



Family Medicine Moments

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Introduction: I am pleased to again have Dr. Bob Singer reach out with his reflection. I love how far our FMM messages travel.

Bob was a resident at UMass Family Practice Residency Program from 1978 to 1981 when the Family Health Center of Worcester was called the Family Health and Social Service Center. He then practiced in Everett for years and then moved to Maryland to do geriatric work before retiring.

He wrote today's piece after reading the headline and article below. I think it is a nice follow up from last week's theme of relationship as medicine. I had a similar experience to Bob - his words really resonate with me.

Researchers Find Evidence Of “Long Cold” Syndrome Following Infection With Variety Of Common Respiratory Viruses

[NBC News](#) (10/6, Carroll) reported, “The coronavirus isn’t the only pathogen that can cause symptoms that last months, or even years, after an initial infection is overcome, a...study published Friday in The Lancet’s eClinicalMedicine suggests.” According to “an [analysis](#) of data from 10,171 U.K. adults, the researchers found evidence of a ‘long cold’ syndrome that can follow infection with a variety of common respiratory viruses, including common cold viruses and influenza.”

Treating Patients, not Diseases

By Bob Singer

This is an insight from 42 years of medical practice.

There are two basic approaches that primary care physicians adopt in diagnosing and treating patients.

The first is the traditional method used by the vast majority of physicians. This is to diagnose diseases in patients, figure out the best treatment, and then observe for improvement. In short, this approach is called, "Treating the Diseases that Patients Have."

There is another approach, famously attributed to the Family Medicine movement, that inverts the sentence. In this method, we say we are "Treating Patients, who have Diseases."

It may seem like a frivolous attempt to be clever, but it has profound implications. If you are a physician who treats diseases, you cannot help someone adequately if their symptoms do not fit into a known disease category. An example of this is a condition I myself had for years, and it is now called "cough variant asthma." It is well known that people with allergies can get "hay fever." (It is no longer called that because almost no one is allergic to hay, and there is no fever, although people can feel feverish...) The current term is "allergic rhinitis." Allergic rhinitis is a more specific, scientific, and circumscribed term. But allergic rhinitis as a name for a condition leads to physicians forgetting that those with this condition have symptoms that go far beyond the nose (rhinitis means: inflamed nose). Allergic rhinitis can cause aches and pains and fatigue. Hay fever, although not "correct," reminded clinicians that the condition includes systemic (that is far ranging body) symptoms.

In addition to allergic rhinitis, people can get asthma. Asthma is often an allergic condition causing wheezing. But what happens if the allergy is not in the nose, and not in the lungs, but is in the trachea, the large tube that brings air into the lungs? Until recently there was no name for this: it is now called "cough variant asthma" or, simply "asthma." (I called it "allergic tracheitis" but that term did not take off...)

So, years ago when my allergic rhinitis evolved so that I no longer had just a stuffy nose and sneezing but also had a cough, no one had a diagnosis or treatment for me. As a physician, I had access to asthma inhalers, and magically they relieved my cough. My doctors were not amused, because they thought inhalers were only for those who had wheezing. They thought my use of inhalers was a placebo effect.

Well, it turns out that allergy can affect the trachea, and asthma inhalers do work for this condition.

The point is, since there was no chapter in the medical books, no diagnosis for the condition, my doctors could not diagnose it and could not treat it. If the approach had been to treat me, not the disease, then my physician would have been willing to learn from me about me and about a condition that was not yet in the textbooks.

This conundrum came flashing back to me upon reading this new study.

Of course, physicians with experience knew that some people have prolonged symptoms after respiratory or gastrointestinal infections. But such people were often labeled “psychosomatic” patients, or thought to be complainers or, even worse, malingerers. Now we know prolonged symptoms after infection can be caused by a hyper-alert immune system, which, having dispatched an infection, remains on high alert, and causes symptoms long after the infection is resolved.

So, patients beware.

Good doctors listen to their patients, do not dismiss symptoms, open their minds to new possibilities, and try just as hard to alleviate symptoms as they work to treat diseases.

Patients remember doctors who cure their diseases.

Patients appreciate doctors who help them feel better.

And patients revere doctors who listen compassionately, do not judge, and work together with their patient to relieve suffering.

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