The Numbers That Were Fine

Dr. Linda Marsh had been practicing primary care for sixteen years, and she had learned, over that time, to resist the impulse to treat every number that fell outside a normal range. Medicine had a tendency toward intervention, and she had seen enough patients harmed by aggressive treatment of problems that would have resolved on their own to develop a genuine appreciation for watchful waiting. It was, she believed, one of the more undervalued skills in her field.

Gerald Hutchins had been her patient for eleven years. He was sixty-two, mostly healthy, a retired high school football coach who walked his dog every morning and ate, by his own description, reasonably well. He was also, for the past eighteen months, carrying a blood pressure reading that Linda had been watching carefully and treating conservatively. The numbers were elevated but not dramatically so. She had recommended dietary changes, a modest reduction in dietary sodium, that he check his blood pressure regularly at home, and a follow-up every three months. Gerald had been compliant and cheerful about it, in the way of someone who trusted his doctor and did not particularly enjoy worrying.

Each time Linda reviewed his electronic records before an appointment, she had noted the numbers, compared them to the previous visit, and made the same assessment: elevated, worth watching, not yet at the threshold that would change her recommendation. Gerald's lifestyle modifications had produced a small improvement. She told him so, and he had seemed pleased. She told herself the same thing and had also seemed pleased.

She was in clinic on a Thursday morning when her nurse told her that Gerald Hutchins had been admitted to the hospital the previous night with a hypertensive crisis. He had been at home watching television when he developed a severe headache and confusion. His wife had called an ambulance. He was stable now, but he had been in genuine danger.

Linda finished her morning appointments. She did not know how else to respond to the information immediately, so she worked through the list in front of her and thought about Gerald between patients. She thought about the last eighteen months of his chart. She thought about the threshold she had been waiting for him to cross before she changed her recommendation, and she thought about whether that threshold had been a clinical judgment or a way of not having a conversation she had been quietly reluctant to have.

Gerald was not a patient who would have resisted medication. He was not anxious or opposed to treatment. He was, if anything, the kind of patient who would have accepted a prescription without complaint and taken it faithfully. She had not offered one because she had believed, and still believed, that watchful waiting was defensible in his case. What she was less certain about,

sitting in her office between the last patient of the morning and the first of the afternoon, was whether defensible and right were the same thing, and whether her patience had been the clinical virtue she had always understood it to be or something that had quietly served her own preferences as much as his care.