



I recently spent several hours in the emergency department of the Ottawa Hospital trying to read magazines such as *Canadian Health* while waiting for attention from the overburdened staff.

My family physician had sent me to be checked out because of severe headaches that felt like a fireworks display going off in my head — with stabbing pains of varying intensity and size. The headaches had been unremitting for two days and had followed a fever that had left me shivering in bed most afternoons. I agreed to a visit to the emergency room. Because I had described it as the worst headache of my life, my doctor felt the visit was needed to rule out anything serious.

Of course, being an enlightened health-care consumer, I already had some notions of what the headaches could mean. And with the Internet at my fingertips and some knowledge on how to find credible sources of health information, details on the bewildering range of headache-related conditions were easy to come by.

From stroke to meningitis, the worst-case scenarios were extremely scary.

But the outcome of all of this was mundane — my headaches were caused by dehydration. Despite their fascinating complexity, the pains associated with my headaches were all what physicians would call non-diagnostic. While they were of deep personal interest to me, they were of little value in making a diagnosis. It was the information gleaned in careful questioning by the emergency-room nurses, the medical student and the physician that allowed them to reach an accurate diagnosis — one easily confirmed by an on-the-spot urine test.

The whole experience left me with a far greater appreciation of the art and science involved in the diagnosis of illness. It also reaffirmed for me the reason diagnosis should be left to the medical professionals who are trained to ask the right questions and come to the right conclusions based on the answers they receive.

As we move deeper into the 21st century, health

consumerism is becoming a major trend. You and I want to take more control over our own health and the health care of our families. We have tools that give us access to the same medical facts and new research that physicians have at their disposal. We want access to our own medical records so we can see exactly what is happening to us. We also want to partner with physicians and other health-care providers in making sure we prevent illness and get the best care available.

The problem is that unless you are a physician, you're not trained to make an accurate diagnosis or weigh the odds of one diagnosis against another.

Because they see hundreds of patients — often with the same symptoms, whether they be fevers, headaches or upset stomachs — physicians know how to ask the right questions and quickly narrow down the range of potential problems. By taking an accurate medical history, assessing symptoms and perhaps doing some basic laboratory tests, they can make an accurate diagnosis for most conditions.

Of course, there are rare illnesses that are hard to diagnose. And sometimes the doctor gets it wrong and it can take a second opinion or several rounds of testing to accurately ascertain what's happening (see p 26.).

But if your body starts acting up, please see a doctor to find out what's wrong. Physicians will tell you that making a self-diagnosis is not a good idea. Consider all those medical students who suddenly diagnose themselves with rare and fatal conditions because they happen to be studying them that week.

You should never abdicate responsibility for your health to another person — even a physician. But when it comes to finding out what's wrong, your physician is your best ally.

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