The Royal College of Pathologists
Pathology: the science behind the cure

# Patient Safety Bulletin

## Uncertainty

### What happened and what were the issues/implications?

I have a fond memory of my strangest ever ward consultations. I was asked to see a patient because it was thought he had splenomegaly. Nothing unusual so far. But what made this story stand out was the fact that an ultrasound scan had shown a normal sized spleen. I went to the ward, wondering what they needed me for. There wasn't a big spleen, of course – they were just feeling abdominal muscles. But why had they called me? They obviously thought I was an approachable spleen person – and it was rather nice to be asked – but was I really better than an ultrasound?

### What actions were taken?

It was very tempting just to laugh it off and not bother going to the ward. but I have dealt with diagnostic uncertainty before and it was good to go and talk this through with the doctors on that ward. We examined the patient together and I was able to show them how to distinguish abdominal muscles from spleen (you just ask the patient to lift their head off the pillow).

### What did you learn?

Not asking a colleague, not getting a second opinion and rushing into a diagnosis when you are uncertain is not good. Making a diagnosis can be difficult; we are all taught that our consultations should end with one (or even a list of them). We are trained to talk, question, examine, test and come up with something to explain what is wrong. Diagnoses are expected by our patients, our colleagues and ourselves. So when you don't know, say you don't know and ask a colleague for a second opinion.

### How was the learning shared?

It was a spontaneous bedside teaching session with two ward doctors – my favourite kind of teaching.

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