Sick of Getting Sick

Category: Stories
written by Mimi Emig | February 6, 2015

I awoke one Saturday morning to a terribly familiar feeling—a tight, barky cough, fast breathing, severe shortness of breath and burning in my chest. Another severe asthma attack. I knew I was in trouble.

Twenty-three years ago, when I was an internal-medicine resident, I went to be evaluated for recurrent pneumonia. I wound up being diagnosed with cough-variant asthma. Most asthmatic patients wheeze; when my asthma is bad, I cough.

I now realize that I've probably had asthma all my life. When I was a child, though, cough-variant asthma wasn't recognized as a disease, at least not in the small upstate New York town where I was raised. So, instead, I was the "sickly child"—the one who got a cold with a cough that lingered for a month, who missed thirty days of school each year, who was teased for being smaller than the other kids and who, in high-school, coughed furiously after every cross-country running practice.

Unfortunately, identifying my illness didn't automatically make it easier to manage, even though I'm a doctor. (I'm now an infectious-disease physician.)

Unlike many doctors, I don't self-diagnose or self-medicate. I use a peak flow meter to monitor how well I'm breathing, and I call my pulmonologist when my peak flows start to drop, signaling that I need to add more medications to my usual regimen. When I know I'm in trouble, I go to the ER.

There I encounter physicians who listen to my lungs, look at me condescendingly and say, "You're not wheezing." If only I could speak a full sentence, I would educate them about why it's called "cough-variant" asthma.

Most of my episodes have a clear trigger. One, I've learned, is caring for my patients.

This particular Saturday morning, my asthma had been sparked by two new-patient appointments the previous day. These had taken place in the small exam rooms of my group practice.

The first patient smoked two packs a day. The next had a heavy bacterial infection of his legs, and the resulting stench forced us to shut the exam room for the rest of the day. I'd started the week with a mild respiratory infection; being in a closed space, first with the scent of tobacco and then with the odor of bacteria, was enough to trigger my asthma.

That morning, I checked my peak flow, which confirmed that I was indeed in the danger zone. I started coughing so hard that it brought up blood. After calling the pulmonologist, I went to the ER, where IV steroids and three triple-strength albuterol nebulizers improved my asthma but also left me

shaky, and with a racing heart, for hours.

I spent the next three days at home on oral steroids and albuterol nebulizers, unable to eat much or to walk more than a few steps. I continued to cough up blood, my chest raw and tight, and to be unable to sleep more than two hours at a time.

As always during flare-ups, I updated my pulmonologist daily, dutifully reporting my peak flows and frequency of albuterol use and adjusting my prednisone dosage. We were able to keep me out of the hospital. Eventually, the asthma loosened its grip on my chest, and I returned to work.

But though the asthma's immediate threat passed, the disease's effects on my life and my work are pervasive and indelible.

More than once, my senior partners have reminded me how hard it is on them when I call in sick on short notice.

"This wasn't a vacation for me," I want to retort. "It's not as if I can schedule my flare-ups for more convenient times."

Of course, I don't say this, realizing that as a medical professional I'm supposed to be reliable and available to my patients and colleagues. I am keenly aware of the extra stress my absences put on my colleagues, who have to pick up the slack.

My chronic illness, and their responses to it, reflect a dilemma: is a doctor allowed to become sick?

"Physician, heal thyself," the saying goes. But what if that's impossible?

I don't want to be viewed as the weak link in my group. But despite my best efforts, I can't always fend off a severe flare-up. And so, for now, my partners and I juggle our schedules when I become ill, and I hope that they and our staff and patients won't get exasperated and write me off as unreliable.

Now, returning to work after this latest flare-up, I do as always: I give up my days off and work overtime to see the patients who were rescheduled during my illness. Although I've lost weight and am still short of breath while making my hospital rounds, I know that few of my patients and colleagues realize just how ill I've been.

"Dr. Emig," a nurse says, "being sick must help you have empathy for your own patients."

I nod politely; I've heard this comment hundreds of times from medical personnel and patients alike.

It's true that being a patient has shown me a different side of the medical system. I argue with my insurance company about prior authorizations. In the ER, I wait on a gurney in the hall. I go through seemingly endless phone trees when I call my doctors' offices. After an ER visit, I receive reams of

indecipherable explanations of benefits from my insurance company. All the same, I'd like to think that I don't need to become sick myself in order to understand my patients' suffering.

Does my illness help me feel more empathy for them? Perhaps. But if my asthma had vanished fifteen years ago—and I dearly wish that it had—I believe that I still would have accumulated enough medical empathy to last a lifetime.

About the author:

Mimi Emig was an infectious-disease physician for twenty years. Last year, she developed pulmonary complications that forced her to stop seeing patients. She is now working on a series of essays for her upcoming book *From the Other End of My Stethoscope*. Her poem "Disabled" was recently accepted for publication in *Annals of Internal Medicine*. "I began writing as a way to cope with chronic illness."

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