Define normal

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> "Did you see evidence of alien possession?"

"Normality is a paved road; it's comfortable to walk, but no flowers grow."
—Vincent van Gogh

I find myself back at a topic that I have previously covered in this little monthly diatribe. Now, be nice. I am NOT retreading a topic that is already beaten into submission. I feel the need to once again stand up on that soapbox and preach.

Likely I am speaking to the converted, but I am ready to rant and I cannot always choose my audience. Perhaps I didn't persuade enough of you before, and this will be my chance to sway you. Or, perhaps you're just reading because you've got some time to kill.

Regardless, here is my peeve: Normal. How do you say it?

Since I've moved here to a very large referral hospital in NYC, the number of "normal" studies I see has dropped a good bit. But, they still come through. We read outpatient examinations, too. Some are normal. Oh, and yes, we have an ED. Turns out that just because you're okay waiting to have your MR study on the "*I'll-just-show-up-at-the-ED-my-insurance-company-won't-pay-for-this-exam-any-other-way*" plan, we **can** scan you at 3 a.m., and there's a reasonable chance it will be normal. So, there you are Mr. or Mrs. Radiologist: The study is normal. It is—flat out, undeniable, can't even find a peripheral thing to talk about—normal.

What does your report look like?

I am going to go out on a limb and bet you say something more than "normal examination." Some people go for the, "within normal limits" disclaimer. Some have macros that detail all the other stuff you looked at, but I think that is a slippery slope. Okay, so you described 5 things that were normal, but Mr. or Mrs. Clinician now has an avenue to question you: They were worried secretly about item 6, and you didn't talk about it. Oops, there's a phone call. So, in doing a more thorough job of saying more than simply "normal," you opened the proverbial can of worms:

"Did you see evidence of alien possession?"

"Got me, nope I did not, and I should have commented on that. My bad. I'll get an addendum on that report immediately."

I don't think there is a right or wrong answer here. I had a former mentor, a brilliant chest radiologist, who would state, "Just dictate normal. For goodness sake, what else is there to say?" And, he did talk like that. English and polite to a fault.

We are all pretty frightened to keep it simple anymore—we wonder about answering a clinical question (which would certainly be answered by calling the exam normal) or justifying our work to some faceless, nameless insurance company person who might review our report (is that enough text to equal the cost of the exam?).

In the end, it doesn't matter. It is normal, and normal is good. I'd want that every day.

Keep doing that good work. Mahalo.

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