

Outlook on Lifestyle

Doctors speak - on doctors

By DR. CHARLES GODFREY

Without doubt, there is a need to know more about doctors - who they are, how they think, what causes their actions, why they chose medicine and when did your friendly family doctor change into another person? At this unique time in the history of healing, it has become more and more urgent to know about this special group of people to whom we have handed great power, yet revile as agents of cupidity, stupidity and culpability.

John Pekkanen has attempted to answer some of these questions by going behind the masks of the men and women who practise medicine and recording what they have to say for themselves. In *M.D.: Doctors Talk About Themselves* (Delacorte Press, 294 pages, \$24.95), he exposes what lies beneath the images we have of our health providers.

The author looks at doctors from the standpoint of their education, the patients they treat, the money they earn and the multi-faceted problems associated with clinical practice. Death and dying, the Hippocratic oath, the politics and greed of bad medicine and the problems associated with malpractice are all laid bare on the examining table in this book, which consists of

a series of anecdotes by physicians who speak anonymously. Pekkanen surgically removes tissue from the corpus of medicine and sends each specimen to you, the pathologist, so you can make a decision as to the cause of the parlous state of medicine.

In doing so, there is presented a litany of over-work, over-stress and over-achievement as part of the process of becoming a doctor. During those formative years, the trainee is subjected to "a flagellating denial of sleep, self-indulgence and frivolity, even to the point of depression." Pekkanen records a common pattern of grinding hours of stressful frenzy to demonstrate that men are judged equal until they have proven themselves inferior. But he adds that "women are judged inferior until they have proven themselves equal" in the medical game. In order to pass the qualification hurdle, graduates sometimes have to work 110 to 120 hours a week. Several doctors remarked they became inefficient after 40 hours, anti-social after 60 and downright malevolent after 80!

Having qualified, the physician has to face the sick without the shield of a staff-physician. According to this report, patients fit into clear categories - the self-

pitiers, the help-rejecting "crocks," the dependent clingers, the self-destructive deniers and the "entitled demanders." Some, a minority, are normal people with terrible diseases.

Intertwined with a series of horror stories about the inability of the health-care system to care for the needy, are sensitive, empathetic accounts of the soft triumphs that go with good medical care well done. These precious moments give a glimpse of the enormous satisfaction that derives from being a caring professional, which counterpoints the obvious frustration of dealing with inconsiderate, ignorant patients who are frequently the vector of their own disease.

EVOCATIVE STORIES

Some of the most evocative stories are when doctors talk about death and dying. Here, the demeaning episodes of much of medical practice are swept aside as it is realized how much of the physician dies with each patient. The premature baby who requires multiple hospital visits to relieve the water on the brain finally reaches the termination of medical technology and cannot be revived again. "A nurse held the baby's hand while I removed its ventilator." Then the nurse and doctor stand silently as the infant slips away. Or the internist who is begged by a young father to do something about the malignant melanoma that has spread to his brain. The doctor froze when he saw the family approaching him and broke down crying and almost collapsed to his knees. He said that

he did not think he would ever be totally comfortable with having the ability to say, "now it's time to die."

The book is based on American testimony and the chapter on malpractice sounds horrendous to a Canadian reader. However, it is acknowledged that Canadian medicine does follow American in some ways and the examples of malpractice excesses that are cited here may osmose north of the 49th parallel. As for medical training in Canada, an association of residents and interns (PAIRO) has been able to negotiate with hospitals and universities a more civilized lifestyle for students, with a human schedule for service. Unfortunately, in some cases, the demands of patient care override the carefully set-out schedule for hours on duty.

It's a fascinating book, somewhat like overhearing a fragment of a conversation on the sub-

way before alighting. You leave wanting to know how it will end. And it's important you know how it all works out, because you are part of the solution - or is it the problem? However, this patchwork approach, while absorbing, loses some of the synthesis that is necessary to understand what is driving the world of medicine. In this area, the book misses the impact that Paul Starr provided in his work, *The Social Transformation of American Medicine*. But there is sufficient meat in *M.D.* to absorb the reader as he senses some of the magic that is medicine, and some of the frustrations that are turning physicians from the selfless caregivers into bottom-line businessmen.

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Alzheimer Disease serious concern for elderly

Alzheimer Disease is a serious concern for our aging population. Alzheimer Disease is an incurable brain condition that strikes both men and women, usually over the age of 65. It is initially characterized by minor forgetfulness. As memory loss increases, changes also appear in personality, mood and behavior. Judgement, physical co-ordination, speech and concentration will also be affected. Degeneration usually continues until the patient requires full-time nursing care.

In Canada now, there are about 300,000 people suffering from the disease. By the year 2000, that number is expected to rise to 500,000. Each year, 10,000 people die from the disease, although it is often not named as the cause of death. The Alzheimer patient usually succumbs to such illnesses as pneumonia or infection.

Research shows that among the changes in the brain that occur in Alzheimer Disease are the presence of neurofibrillary tangles within nerve cells, the appearance of "plaques" that appear to cause disruption of electrochemical signals between nerve cells, a deficiency in the neurotransmitter acetylcholine and the presence of aluminum.


For more information about Alzheimer Disease, contact your local Alzheimer Society or the Alzheimer Society of Canada.

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