

# Matrix Lesson 3

Any case presented as: “See the patient when you can at your convenience” is a four-plus-flat-out surgical emergency with a mortality of 98% and should be seen immediately

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“Obverse of Law #3: any case presented as: ‘See the **patient immediately**. He needs surgery now!’ will **never** need surgery.”

The nonchalance of the referral process is sneaky. There is an inverse relationship with the urgency of the consult request as outlined above. The “see it when you can” case has been festering under the sheets for at least two days. The leisurely after-office evening consult is usually a neglected colon obstruction that will land you in the operating theater at about midnight. The “see it now” case is seldom urgent.

Who can explain this? Is it that our colleagues do not recognize surgical disease? Is it object ignorance? For some reason, urgency is a surgical trait.

After the explosion of wonder drugs and sophisticated imaging techniques, most of the medical world fell in love with the concept and theory of disease. Working surgeons, on the other hand, look at a clinical problem and think: what am I missing that can kill this guy?

More importantly, surgeons think anatomically - the only physicians who still think in this manner. Only the working surgeons of the world held on to functional anatomic principles - the principles at work in surgical disease. Surgeons constantly think anatomically. The distended abdomen is not just distension; it is intestinal necrosis and death. The abdominal pain is not just abdominal pain; it is a dead gallbladder or a ruptured appendix with sepsis. Our anatomic view of the world lends urgency to every problem and instills in the surgical consultant a desire to define and cure that problem.

To an increasingly noticeable degree, this approach is lacking in other specialties. When another physician sees distension all he thinks about is the amorphous concept of distension. This fuzzy theoretical approach lessens the immediacy of treatment. This colors the tone of the request to the surgeon.

Occasionally, these managing physicians may regard a clinical situation as emergent. They are usually wrong. I sat next to Billy Garfield in the sixth grade. For the eight years of mathematics, Billy was always two integers away from the correct answer. Billy tried to add, subtract, multiply and divide. Despite extra sessions, tutoring and coaching, he would always be off by about two. Billy's disciples grew up to be the guys who call you urgently to see a patient who, engrossed in Monday night football says as you enter the room: "Gosh, Doc, you're working late tonight!"

Having explained now how to respond to urgent and leisurely consults, we will concentrate on the delicate art of calling the physician back and explaining to him your thoughts. Self-control is important. Most of these conversations end with the referring physician saying: "Yes, that's just what I thought!"