

Letter from Mumbai

BEING A PATIENT PATIENT

No, that is not an error. I have been told by my doctors that a physician or surgeon is usually far from being an ideal patient. I have undergone two operations and am emboldened to offer my experiences. I have tried my best to be a patient patient; though I must confess that at times this has been difficult.

Cholecystitis

In 2002, one Sunday evening, I noted pain in the right scapular region. Puzzled, I tried a gentle local massage as best as I could but found the pain worsening. Around midnight, the penny dropped as I felt an acute tenderness in the right hypochondrium. I made a telephone call to my colleague, Dr R. D. Nagpal and requested help. In half an hour he had Dr Shirish Bhansali at my home. Dr Bhansali, consummate physician that he was in addition to his reputed qualities as a surgeon, patiently took a detailed history, including questions on what drugs I was taking, before proceeding to examine pulse, blood pressure, heart, lungs and last of all, the abdomen. He confirmed the diagnosis of acute cholecystitis and immediately made arrangements for my admission to our hospital (Jaslok) and for a senior sonographer to come and do an urgent abdominal ultrasound study. He and Dr Nagpal accompanied me to the hospital, stood by as the ultrasound study was done, saw me to my room and left, around 2 a.m. only after orders had been given regarding drug therapy and other tests.

The inflamed gall bladder and the single gallstone at its neck were removed using the endoscope and I was back home 48 hours or so after surgery. Dr Bhansali was more relieved than I that histopathology showed no evidence of cancer.

During my inpatient stay he had given me the numbers of his home and mobile phones. I did not have to use them as he saw me twice a day, every day. 'I'm afraid I cannot tell you when I'll make my visits, but be sure I'll call on you,' he had told me at the start. At times his visits were at 6 a.m. or at midnight, as he followed a punishing schedule of surgery.

Since I had implicit faith in my surgeon, I never asked about drugs used or any other measure adopted during treatment. There was never any need to call his residents as they made their rounds as usual. The nursing sisters were attentive to every need of mine. Since I made no demands on any of my medical attendants, Dr Bhansali paid me a tribute I treasure: 'I wish all my patients were like you.'

Alas, Dr Bhansali is no more and his patients are the poorer for it.

Compression of my left V lumbar nerve root

My long-standing psoriasis has left its marks on my vertebral column as well. My spine resembles that in ankylosing spondylitis with large bony bridges between the anterior surfaces of the vertebral bodies and calcification/ossification of the anterior longitudinal ligament. The movements of my neck are markedly restricted.

Over the past 5 years or so, I had experienced pain along the left sacroiliac joint when I walked 5 kilometres or more. This was not incapacitating but was a nuisance. Assuming that this followed psoriatic sacro-iliac arthropathy, I ignored this pain and restricted my walks. Two months ago, I noted pain travelling from the left

gluteal region down the thigh to the popliteal fossa on walking 2 kilometres or so. This was erratic and I often walked over 3 kilometres without any pain. I could not detect any neurological deficit and so continued with my routine.

A month ago, the pain came on when I walked lesser distances and I was concerned when in walking a kilometre I had to halt twice to relieve the pain. I consulted Dr Nagpal. He found early hypoesthesia along the lateral left leg and foot, early weakness of the left extensor hallucis longus and absent left ankle reflex. He had my spine examined by X-rays and magnetic resonance scan. Psoriatic spondylopathy was complicated by pressure on my left L5 nerve root from new bone projecting anteromedially from the facet joints and a posterolateral bulge of the L4-L5 disc. Surgery was recommended.

He suggested we consult a colleague of ours in Kolhapur. Dr Shrinivas Rohidas had worked with us at the K.E.M. Hospital years ago and had gone on to study endoscopic surgery of the spine with Dr Jean Destandau in France. After noting the history and studying the images sent to him by e-mail, Dr Rohidas felt confident that the nerve root could be effectively decompressed using the endoscope. Instead of asking me to come to Kolhapur, he kindly offered to come to Jaslok Hospital and bring all his equipment, including the high-definition television monitor that he would need during surgery. The Medical Director of Jaslok Hospital, Surgeon Rear Admiral S. K. Mohanty, immediately granted permission for Dr Rohidas' operation and ensured that every facility was made available to him for the purpose.

I was admitted under Dr Nagpal's care. Dr Rohidas came to Mumbai on Sunday, 28 August. He examined me, saw the results of all tests and with Dr Nagpal, decided to proceed the next morning with the operation. He asked me to empty my urinary bladder before coming to the theatre as he wished to avoid inserting a Foley catheter.

After bathing, I awaited the call from the operation theatre and on receiving it, went to the toilet as advised. This is when disaster struck. I slipped on the wet floor and landed horizontally on my back on the floor with a crash. The impact was borne by the back of the thorax and I felt severe pain in the mid and lower dorsal region. My wife helped me up and to the bed. A rapid self-check showed neither root pains in the back nor any consequence of the fall in the lower limbs. The trolley for the theatre came soon after and I went on it to the theatre. I informed Dr Nagpal and Dr Rohidas of the fall and pain. On examination of the back they found no bruise. Tenderness was marked over the soft tissues between the scapulae, especially along the paraspinal muscles. There was no neurological abnormality due to the fall. They decided to proceed with my operation.

As I awakened in my room after the operation, I found Drs Nagpal and Rohidas there. Intravenous paracetamol was being administered and I was told that tramadol had been given towards the end of the operation. There was no pain whatsoever—at the site of surgery, in the left lower limb or in the dorsal paraspinal region. I was encouraged to walk when I felt the need to pass urine, and cautioned about taking care to avoid another fall.

Here, I encountered my second problem. As soon as I tried to sit, I experienced severe nausea. Never having had the need to use tramadol, I had not experienced this side-effect of the drug. Even

as late as 5 p.m., trying to sit caused nausea severe enough to have a kidney tray held in front of my mouth. I did not vomit. Eventually, a Foley catheter was inserted to drain the bladder. The nausea disappeared by the next morning and the catheter was removed shortly thereafter.

Intravenous paracetamol, 1 g every 8 hours kept me totally pain-free and I was now sitting, standing and walking in my room without any discomfort. Drs Nagpal and Rohidas examined me around 4 p.m. on 30 August and agreed that I could go home.

The first day at home, on oral paracetamol and other drugs, was comfortable but as the paracetamol was reduced over the next 2 days, I experienced worsening pain in the injured dorsal paraspinal and scapular soft tissues. Any inadvertent, sudden jerky movement of the dorsal region now provoked severe, very painful muscle spasm.

There was no pain at the site of operation.

Further complicating my recovery was obstinate constipation. I had never experienced constipation thus far and this was thus a novel problem. I have since learnt that this too is a well-known side-effect of tramadol.

Eventually, I had to resort to a bisacodyl suppository and a hypertonic sodium phosphate enema at home. Seven days after the operation, I was almost bed-bound by the severe dorsal pain and muscle spasms. I was readmitted to hospital. Computerized tomographic scan of the ribs, dorsal and lumbar spine showed no fracture. These findings provided a measure of psychological relief.

Definitive relief followed the use of interferential therapy (to stimulate the pain gate mechanisms and reduce or eliminate conduction of pain impulses through the 'C' fibres) and a combination of chlorzoxazone, paracetamol and diclofenac. Interferential therapy, for 15 minutes, twice a day for 6 days helped considerably and the drug combination made it possible for me to sit, stand and walk without pain. Dr Aabha Nagral, our consultant gastroenterologist ensured that constipation did not recur. She had advised the combination of drugs that had reduced pain and muscle spasm. I have now been weaned off these drugs and use paracetamol 500 mg twice a day along with vitamins B complex and D.

Three weeks after the fall, I feel the soft tissues in the back easing and am ambulant at home. I am eager to return to work but will do so slowly and with caution.

Lessons learnt

Whilst I am deeply appreciative of the fact that my body has served me very well indeed for three score years and ten, I have to come to terms with the fact that since I was not born on Krypton, I must respect my tissues and avoid impatience when they are injured. Time, truly, is the great healer.

I have often been reminded during these 3 weeks of the classic book written by Dr John Hilton (1804–1878) of Guy's Hospital—*On rest and pain: A course of lectures on the influence of mechanical and physiological rest in the treatment of accidents and surgical diseases, and the diagnostic value of pain*, delivered at the Royal College of Surgeons of England in the years 1860, 1861, and 1862. Recommended to us during the first lecture we attended as undergraduates by that consummate teacher and surgeon, Dr Shantilal J. Mehta, this book has remained a treasured companion all these decades. The influence of mechanical and physiological (and psychological) rest has been of immense value in permitting my injured muscles and ligaments to repair themselves.

I have been fascinated by the fact that the operation itself, so well performed by Dr Rohidas, had been totally forgotten when the troublesome dorsal pain and protective muscles spasms dominated. There was never any pain at the site of surgery.

I am grateful to my surgeons and for modern drugs and our experts who administer them so carefully. There is no drug without side-effects and it has been salutary to experience two side-effects of tramadol. These will help me when I treat patients and need to use a 'pain-killer' or, indeed, any drug.

Finally, it has been a humbling experience to witness the concern, affection and care offered to me by all staff members. Ward attendants, nursing sisters, physiotherapists and doctors attended to every need, anticipating many requirements and meeting them even before they could be voiced. I salute all of them.

Postscript

I was intrigued to learn that the word *patient* is not derived from one signifying calmness but thus:

Patient originally meant 'one who suffers'. This English noun comes from the Latin word *patiens*, the present participle of the deponent verb, *patior*, meaning 'I am suffering', and akin to the Greek verb πάσχειν (= *paskhein*, to suffer) and its cognate noun πάθος (= *pathos*). (Quoted from <http://en.wikipedia.org/wiki/Patient>)

Patience, too, is derived thus: the quality of being patient, as the bearing of provocation, annoyance, misfortune, or pain, without complaint, loss of temper, irritation, or the like.

A CONFERENCE WITH A DIFFERENCE

Between 28 and 30 January 2011, the Indian Women Scientists Association (IWSA) held its 11th all India meeting. I apologize for this delay in bringing this to your notice. I had misplaced my papers on the meeting and have found them only recently.

Founded in 1973, IWSA includes among its objectives taking science to the masses, developing a scientific temper in society, promoting accomplishments in science and technology among women and promoting the understanding of social and economic difficulties faced by working women scientists.

At the headquarters of this society in Navi Mumbai, there are regular lectures on women and science, training programmes in education on the environment, workshops on a variety of scientific subjects for teachers and students and other related activities. The centre has a library containing books and journals on science, a laboratory for scientific projects, a hostel for working women, a day-care centre and a nursery, a centre for training young and old on the use of computers and other activities.

What made this conference special was the dedication of discussions over 3 days to a single topic: 'Ethical issues in science and technology'. In keeping with this theme, the conference was held at the IWSA headquarters without fanfare or an iota of extravagance. Simplicity was the hallmark. Office-bearers of the Association served as receptionists for delegates and speakers, led them to their seats or the stage, guided outsiders to the various facilities and dining areas and generally performed tasks that are left to 'lesser menials' at other, more snobbish conferences. Bonhomie was very much in evidence, good humour and friendliness putting even strangers at ease.

Dr Bakhtaver S. Mahajan, convenor of the conference, phrased it well: '...In recent years, one increasingly hears about a variety of departures from ethical behaviour in government and private sector laboratories. These distortions can cause irreparable damage

to the credibility of science, eventually taking a toll on excellence and creativity. This was the main reason which impelled IWSA to take up the theme of ethics and science...'

There were three principal themes: ethics of doing science, ethics in scientific applications and medical ethics. In her presidential address, Dr Mahtab S. Bamji of Hyderabad differentiated between actions that are inherently unethical (fabrication of data, plagiarization) and those whose significance varies with culture, ways of thinking and circumstance. As instances of the latter she referred to genetically modified foods and the legal sanction of abortions in India. She concluded by pointing out that 'the bottom line is honesty of purpose, where the motive is to benefit humankind and other species without harming anyone'.

Dr P. Gandhi's paper was at once provocative and satisfying. Entitled 'Is ethical clinical practice possible today?', he answered with a resounding 'YES! ...There is enough in this world for everyone's need, but not for greed.' Among other medical topics discussed were those related to assisted reproductive technology, surrogacy, 'Why daughters go missing?' (referring to the murder of female foetuses), ethics in organ transplantation, transmission of infection to patients through mobile phones used by doctors, the need for society to evolve laws that permit death with dignity and the indiscriminate use of antibiotics.

There was much, much more but limitations of space make it necessary to call a halt here. Readers wishing to learn details are requested to contact Dr Mahajan at *bc_mahajan@yahoo.com* for copies of abstracts of the meeting. You will find much to stimulate thought in these 146 pages.

YELLOW FEVER VACCINATION

Since I intend to visit Brazil in November, I needed to get myself vaccinated against yellow fever as demanded by international regulations. To do so, I had to stop my methotrexate (for psoriasis) 6-8 weeks before taking the live, attenuated virus vaccine. Accordingly, I stopped the tablet on 1 July and intended to take the vaccine towards the end of August.

As expected, the dermal lesions came out in abundance. The operation on my spine made it necessary for me to delay taking the vaccine and I was ready for it only by 17 September. The vaccine is available at just two places in Mumbai: The Seamen's Welfare Association at Ballard Pier and the international air terminal at Sahar. At both places it is necessary to go early in the morning and get a number. At Ballard Pier, the subcutaneous injections are given from 10.30 a.m. onwards and at Sahar from 2 p.m. onwards. Since only a limited number of injections are given daily, it is important to get a number within that quota. As I was an inpatient, someone else went early in the morning with my passport and air-ticket and got me a number. Dr Nagpal kindly gave me a letter about my operation and the difficulty I faced if I had to sit for long. On reaching the centre at Ballard Pier, I presented the letter. On reading it, the doctor in charge turned to the 70 or so persons waiting in the hall and explained to them the contents of the letter and asked if he could give me preference over them. All of them kindly agreed at once and I was the first to be given the injection.

As I was leaving, I asked the doctor a question. 'You have a heavy load here as there are always seamen travelling on ships all over the world coming for these vaccinations. Persons like me are outsiders whom you kindly help. Why are these vaccinations not permitted in our public hospitals in the city (J.J. Hospital, K.E.M. Hospital, Sion Hospital, Nair Hospital, St George's Hospital, G.T. Hospital, etc.) and also in our private hospitals? If this was done the load on your centre would be reduced and persons could go to the centre nearest their place of residence.'

His answer was tinged with despair. 'I wish your suggestion would be implemented. I have been struggling for 5 years to get this done. This building is owned by the Seamen's Welfare Association. We pay no rent to them as we perform a service to seamen. The Association does protest at times that when non-seamen form a significant percentage of those vaccinated, seamen suffer as a consequence. I have met bureaucrats in the state government and the Maharashtra ministries. I have met with stiff resistance. They are unwilling to take on this task.'

S. K. PANDYA