is invincible and can't be slayed? Will Sherlock Holmes still be the same if he could no longer solve the case and banish the villain? Will people still come to him with their problems?

Sensing my panic Paul joked that he would want to go back flying. I remembered Paul's love of his plane and the flight itself. Much to the dismay of his family I recommended he go back to flying as I had nothing else to offer him.

The last time I saw Paul, he was admitted to the hospital with pneumonia. He had decided to pursue hospice care at home. We spent a long time talking about his family and grandchildren. Paul then told me he was no longer afraid of dying. He had taken the flight over the farm and lake I recommended and he was very happy and satisfied with all that he had accomplished. As I left the room I had a strange sense of calmness and even joy of having solved the “case”. A few days later I received a call from his family about his death.

Diagnosis and treatment are an important part of neurology. While treatment traditionally involves

medications, surgery or combination of the two, there are diseases for which there are no treatments or the treatments are inadequate. Yet I realized as a physician the treatment I offer goes way beyond simple medications and procedures. My recommendation for Paul to fly was probably the best treatment I could offer him. I did not learn Paul's treatment in medical school/residency/fellowship and definitely not in the countless exams and board certifications I took. But instead it was through listening to him and providing that human touch which we all so desperately seek and yearn.

I did not cure Paul's disease but I did cure Paul's illness.

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