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When Doctors Don't Listen

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He was the second internist I had contacted about symptoms that seemed to be dragging me toward the edge of a cliff. He looked at me with the kind of fatherly concern designed to determine who put a dent in the family car. "If we are going to work together," he said, "you're going to have to be straight with me."

Straight with you? Do you think I'm making this - Oh my God. It hit me. This white-coated icon of the medical establishment had branded me a hysterical female . Everything I said; every symptom I described was being filtered through a base conclusion: This bitch is crazy.

My visit to the office of internist number two - and the realization that I had been branded as a whifty female fabricator - all started innocently enough. I came down with an earache.

I could have not have known that a minor irritation would hurl me into two weeks of mistreatment and misdiagnosis that would call into question my tenure on the planet. Nor could I have realized the hard lesson to come in the reality of a gender bias that doctors vehemently argue does not exist.

It began when I called a new doctor - let's call him internist number one - who had been recommended after I had relocated from New York to San Francisco, leaving behind our family's trusted care-givers. I described my ear pain over the phone, and he prescribed penicillin.

I thought it odd that he didn't actually want to see me, and didn't feel the need to take some medical history. But the diploma on his wall said he went to Harvard, and he sounded caring enough. So I chalked it off to the new world of third-party payers. Time is money and earaches are earaches.

The pain subsided. But it was replaced by a fever that pushed my temperature to 103. My bowels were in furious revolt, my head was pounding, and I was dizzy and nauseous.

I called him again. This time, he said I had the flu and to just keep taking the penicillin. In my altered state, I never thought to ask why he would tell me to take an antibiotic that is clearly useless in treating a virus.

I made a bit of a comeback, but still felt off - with a low grade fever and a headache that never quite went away. This time the doctor volunteered to make a home visit. Before he arrived, I thought about the box of Tampax on the shelf, and its warning about toxic shock. The systems were in the ballpark, and I was out of answers.

Mainly to placate me, he left a message with my gynecologist and said that toxic shock was a possibility. At that point, he did a lateral arabesque out my door and largely out of the patient relationship. I had been handed off.

My gynecologist called back, listened to my symptoms, and prescribed a higher dose of penicillin.

My symptoms got worse. I had weights on my limbs, fire in my intestines and a vice around my head.

My gynecologist finally ordered blood tests. Dragging myself back from the lab, I opened the door to the sound of the phone ringing. It was the gynecologist. His first question : had I been out shopping? It was a ham-fisted implication that I was not as sick as I let on.

He then handed me off to internist number two - whose assumption that it was all in my head can only have been arrived at in consultation with the gynecologist, who must have reached a similar conclusion in consultation with internist number one.

Then the results of the blood test came back: A huge spike in my white cell count said clearly that my body was in mortal combat with something. But what?

It was now the weekend. I was in pain, disoriented and with the terrifying feeling that the slide toward the cliff was accelerating, and there was nothing ahead to break my descent. Internist number one was the only doctor I could reach. Distracted, irritated and with a child crying in the background, he told me to take two aspirin.

By Monday, and increasingly desperate, I called yet another doctor. He did something the first three did not. He listened. For the first time since I had gone down this medical rabbit hole, a doctor took a comprehensive medical history.

One of his questions was: "Have you ever taken penicillin before?"

I said "no."

Armed with that simple bit of information - gained from a question that nobody thought to ask - he concluded that my symptoms were caused by *Clostridium difficile*, or *C. difficile*. It is a common bacteria that is encouraged to multiply in the digestive tract by

the very penicillin that, on doctors' orders, I had been faithfully taking for two weeks. Unchecked, it can cause anything from diarrhea to life-threatening inflammation.

Long a problem in hospitals, *C. difficile* is now spreading beyond medical facilities - mainly because of the knee-jerk over-prescription of antibiotics. The Centers for Disease Control and Prevention says *C. difficile* sickens tens of thousands every year. Some 5,000 of them die. I'm now very pleased to report that I won't be one of them.

As someone who likes to take lessons from life's twists and turns, I asked myself: what did I do wrong? The answer is clear. I listened to people who did not to me. It's a common mistake. And it's one I would urge women everywhere not to repeat.