

Sympathy Pains

By JanaLee Longhurst

I will expose my age by confessing that I grew up watching the Brady Bunch every day after school. It was a ritual. And one of the episodes that still plays out in my mind portrayed Bobby - who had convinced himself that he had an incurable disease because he was reading a medical book and two of the pages were stuck together - putting some very common symptoms with a very uncommon ailment. I can certainly identify with Bobby.

When I became an MT student, each practice report I transcribed held details of illnesses that haunted me – I would dream about them, begin to worry that I was having the same symptoms, and even occasionally self-diagnose. I would worry about these poor patients who were feeling unwell and I wondered if they were doing better. My mother called these “sympathy pains.”

My mother was an MT, and I remember her laughing as she unexpectedly typed up a report of her own visit to our pediatrician’s office. The doctor said she was “slightly paranoid” about my brother’s temperature. We teased her about being “slightly paranoid” for many years after that. But haven’t we all, honestly, sat in the pediatrician’s office with a family member and formulated in our minds what the report would say about the day’s visit?

Then things change. How many reports does an MT transcribe before all of the medical jargon starts to muddle together and those feelings of compassion go out the window? When does medical transcription become a numbers game? Number of lines – number of minutes – number of words to verify – number of reports to finish. It’s work; it’s a job, diagnosis after diagnosis, procedure after procedure. When did I become so jaded? HIV, CAD, MI, COPD; they’re all just a bunch of acronyms, right? I have to remember how and when to expand them, but do I have to remember what they are? If they hurt? If they are curable?

Sitting in hospitals and doctors’ offices always brings me back to reality. Listening to my elderly father’s VA doctor explain that my father would need a slow Mohs procedure (which I know how to spell) suddenly made me queasy as I realized they were actually going to remove my father’s nose, layer by layer, until all the melanoma was removed. I had transcribed that procedure before, but this time it was not just a nose, it was my father’s nose. The sympathy pains returned.

Months later, I stood in the hall of Labor and Delivery, watching the nurses buzz around the nurses’ station trying to reach the doctor by telephone as my niece’s pregnant body rejected the blood transfusion they were giving her for autoimmune hemolytic anemia (I know how to spell that, too). I could hear one nurse say, “Are these the same symptoms she showed the other night?” and another nurse say, “I don’t know. We don’t have the report back from Medical Records yet.” Yikes! Perhaps the speed at which I complete my reports and return them to the hospital really does make a difference! Once again, the sympathy pains returned.

Each time I have a recurrence of these sympathy pains, I rededicate myself to being a better MT. We all have a responsibility to be accurate. We all have a responsibility to be fast. But we also have a responsibility to be compassionate. The work we do directly affects each patient’s care. We must always remember that. Each of us has a patient history of our own – and we want it to be as accurate as possible.

There is a person attached to every report we transcribe: a person who is probably not having a very good day. We may be sitting hundreds or even thousands of miles away from the patients whose reports we transcribe, but our efficiency is still a crucial element of their care. We will never see the expressions on their faces when they are given their diagnoses. We will not know if they are cured or if their plight continues. But we DO know that what we do plays an important role in each patient receiving proper

care. We DO know that what we produce becomes the “memory” of what was done for that patient: their permanent record of treatment and care.

Perhaps if we started off each new report by saying, “Good morning, Mr. So and So, I’ll be adding information to your medical record today,” it would be easier to remain mindful of our responsibility. As for me, I hope the sympathy pains continue to return.

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Career Step is the most recent medical transcription training program to gain AAMT approval. For more information on Career Step and other AAMT-approved MT education programs, please go to the AAMT web site at: www.aamt.org.