Family bias by proxy

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A definite diagnosis of amyotrophic lateral sclerosis (ALS) usually makes a neurologist determined never to leave the helpless person's side, but I once ran away from such a patient. A 67-year-old woman sat in front of me. Her chief complaint was progressive weakness in her arms. She had mild dysarthria and dysphagia without any sensory impairment. Deep tendon reflexes were diffusely exaggerated with a bilateral Babinski sign. Typical history and neurological findings should have established a diagnosis of ALS but I could not help feeling increasingly uncertain about my diagnosis.

If she had been just like the other patients with typical ALS I had seen many times, I would have been completely confident in the diagnosis, but she was not. Her son, an otolaryngologist, sitting with his mother in the office, was my best friend. He had been my best partner in the medical school tennis team. We had played many exciting games, but we knew that this time, it was absolutely not a game. I did not want to believe that my best friend's mother had developed a most tragic disease, with a prevalence of only one in 30000. I was in vain desperately seeking a diagnosis other than ALS, and felt myself to be just a sympathetic middle-aged man, really unfit to be a neurologist. To hand the patient over, I called one of my colleagues, who asked me, after giving a confident diagnosis, why I could not draw a definite conclusion in such a typical case.

We in the medical profession are often told that we should not treat our own family members because we cannot remain detached enough for a proper diagnosis and treatment. For physicians inclined to be overly sympathetic, as I was in this case, the list of family members must be more widely inclusive.