

Speaking for Myself

Learning from our patients

OM PRAKASH

VIGNETTE 1

Mrs DB was 78 years old. During her long journey through life she had lost her left breast, gallbladder, uterus, all her teeth and the lenses of both eyes, but not her urge to live. Long-standing diabetes took its toll and she suffered from frequent episodes of cardiac failure. Her renal function declined and added to her difficulties. As her physician, I was struck by the devotion with which her daughter (Mrs MB), a cheerful, chubby woman of 40, cared for her. There was never a frown on her face during the trying and long periods of her mother's stay in the hospital. I repeatedly warned Mrs MB that her mother's end was close at hand and that family members should prepare themselves for the inevitable. One evening, Mrs DB suffered a cardiac arrest and passed away. We tried to console her family members and they seemed to accept the event as inevitable. After a few months, I was walking towards the wards when I spotted Mrs MB near the laboratory, where she had come with her son for some tests. I remarked about how impressed we were by the devoted care she had bestowed on her late mother. I added that my repeated reminders that her mother was very ill were solely to 'soften the blow' as it were. She looked at me and said (I translate), 'I knew all that very well, Doctor! But you know, my mother did not know it!' I stood there, stunned for a few moments. It took me some time to realize the profound and fundamental truth. After all, in our attempts to mitigate suffering, our primary concern should be the patient. Did I miss this point somehow, I pondered, in communication with my patients? Should I have adopted a more sympathetic tone while talking with those patients who lived by that thin thread of hope?

VIGNETTE 2

Mrs SM was a 30-year-old, voluble and vivacious woman. She had had fever for over a month. Many an investigation had been done, with no definite diagnosis. She had lost weight and was admitted. We reviewed her case in detail. The only new finding was a suspicion of bilateral enlarged hilar nodes. A CT scan of the chest confirmed this; an ultrasound examination of the abdomen revealed enlarged para-aortic nodes. A laparoscopic node biopsy showed a strong possibility of tuberculosis and treatment for this was started. Her fever continued unabated. Her hospital stay was anything but uneventful. Apart from fever, myalgia and an episode of atrial fibrillation, she had night sweats and loss of hair. She became mildly depressed and anxious. Her husband, Mr SK, was frequently at her bedside. He was very patient and unobtrusive, and had abundant faith in the treating team. One morning, her blood pressure fell and she was transferred to the intensive care unit. She had several loose motions and stool cultures grew

Shigella. Though given antibiotics for shigellosis, her condition did not improve. We thought, just in time, that we may be dealing with systemic lupus erythematosus (SLE) instead of tubercular infection. Serology was strongly suggestive of SLE and systemic steroids caused a remarkable remission. She became well in a few weeks and returned to work. She keeps in touch with us by way of greeting cards on Diwali!

VIGNETTE 3

I saw Mrs JR about 7 years ago, when she was 64 years old. She had a long medical history. The first time I saw her she smiled apologetically at me and related her medical problems.

It indeed was a long one. At the age of 30, she had undergone mastectomy for cancer, followed by chemotherapy and radiation. Multiple gallstones and inflammation necessitated cholecystectomy at the age of 41. When she was 50 years old, she developed hypertension needing medications. This was during her husband's illness due to a cerebrovascular stroke. When she was 60 years old, she was diagnosed with angina and this was complicated by the presence of aortic regurgitation. These were treated with coronary artery bypass grafting (CABG) and aortic valve replacement; she continues to take warfarin and checks her prothrombin time regularly. Two years earlier, before she came to me, she developed haematuria which, unfortunately, turned out to be due to cancer of the bladder. She continues to take local injections and undergoes cystoscopy on a periodic basis. The angels of health continued to toy with her, and she developed syncope due to complete heart block. She is on a pacemaker. Despite these problems, which would make any mortal quail, Mrs JR is one of the most serene and uncomplaining patients I have had the good fortune to take care of.

Let me comment on these individuals with varied illnesses. It is commonplace for us to treat very ill patients who are often in the last stages of an advanced illness. There are those who would not really like to know that their end is close at hand; there are others who accept the reality gracefully and are calm in the face of imminent death. Further, in our cultural context, doctors have to deal not only with patients, but with a large number of close relatives and friends; not infrequently, some of these people, well meaning no doubt, impose their opinions on whether the patient should be told the stark truth or not. What should the doctor do? Clearly, there is no rigid stand one can take. But the point that we often miss is very obvious, as demonstrated by Mrs DB's daughter's remark. Mrs SM and her husband were the epitomes of fortitude. In the face of a prolonged illness, they made our job easier by reposing immense trust in the treating doctors. Her husband, in particular, managed to take impeccable care of her emotional needs and thus kept her morale conducive to healing. When we remarked about this aspect after his wife was well again, he just

shrugged his shoulders and smiled. This marriage, I remarked to him, was certainly made in heaven! What can I say about Mrs JR? She continues to make me feel inadequate, to say the least! Her abiding trust in the Divine has perhaps a major role to play in her life's journey; further, her respect for life in general and a deep desire to have a good quality of life despite all odds, are amazing.

We, as doctors, have a unique opportunity of seeing people in various states of distress. Even as we try and help them through difficult times, I feel that we have a great deal to learn from those whom we treat. Perhaps inculcating this in the medical curriculum will help make our vocation more humane by enhancing mutual respect between doctors and their patients.

Letter from Australia

Dr Mohamed Haneef, a 27-year-old Indian doctor from Bangalore, would have been surprised to hear prayers being said for him and his family in Australia's churches today. These were prayers of regret for the harm done to a man most people believe to be innocent and prayers for the government law-makers and officials whose disregard for the rule of law in the case of Dr Haneef has been criticized in the strongest terms from coast to coast.

Dr Haneef was, at the time these prayers were being said, on his way back to Bangalore to join his wife and newborn daughter after a harrowing experience at the hands of the Australian Federal Police and the Australian Department of Immigration, whose Minister, Kevin Andrews, must have the reddest face around considering the blunders of recent weeks. Most Australians are outraged at the treatment Haneef received following his arrest on suspicion of being involved in the 'doctors' plot' to explode bombs in London and Glasgow. After being held incommunicado for several days, he was eventually charged with intentionally providing support to an organization deemed to be a terrorist organization under the terms of the Criminal Code Act 1995 and held in prison for 3 weeks. The grounds for the charges were that Dr Haneef is related to one of the suspects who were captured after the failed bomb attempt at Glasgow airport and that he gave or lent his SIM card to one of the men. The information that the SIM card was found in the car that crashed into Glasgow airport proved to be false: it was found in a flat in Liverpool, hundreds of kilometres away. In the end, and to the most profound embarrassment of the government, all charges were dropped and Dr Haneef was freed. Unfortunately for him, however, the Department of Immigration declared him to be of suspicious character and withdrew his working visa, so that he could not legally remain in Australia. Graciously, he voluntarily left the country, saying that he might consider returning. We hope he will, because he has a reputation to reclaim.

Dr Haneef's medical colleagues in Australia know that the Australian health system would collapse were it not for the many overseas trained doctors who plug the gaps. Workforce planning errors led to a sharp reduction of places in Australia's medical schools in the 1990s and the effect of these cuts are now being felt. Australia has too few new medical graduates to go around, especially in the rural sector. Overseas trained doctors make a contribution to the Australian health system that is highly appreciated and it would be terrible if potential applicants for positions here were deterred by Dr Haneef's experience.

The medical profession in Australia had other grounds for

outrage recently. A report released a few months ago documented appalling rates of child sexual abuse and other forms of alcohol and substance-fuelled violence in remote Aboriginal communities. Having totally ignored warnings from doctors and welfare workers for the past 10 years, Prime Minister John Howard, wanting to be seen to be strong during an election year, announced some draconian measures to address these problems. One of these was that every Aboriginal child living in every remote community and under the age of 16 years would be forced to undergo a compulsory medical examination. Doctors asked: 'Who will carry out these health checks? Will they be for the purpose of obtaining evidence of sexual abuse? What programme will be established to provide treatment for all of the problems found? What long term solutions will be found for the seemingly intractable problems related to unemployment, societal breakdown, substance abuse and worsening race relations that pervade Aboriginal Australia?'

The proposal quickly disintegrated into a farce as both Government and Opposition realized that electoral advantage had swung around to electoral disaster. The only good thing to be said about the whole affair was that it showed the entire world how bad things are for Australia's indigenous people. One wishes that the United Nations could be permitted to implement a strategy, but that would involve too much loss of face for the Australian government.

Strange things happen in an election year. John Howard won the last Federal election on the strength of the 'children overboard' affair when asylum seekers aboard a small boat, SIEV-4 (suspected illegal entry vessel 4), were reported to have started throwing their children overboard in an attempt to force the Royal Australian Navy to rescue them and take them on board a ship to Australia. 'We don't want people like that coming to Australia', said the Prime Minister. A wave of fear gripped the Australian people—fear that they would be overrun by thousands of illegal immigrants who would take their jobs if the Howard government was not re-elected. The fact that there never *were* any children thrown overboard emerged later, but not soon enough to change the election result.

Dr Mohamed Haneef, the indigenous children of Australia and the children on board the ill-fated SIEV-4 have been used as cards to be played in a dangerous game that attempts to generate fear and disunity. We pray that they will forgive us.

GARRY WARNE
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