wet read

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Language

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By stretching language, we'll distort it sufficiently to wrap ourselves in it and hide.

—Jean Genet

By and large, language is a tool for concealing the truth.

—George Carlin

I just got back from examining at the last oral boards from the ABR. Yes, for sure there is a later dedication column to follow. Another tradition bites the dust; this one may have been the best to go the way of the dinosaurs. But, in listening to a large number of very bright people (and a few maybe not quite as bright) look at cases and describe things, and also now in reflecting on how residents and fellows use their verbal skills, I have a modest rant brewing.

One of my prior mentors, a very well-known and loved interventional radiologist, once told us we should just say what we know. Help the clinicians. If you can't answer the question, tell them how to do that if you know. Every so often, you actually know exactly what's going on, and then, he said, you should dance all over it because most of the time you don't have a clue. The problem now is that even when these folks KNOW, they act like they don't have a clue. Evasive statements—disclaimers. I hate them. A few examples.

Count the disclaimers in this not uncommon introduction to a finding: "There is an apparent lesion in the *. Potential differential considerations may include…" Holy $%#!! What in the world does that mean? It's apparent? If it were unapparent, would you still comment on it? Seems to me that the statement is apparently self-apparent. "Potential differential considerations may"?? Could you possibly be more difficult to pin down? I also see "can't exclude" almost as a routine. I can't exclude alien possession and would suggest review of blood color and number of eyes hidden under the scalp or the presence of a navel.

This all reflects on our insecurities. I'm not 100% sure (are we ever?), ergo I have to tell you it could be everything, because in the world of published literature, probably all pathologic entities involving this organ system have at one time looked a little bit like this. And you want to know that, right?

I've always viewed being a radiologist as also being a bit of an odds player—a gambler of sorts. I see a few findings, and I can make them all fit into a pattern of a disease, and that is most likely the disease. You know, like Occam's razor. Succinctness in all things, particularly thought. Is there a differential? Yeah, almost always. However, as one of my colleagues also said, "If it walks like a duck, quacks like a duck, and looks like a duck, it's a duck." Hmmm, unless it's an alien. The fewer findings you have, the less sure you are. A few potential alternative considerations may be very prudent, but not ALWAYS.

Shorten a report today. Two less disclaimers. I'm not done with this rant, either. Mahalo.

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