

# Outlook on Lifestyle

## DR. GOTT



Peter H. Gott, M.D.

### Hospitals can be hazardous

By Peter H. Gott, M.D.

Are hospitals hazardous to your health? In many cases, yes.

Although hospital care is necessary for most serious illnesses or surgery, you do — quite literally — take your life in your hands when you go to one. Hospital administrators argue that, yes, mistakes are made — after all, medicine has become impossibly complex and sophisticated in the last 20 years, and the more "moving parts," the greater the chance for error. However, the administrators insist, hospitals remain safe meccas for patients with complicated diseases.

This is a valid observation. Truly, medical surgical diagnosis and treatment have blossomed into difficult disciplines. Doctors do much more to sick people than they did a generation ago — and, clearly, millions of grateful, healed people owe much to the wonders of modern technology.

Nevertheless, I do not believe that this fact is an excuse for the multitudinous mishaps which plague our hospitals.

Machines make mistakes. Complications of surgery happen, even in the best hands. Complications of effects of medicines and procedures are often

unavoidable. However, the final responsibility for patient care rests with the caretakers — in particular, the attending physician — surgeon, who is the equivalent of the commanding officer.

If you carefully read the news reports about Andy Warhol and Libby Zion, who both died at New York Hospital, you may have been struck by a similar pattern. Both patients were — because of poor clinical judgment — Warhol's private duty nurse failed to recognize that he was having trouble (from a heart irregularity) in time to call for assistance. Zion's primary-care givers, three junior residents, did not appreciate how sick she was, by the time her heart stopped, resuscitation was futile.

In most teaching hospitals, primary patient care is placed in the hands of junior assistant residents, young doctors who are one or two years out of medical school. Of course, they are supervised by more experienced senior residents or by attending physicians who have completed their residencies. However, this supervision is often "retrospective." This means that the assistant residents perform duties and provide treatments, which are often rendered at night, and their actions are approved or disapproved the next day.

Unquestionably, this is a heck of a way for inexperienced doctors to learn patient care. It is fast, brutal, stressful and effective. Unfortunately, it is a system that is error-prone, because young doctors simply do not have the experience and judgment

to be able effectively to assess the needs of dangerously ill patients. In essence, they have not learned to recognize that "this patient looks sick. I don't care what the numbers show. Something is going on here and I need help."

When attending physicians distance themselves from night work — and

believe me they do — their young wards do not get hands-on supervision and may compound their mistakes out of pride, embarrassment or ignorance. There is an old saw in medical circles: A doctor knows more right after medical school than at any other time in his life. However, he lacks experience and, under certain circumstances, this quality can be as important as intellectual knowledge.

Experienced nurses, too, play a crucial role in educating young doctors. These professionals frequently identify sick patients who need help often they know what to do before young residents even appear on the scene. Unhappily, really experienced nurses are becoming scarce — because of scandalously low pay and poor work satisfaction. Therefore, doctors and patients are seeing fewer nurses on the floor and those that are available are less capable.

In my opinion, the answer to the problem of hospital hazards requires a tightening of the communication network between patients and staff. Someone has got to run the show and, as a patient advocate, coordinate the sometimes complex care offered in modern hospitals. That someone should be the attending doctor. Such fully trained physicians must be present or readily available to supervise their patients' care and the activities of other doctors involved in that care.

Before you need hospitalization or if you are the family member of someone who is hospitalized — find out the name of the attending physician and make sure that he or she is willing to commit to being integrally involved. Don't trust your health or the health of a loved one to reputation. A fancy title or office address may be impressive during the day, but at night, or when the crunch is on, you need an experienced doctor to be in your corner — literally. This type

of obligation is what medical practice is all about. It could save your life.

Send your questions to Dr. Gott in care of this newspaper at P.O. Box 91169, Cleveland, OH 44101-3369. Due

to volume of mail, individual questions cannot be answered. Questions of general interest will be answered in future columns.

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## DEAR MEG

Meg Whitcomb

### Brother does more than apartment-sit

By Meg Whitcomb

DEAR MEG: I'm employed in my home and work five hours a day. I've worked for the same company for 13 years and like it because it gives me time to do volunteer work in the afternoons.

My problem is my brother, who was laid off and has nothing to do. Almost every day he brings a different girlfriend over and uses my bedroom when I'm out. He can't take them home because he lives with the folks.

I can tell he's been here because he makes up the bed wrong. Last week we had a big fight because I asked for my key back. I'd given him one so he could keep an eye on the place. (I live alone.) I don't want him to hate me for life. On the other hand, I resent what he's doing. — LITTLE SISTER, DULUTH, MINN.

DEAR SIS: Tell big brother you're not running a motel and that you want your key back now. He won't hate you for life. He doesn't have time.

DEAR MEG: My 16-year-old daughter has a terrible weight problem. Debbie was plump as a child, but in the past year she has become obese. Our doctor, who has given her a sensible diet, says she should lose 50 pounds, but she can't stop eating.

Debbie is so self-conscious about her body that she won't go to the beach or wear shorts. The more lonely and depressed she gets, the more she stuffs her face.

Her father and I have tried everything, from offering her \$10 for every pound she loses to trying to diet with her. Finally we stopped even mentioning the subject because she got so upset. Any ideas? — AT WITS' END,

SPOKANE, WASH.  
DEAR A.W.E.: With overweight teens, parental pressure no matter how well-meaning compounds the problem. One way to help is through a program called Shapedown, which is designed especially for adolescents with weight problems. There are 400 chapters nationwide. For the one nearest you, write Shapedown Balboa Publishing, 101 Larkspur Landing, Larkspur, CA 94939 or call (415) 461-8884. Shapedown will help Debbie stick to a healthy weight-control regimen. That will put her ahead of the

vast majority of the one in four Americans who set out on a diet this year and failed to stick to it.

Meg's pamphlet "The Weight Game: How to Win" is available by sending \$1 to DEAR MEG in care of this newspaper, P.O. Box 9128, Cleveland, OH 44101-3428.

Write to Meg care of this newspaper. Meg can only answer letters that contain a self-addressed, stamped envelope. Questions of general interest will be discussed in future columns. © 1987 NEWSPAPER ENTERPRISE ASSN.

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