



How many times has this happened to you—the revision of “urgent” or “emergent” to “unnecessary”?

“It’s urgent because I say so”

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“My mother always told me I wouldn’t amount to anything because I procrastinate. I said, ‘Just wait.’”

—Judy Tenuta

Procrastination is the term applied when you’re young. Like delaying your homework assignment. As you get older, procrastination can look more and more like wisdom. I was on the other weekend, and Sunday evening I was told of an “emergency” study (a myelogram, as it happens).

“Must be done this instant, if not sooner. In fact, we really wanted this 4 days ago, but we just forgot to call. It slipped our minds.”

Well, I’ve been doing this for a while, so I dug deeper.

Symptom onset?

“Well, maybe 4 or 5 days ago, but the patient isn’t a great historian.”

Hard neurologic findings?

“Well, the intern thought there was symptom A, but the resident didn’t agree, and no one else could find it. Otherwise, normal.”

Hmm, so why can’t this wait until tomorrow morning?

“Well, because we can’t wait. It could be serious. Oh, and by the way, the patient also may have symptom B.”

Hmm, I said. OK, that is something. When did that start?

“Well, someone recalled that from an office note last month, actually, but we can’t confirm that. There was another exam that didn’t agree with that.”

Well, I believe in prompt patient care, and I don’t turn down much I am asked to do, but in the absence of anything other than symptoms that likely were fairly protracted, putting on a full show late at night with call staff didn’t seem to be in anyone’s best interests. So, call me when you decide.

And I went home.

I expected an indignant call from someone. None came. And, the procedure was NEVER scheduled. I checked on it. The patient was discharged the next morning.

How many times has this happened to you—the revision of “urgent” or “emergent” to “unnecessary”? That’s a study I’d like to see—the subsequent management of patients who had scheduled “emergent” studies that are delayed, for any reason.

There are absolutely unequivocal emergent studies. I do them all the time. What makes me a little crazy is being told I’m “obstructionist” for not performing an “emergent” study when the indications are suspect.

Keep doing that good work.

Mahalo.

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