

Telling a Clinical Story: The Role of Case Reports in a General Journal

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As recently as the 1950s, most journals weren't publishing what we have come to expect as research. Sir Austin Bradford Hill published the first randomized clinical trial in 1948. Until the 1960s, the bulk of articles published in major journals were case series and case reports and opinion pieces by notable academics. The emphasis over the past 25 years on methodological rigor and clinical evidence has dramatically improved the reliability and reproducibility of research published in scholarly journals such as the *WMJ*. Reviewers are skilled at recommending improvements in methods and analysis required to make an article more widely valuable. So where did that leave case reports?

In the past decade, case reports have become more common—again—and there are even whole journals devoted to case reports. The number of venues is growing. I review journals for possible inclusion in PubMed Central and almost all of them, regardless of the scope of the journal, include case reports. The quality can vary tremendously, but scholarly case reports and case series continue to be an important source of information for clinical care and research.

Over the past decade, about a quarter of the articles published in *WMJ* have been case reports or case series. Readers enjoy them, and case reports are often the first step for a young author on his or her way to an academic career. Excellent online guidelines for structure and organization exist,¹ but I'd like to offer a few additional suggestions for authors seeking to make their case report stronger before submitting it for consideration in *WMJ*.

Preparing to Submit a Case Report

The case should be one that is not so arcane or specialized that it would not be useful to the wide readership of the journal.² Many times, such cases are better suited to a specialty or subspecialty journal. That decision should be made by the authors before they submit a manuscript to a journal by reading

controversies and differences of opinion about either diagnosis or management. The number of references is not as important as the timeliness and depth of those references.

Finally, case descriptions should include more than simply the laboratory data and course of the disease or condition. Cases are stories about patients who live in a context, not

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previous issues of the *WMJ* to see whether the subject would be a good fit or sometimes directly by corresponding with the editor. Since many case reports in *WMJ* are collaborations between physicians-in-training and senior faculty members, we rely on those senior people to make sure the case is well written and organized and would be of interest to the *WMJ* audience.

Authors should spend time comprehensively reviewing the literature for the discussion section of the case report. Authors should avoid terms like “very little has been written” or labeling something as unique. Human beings are unique but diseases aren't. A well written discussion serves as review of a general topic, points out what is new or different about the case being presented, and reports

in a neutral space. Socioeconomic data about the patient—or “case”—are often omitted, yet are essential to understanding whether a clinical story has applicability to one's practice. Of course authors should be careful about confidentiality, but all clinicians recognize the importance of social determinants of health to clinical care. We will be asking authors to bring more narrative about the patient into the case, including intermediate or long-term follow-up that addresses the clinical and social issues in the case. Readers need to know more about the next chapter in the story.

One of my favorite residency stories concerned the morning report that the distinguished chair of my department ran every Monday. I had come to town as a fairly cocky second-year resident and stood up to do my

first case presentation. I started by saying “the patient is a 50-year-old black male who....” and was interrupted from the back of the room by the chair who loudly asked, “Black male what?” stopping me in my tracks. I didn’t know what he was asking and then he said “black male Labrador retriever, black male cockatoo?” and went on to say that he was a black MAN. I then proceeded into the case and he stopped me again. “Is he married? Does he work? Where does he live? What is his life like? All that is important!” That was 45 years ago but changed the way I did case presentations for the rest of my life.

A “traditional” case report is often a disease review scrubbed of anything important about the patient’s life that truly might affect management or outcome. Packer and colleagues make the case for a patient-centered narrative—what they call a “hybrid narrative”—that contains information about the patient’s life as well as the patient’s disease as a better method for students to learn from case reports.³

Adding Clinical Narrative to a Case Report

We would like authors to start case reports with what was called a patient profile, when the problem-oriented medical record was first introduced. The profile should be brief but contain relevant patient social history that might have a bearing on the case and the outcome. Good clinicians don’t compartmentalize social history, narrative, and clinical data either when they see patients or teach. The biopsychosocial model that George Engel wrote about in the 1970s integrates those components in clinical care and research. That integration should be reflected in the medical literature. For example, in an article about suicide in the elderly, the two cases begin, “Mrs C, aged 88, was the sole carer of her frail older husband. She was a retired typist and then homemaker. Her two daughters lived overseas.” and “Mr B, aged 89, was a retired businessman and widower of 30 years who lived alone. He had 2 children who lived interstate.”⁴ At the beginning of the case, we know something about these patients that is

central to their reason for being admitted and that will be challenges post discharge.

In this issue of *WMJ*, in a well-written, informative case describing a life-threatening complication of one of the newer diabetic medications,⁵ Rebedew begins the case with “A 34-year-old white man with chronic alcohol abuse came into clinic for follow-up of his hospitalization for alcohol intoxication, hyponatremia, hypokalemia, and hypophosphatemia.” The introduction is written in a traditional fashion and sets the stage for a complex management process over a long hospitalization.

However, if one were to apply some of the narrative criteria that we would like to see in future case reports, the author might have included something about the man’s social situation, living situation, work status, and even something about his education, and level of function. The patient is a person with a complicated life, not just a complicated medical problem. Writing, for example—and this is fiction on my part—that “A 34-year-old, separated, father of 2 young children, who is trained as a carpenter but has been unable to maintain a job over the past year in part because of chronic alcohol abuse, is currently living with friends and came into the clinic for follow up...” alerts readers to the challenges beyond the biological that face the care team. It also demands that, at the end of the narrative of the patient’s hospitalization, the authors would have to address something in addition to, “subsequently, he was transferred out of the ICU and discharged home 3 days later, performing all of his activities of daily living,” and say something about finding him a stable living situation and entering an alcohol rehab program in the community.

If case reports—and case presentations at hospital rounds, clinic rounds or morning reports—are to be teaching opportunities about how to think about and approach clinical care,⁶ leaving out important psychosocial issues in discussing and writing about the case leave students and residents with the impression that “cases” are separate from the patients who are the sources of that story. There is an old quote that “statistics are human

beings with the tears washed off.” So cases should not be clinical narratives with the person left out.

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