

# SOMETIMES, THEY REALLY ARE SICK

## MED STUDENTS OFTEN IMAGINE THEY HAVE THE DISEASES THEY STUDY.

OCCASIONALLY, THEY'RE RIGHT.

By Ron Hartung

**T**he medical student was young, strong, healthy – and utterly sure that he had Lou Gehrig's disease. He poured out his fears to his professor, Robert Watson, now executive associate dean at the College of Medicine. Watson, an experienced neurologist then at the University of Florida, examined him, told him he had no signs of amyotrophic lateral sclerosis and urged him to relax.

Not a chance. So Watson encouraged him to schedule an electromyogram, which would show any muscle or nerve abnormality. The student arrived for the test but, at the last minute, refused to enter the room. "It's a death sentence!" he cried. "I won't go in there and get a death sentence!"

Type "medical student syndrome" into Google and you'll get nearly 400,000 results. The syndrome, also known as hypochondriasis, is defined as abnormal anxiety over one's health, often with imaginary illnesses and severe melancholy. In its milder forms, it's apt to infect any Internet user seeking answers

to medical mysteries. Imagine the vulnerability of a fatigued medical student who for the first time is tiptoeing the dark alleys of human pathology. It can be a short leap from "That disease sounds dreadful" to "Oh, no, I've got it!"

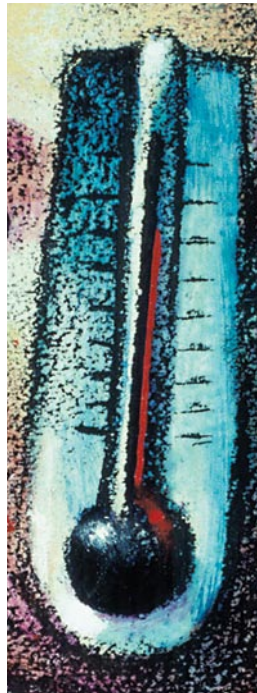
Then again ... what if a med student really is seriously ill?

This is a story about two students for whom a little knowledge was not a dangerous thing but, as it turned out, just the right thing.

### **M is for melanoma**

A typical Florida kid, Katie Powell (Class of 2013) grew up in the glare of the sun and had her share of serious sunburns. Unlike most people, though, she has a history of melanoma on both sides of her family. So as she got older, she became extremely conscientious about sunscreen and annual checkups – even though her dermatologist said every two years would be enough.

In 2010, a spot on her abdomen caught her attention. In August, on a trip home to Sarasota,



she showed her dermatologist. The physician said she could do a biopsy, but then she learned that Powell was leaving on a vacation that involved swimming, and she worried about possible infection, so she advised her just to keep an eye on it and stop by in six months.

After only four months, Powell had it biopsied. Verdict: malignant melanoma.



**Katie Powell**

“I was kind of in shock for a minute there,” she said. “But the dermatologist was very reassuring,” Powell said. “She said it was all in situ – nothing was deep yet.” That was important. Melanoma eventually spreads, invading other parts of the body ... such as the brain. “Of course, that’s where my mind went immediately when they said melanoma: ‘I’ve got brain cancer!’”

After Powell went to a different dermatologist to have the lesion removed, the pathology report brought good news: “The fact that I had clear margins means that I’m cured, that it hadn’t broken the basal membrane. But had it gone a little bit longer...”

These days Powell is getting regular full-body checkups. She is obsessive about sunscreen. And she’s rethinking which specialty she’ll choose.

“If you had asked me six months ago, I would have said maybe emergency medicine – but not pediatrics or dermatology,” she said. “I still think dermatology’s kind of boring, but I have much more interest in it.”

### **‘The pain’s getting worse’**

If you’re a class clown, don’t develop appendicitis on April Fool’s Day.

That’s what Souhail Karram (Class of 2013) did this year. And he had to work incredibly hard to get people to believe him. At times, even he doubted his self-diagnosis. But he kept remembering something Dr. John Giannini had mentioned in class that semester: “If you have appendicitis, you just can’t get comfortable.”

Karram had noticed a diffuse abdominal pain after a small-group session at 10 a.m. He went home and lay down. Felt lousy. Couldn’t throw up. Couldn’t go to the bathroom. “I’m lying in my bed turning, turning,” he said. “Can’t get comfortable. And the pain’s getting worse.”



**Souhail Karram**



*“The students are getting a lot of knowledge right now, but they don’t have the experience to go with it. That’s part of why medical education takes a long time. Knowing what’s important and what is not takes a little while to learn. Is this something to be alarmed about?”*

– DR. JOHN GIANNINI.





First-year med student Keniel Pierre was only kidding. Often, hypochondriasis is not a joke.

By about 2 p.m., the pain was migrating to his lower right abdomen – and had gotten so intense that his fiancée drove him to the hospital.

“They triaged me forever!” Karram said. “I think they thought, ‘This guy says he has appendicitis. He probably doesn’t know what he’s talking about. Let’s take every other case first.’”

Right about that time, the pain actually died down.

“I’m thinking, ‘Oh, gosh, medical student syndrome! What if I get in there and it’s nothing?’ I’m thinking about wasting all of this money on CT scans and all this other stuff. I even thought about leaving.”

But he didn’t. Around 5 p.m. he saw the nurse and doctor. A CT scan came back positive. He was in surgery by 9 p.m. So ended the longest April Fool’s Day of his life.

## WAIT – ANOTHER RIPE APPENDIX?



Ryan Williamson

*In May, while we were re-searching medical student syndrome, yet another student appendix misbehaved. We asked then-first-year student Ryan Williamson whether this syndrome had reared its head in his case.*

“I think I was my biggest doubter, but mostly because I didn’t believe I had the intellectual toolkit yet to diagnose anything.

“I believe if I tried hard enough, I could convince myself that I have nearly any disorder shy of polycystic ovaries or uterine prolapse, but I’m thankful I was proactive about this, as were the physicians treating me.

“An important lesson I learned involved paying attention to my body and being honest with myself about

what could, and could not, be happening inside me. Had this waited much longer, I could have had a ruptured appendix and a much more serious condition to deal with if I chalked it up to being a hypochondriac first-year med student with ‘nothing really wrong with me.’”



# CALM INSIDE THE PRESSURE COOKER



Carol Painter

*“You have a lot of high-functioning people who are not used to asking for help.”*

– CAROL PAINTER, DIRECTOR OF THE COLLEGE OF MEDICINE’S STUDENT COUNSELING SERVICES

When the College of Medicine accepts 120 new students who will push themselves as never before, it doesn’t just cross its fingers and wish them well. Among the many pieces of the support system is the office of Student Counseling Services, led by Carol Painter, Ph.D.

She’s familiar with medical student syndrome – a condition similar to what her psychology-major classmates experienced as “soph-

omore syndrome.” In her four years at the College of Medicine, she hasn’t encountered panicky students exaggerating their symptoms. Every week, though, in her welcoming office (which is intentionally off the beaten path, to guarantee privacy), she speaks with medical students seeking help mostly for academics, mental health or relationships gone sour.

“These students are in a stressful situation, and there are many triggers,” she said.

“After a psychopathology class they might think, ‘I meet all these criteria. I’m going to come and talk about it and see if, in fact, I do have depression or anxiety.’ More of them think they have ADHD – but they don’t.”

What they’re missing is their support system. “So we become their support system,” Painter said – or at least they offer. “You have a lot of high-functioning people who are not used to asking for help,” she said.

“I’ll often tell them that it’s like me doing my taxes. I could probably do my own taxes, but I’m not an accountant. So I would feel much better with somebody whose expertise was in that. It’s the same thing when you hit the wall in medical school. You’ve done really well so far, but now maybe it’s time that you consult somebody else and see how they do it.

“It doesn’t mean you can’t do it. But smart people ask for help.”

“It was cool to not just see but experience the classic symptoms of appendicitis, but to know what was going on inside of me without even seeing it,” he said. “At this school we place a lot of emphasis, rather than running extraneous tests, on good history, good physical exam. I knew I had appendicitis.”

Ultimately, he thinks that the possibility of being ridiculed as just another panicky med student helped him focus. “That same process that can be hypochondriasis actually was helpful for me: ‘OK, I have abdominal pain. Now what? Where’s it going? When did it start?’ I think if you, as a student, handle it the right way, it can be helpful. If not, you will think you have every disease.”

Giannini, the “you can’t get comfortable” professor, said



medical students who’ve come to him with concerns weren’t experiencing a syndrome but were simply seeking perspective.

“Part of what we teach here is critical thinking, defined as knowledge plus experience,” he said. “Well, the students are getting a lot of knowledge right now, but they don’t have the experience to go with it. So what is really important has not become perfectly clear to them yet.

“That’s part of why medical education takes a long time. Knowing what’s important and what is not takes a little while to learn. ‘Is this something to be alarmed about?’

Every once in a while, the answer is “Yes!”