

## Preaching to the Un-converted

Members of the medical profession traditionally tend to be publicly supportive of their colleagues, which does not alter the fact that they may at the same time be privately critical. However, given current constraints on medical practice, it may now be more difficult not to forgive sins of medical omission as well as of commission. In spite of the best intentions, it is increasingly difficult to practice medicine with the care to detail with which we were trained. That does not mean that the principles of the Hippocratic Oath should be abandoned, or that it is no longer permissible to constructively criticize our own medical practices as well as those of our colleagues. Nor, I hasten to add, is it inappropriate to challenge regulations inconsistent with medical competency that interfere with fulfilling our obligations to our patients.

One of the premises on which performing arts medicine practitioners have operated is that, in the absence of the support of a long tradition and literature, much of their expertise is derived from personal clinical experience with musicians, dancers, and actors who have occupational medical problems. The care of these patients is time-intensive, which, by definition, puts practitioners in conflict with bottom-line-oriented medicine. Given the subtlety of many of their problems, most practitioners find it difficult to afford the time and/or patience necessary to devote to their care. Furthermore, even when motivated, not everyone is geographically located to provide an opportunity to see the significant numbers of artist patients needed to gain expertise. Through no fault of their own, some patients end up in the offices of physicians with neither commitment to their unique medical needs nor any prior relevant experience. Therefore, personal impatience not-

withstanding, I should be more understanding and forgiving when I see performing artists who, in my judgment, have been misdiagnosed or mistreated at the hands of such well-meaning but unenlightened medical colleagues.

What recent experiences have caused me to vent my spleen in *MPPA*? There are several sources for this, none of which, admittedly, are new issues and all of which have been previously discussed over the years in the pages of *MPPA*. However, I want to cite a couple of examples that support my concerns, but first to emphasize that the opinions expressed here are those of the author, not PAMA, Hanley & Belfus, or necessarily anyone else! I take full responsibility and invite disagreement. However, I hasten to add that these opinions are backed up by a database of now close to 3,000 patients, seen since 1985.

The most recurrent such issues for me are the patients who have been unable to perform for an extended period of time because, as they report, "no one knows what is wrong." In fact, that may be true and often this represents the best appraisals of multiple competent practitioners who have been consulted and stumped. The problem, however, comes with the consequence, which is that these artists have not been able to return to normal function, because frequently these physicians have prescribed absolute rest. In the absence of a compelling reason for this proscription, for example, acute trauma. However, based on my own experience, I strongly disagree that this is either necessary or indeed helpful and healthy. What we have found is that the longer a performer stays totally away from his or her customary activity, the worse becomes the prognosis for ultimate rehabilitation. Under our very eyes these patients convert from what

might have been a temporary inconvenience to patients with full-blown chronic pain syndromes. Anyone who has had to deal with chronic pain patients will agree that their problems are much more difficult and complex to treat, as well as more expensive than are those of patients with self-limited injuries and pain. The argument here is that, in the absence of a tissue specific or other diagnosis, a knee-jerk prescription to cease and desist performance may actually contribute to morbidity rather than resolve many of the occupationally induced problems of performers.

While less frequent, flagrant misdiagnosis is more difficult to forgive. In spite of a rapidly growing experience, we do not yet know the occurrence rate of focal dystonias in the overall musical population. It appears to be more frequent than we would have acknowledged even a decade ago. Unless physicians see large numbers of musicians, it is likely that they will not have personally seen a patient with focal dystonia. Although I am not a neurologist, I do specialize in seeing musicians and in my practice I see approximately 20 or more new focal dystonia patients in an average year. Many have had their symptoms for several years but have been previously undiagnosed or, what is even more troubling, misdiagnosed. It could be argued that since there is as yet no specific and reliably successful treatment, accurate diagnosis is irrelevant. However, it is the frequency with which these patients are subjected to inappropriate treatments, invasive and otherwise, in pursuit of the wrong diagnosis, that is of great concern. A diagnosis of focal dystonia is never good news for a musician but, nevertheless, it is always better to have accurate medical information, no matter how unwelcome it may be. What is

more, many researchers are now working hard to better understand and find more satisfactory treatments for focal dystonias, so while the outlook is not yet rosy for these musicians, there is some basis for more optimism, or perhaps at least less pessimism.

I have selected only two examples of mismanagement of performers, but there are many other instances of patients who have not benefited from appropriate medical care, due either to the unavailability in their communities of such care, or who in addition may have been poorly advised by their teachers or colleagues. These are all problems that PAMA members need to continuously address, and this is where this editorial is headed, rather than in the direction of finger pointing.

In June 2001 this issue of *MPPA* will come out just prior to the convening of the 19th Annual Symposium on the Medical Problems of Musicians and Dancers in Aspen. I have attended all but two of these, which have consistently been lively, informative, stimulat-

ing, and fun. These meetings have also been the source of many fulfilled and unfulfilled resolutions and expectations regarding how the specialty, and PAMA itself, can grow and better serve the medical needs of performing artists. The Aspen annual meeting is not only a place for learning, but also offers a unique opportunity to network. We visit not just with colleagues but with people who through all these years have become steadfast friends with whom we share interests, ideas, and fellowship. At international meetings, some of which I've reported here, the same camaraderie applies. Performing arts medicine attracts an enthusiastic and loyal following, but it seems we revel in each other's company so much, that we may neglect significant efforts at outreach. We continue to preach to the converted and have yet to find effective means of going out into the community to deal with the uninitiated.

What I am suggesting is nothing more dramatic than finding new audiences to hear the preaching. There is an untapped potential for an informal

approach to colleagues, telling them what is being done for these kinds of patients. Many of us have professional friends who would not consider attending the Aspen meetings but might well be interested in hearing a bit about what goes on. Let them know this is a serious and evolving discipline and invite them to observe or participate, or simply to broaden their appreciation of performing artists. Lectures and workshops take more effort, time, and money, but they too can reach new and receptive audiences. When reporters call, give them enough time and information so that their work will reflect appropriate and non-sensationalized messages about the health of performers.

Anyone reading *MPPA* is already committed, and understands the goals of performing arts medicine. Not everyone needs to be a full-fledged convert, but a little preaching to the "heathens" would go a long way towards preventing the kind of medical missteps presented here.

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