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### Add ovarian cancer to the differential

"Postmenopausal bleeding: First steps in the workup" (*J Fam Pract.* 2012;61:597-604) brought to mind a patient whose condition was not included in the differential for postmenopausal bleeding, but should have been.

A year ago, a 79-year-old woman came to see me because of vaginal bleeding. Her Pap test was normal, and lab tests and a transvaginal ultrasound were negative. I referred the patient to a gynecologist, who did an endometrial biopsy. That, too, was negative, but the spotting did not stop.

The gynecologist told the patient not to worry and to check back in 6 to 9 months. But a week after seeing the specialist, the patient—still worried—came back to see me. I did a CT scan of the pelvis and found ovarian cancer.

Needless to say, ovarian cancer is not very common in women of her age. Yet it is part of the differential (and another test) that the authors did not include, but that physicians evaluating women with postmenopausal bleeding should consider.

**Randy M. Bork, DO**  
Lapeer, Mich.

### Getting patients off meds is hard to do

Dr. Hickner's editorial, "Let's put a stop to the prescribing cascade" (*J Fam Pract.* 2012;61:645), reminded me of the clinicians at the Therapeutics Education Collaboration—a Canadian physician and pharmacist who produce podcasts on evidence-based medicine. Starting medications, they often say, is like the bliss of marriage; stopping them is like the agony of divorce, and is sometimes very hard to do.

Personally, I love stopping medications. I like to say I'm reducing patients' medication burden.

**Michael F. Mirochna, MD**  
Valparaiso, Ind



### Pain no physician can take away

After her second day in the 8th grade, my 13-year-old daughter, Gracie—a smart, outgoing, and nonconfrontational girl—came home in a terrible mood. She'd gone to the wrong restroom, been chastised for her attire, and threatened with detention, all in one day. When I complained about the way she was addressing me, she said I would just have to

cut her some slack because she was having "a really bad day."

My response, I'm certain, was not what she expected to hear.

"Let me tell you about a patient of mine, and what it means to have a really bad day."

That morning, I had received a call from Sheila, who told me, through her tears, that her son, Jonathan, had been killed in a motorcycle accident the night before—just 2 days before he was to be married.

Ten years earlier, Sheila's daughter died of cancer. Now she had lost 2 children. And, in the last year alone, Sheila had a heart attack and a fractured hip and knee, spent several months in a nursing home, and had been left with physical pain that wouldn't go away.

"Gracie," I asked, "how could you possibly compare your bad day with Sheila's?" She stared at me, eyes wet with tears, and I knew I had gotten her attention.

Doctors are healers, trained to identify and cure disease and to comfort those with incurable illness. Yet some patients face devastating loss that we're often unprepared to handle. I am not a minister or a rabbi. I had no medication that could take away Sheila's emotional pain. The only thing I could offer was comfort.

I phoned Sheila that night and told her that her call to me had taught an impressionable teenager an invaluable lesson. She replied that while she will never get over the loss of her son, her faith in God and determination to live on are strengthened by the loving kindness of her family doctor.

**Jeff Unger, MD**  
Chino, Calif

Editorial board, *The Journal of Family Practice*