The Back Pages

viewpoint

Treasures in the attic

WHAT do doctors think about when they retire? An unrewarding question, of course, because one's state of mind after retirement depends on a myriad of circumstances — expectations, health or illness, personal interests and even family concentrations, such as grandparenting. But I would guarantee that, at some moment, every recently retired doctor reflects sadly on the fading of his or her professional attributes. One example is the fairly rapid fall-off of clinical memory (for example, recalling the names and doses of commonly used medicines). Another is the slow erosion of respect for one's abilities — I refer to the hurt looks of friends and family who now realise they can no longer reliably turn to you for expert advice.

There are two themes that dominate the retired doctor's thinking — expectations for the future, and regrets for the passing of a professional life. How these are balanced by relative importance and value is a clearly personal matter. However, there is no doubt that everyone who looks back on their life wonders, if only in moments of quietude, what impact it has had on others and in the world — what really is the legacy they are leaving behind?

For a doctor this can be the accumulation of the work of having tried to help babies get born, or the elderly die with their suffering somewhat eased, and, between those two bookends of life, attempting to solve some of their problems. Another part of the legacy is the passing on of knowledge, skills and attitudes to students and even colleagues.

Although much medical knowledge quickly becomes outdated, some things are timeless and can be passed on — the skill of empathic communication with a patient, anatomically astute palpation of the abdomen, or how to show respect for another person's beliefs.

So, is there any part of the retired doctor's legacy that is relevant to today's medical world? In this age of information surfeit, laser everything, and astonishing genetic manipulations, it seems presumptuous to claim that there are still some small clinical treasures stored in the dusty attic of the retired doctor's mind. Yet, at many American medical schools such treasures of knowledge and skill are passed on as 'clinical pearls', traditionally presented by specially selected members of the faculty, at an annual medical student fest known as 'Pearls Day'. These pearls, rarely based on solid research evidence, are still much loved and appreciated. I wonder how many aging GP's possess such pearls, and, if gathered together for a day, might pass them on to receptive trainees.

My own clinical pearl, 'the back mouse' is a relatively common primary care problem, that had been (and still is) overlooked by most clinicians and medical school teachers. Treatment can be most rewarding, avoiding the often prolonged quest for painkillers and surgery, and can give immediate relief.

The 'back mouse' is a fibro-fatty nodule (often more than one) found in up to 25% of the population and usually discovered hiding out in the deep subcutaneous layers of the sacroiliac regions of the back.[1-3]

The back mouse can produce not only local acute or chronic back pain, but also sets up referred pain and tingling to such areas as the foot, ankle, calf, knee, trochanteric bursa and the anterior pelvis. The result of this unusual 'sclerotomal' referral pattern is that the symptoms are commonly ascribed by doctors to much more serious or chronic problems, such as disc prolapse or arthritis, which may then lead to prolonged and costly testing, lorry loads of medications and even the threat of disc surgery.

Treasures greater than clinical pearls may also be hidden in the mind's attic, such as clinical experience acquired over years of trial and error or problem solving skills and clinical judgement. Wouldn't it be good to somehow dust these off and make use of the hard-earned knowledge, intellectual capital and wisdom of our professional seniors?

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References

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2. Curtis P. In search of the 'back mouse'. *J Fam Pract* 1993; **36:** 657-659.
3. Motyka TM, Howes BR, Gwyther RE, Curtis P. Treatment of low back pain associated with 'back mice'. A case series. *J Clin Rheumatol* 2000: **6:** 136-140.

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