

# “I’m An Ass. Sue Me.”

Category: Making Assumptions

written by David Edelbaum | March 2, 2020

Although my training, in both internal medicine and nephrology, was excellent, I was lamentably green for some time when it came to the practical aspects of medicine. I did, however, learn one lesson early on.

One day, I rose from my office chair to greet a new patient who walked in slowly, supported by a cane and holding the arm of a much younger man, who helped her into her seat before taking his. To me, she appeared to be “old,” because in those long-ago days I thought of anyone over sixty-five in such terms.

After exchanging a few pleasantries I asked, “And what brings you and your mother here today?”

“She’s not my mother, she’s my wife,” he answered, to my chagrin.

*Wow, I thought to myself. You’ve just blown it.*

Before I could apologize, they both laughed. They said this happened all the time and there was no need for apology. The tension (all mine) subsided, and we proceeded to explore the lady’s medical problem, which happily was resolved in short order. Obviously devoted to one another, they remained my patients for years and often referred new patients to me.

I often used this anecdote to illustrate to medical students and trainees the danger for both patient and physician of making assumptions before making sure of the facts. Throughout my career, I tried hard to avoid making assumptions but was not always successful. In fact, I made such a blunder not too long ago, when I was still teaching medical students.

At the beginning of the academic year, I’d always meet my new group of students to introduce myself and to learn a little about them. Invariably, the group would include equal numbers of men and women—until one year, to my surprise, when I found myself meeting with four men and two women.

“Well, this is a change,” I said as they entered the room. “Usually my classes have equal numbers of men and women.” As they took their seats, one individual stood out. He was tall and good-looking, had short hair, and was dressed in a sweater and slacks. But “he” was actually a “she.”

Acutely embarrassed, I immediately apologized. Luckily, my apology seemed to be accepted with good grace, but I could have gotten us off on the wrong foot.

"This is an excellent example of the danger of acting or speaking based on a mistaken assumption," I told the group.

As both a physician and a teacher, I have suffered the embarrassment arising from such blunders, and, as an expert witness in several malpractice suits, I've observed the serious consequences that can arise due to faulty assumptions. Hence the title of this story.

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