Life in These Parts...

Charlie Judd, So Fondly Remembered...
(From Bob Krauss’s, “Our Honolulu,” Sept. 30, 1958)

“I am pleased to announce that Dr. Charlie Judd won’t have to climb up and paint the roof of his new health center in Kalihi the way he did on the first one...It’s too bad he isn’t here to enjoy it.”

“People of our country call him a saint,” said Malaka Puatu, registered nurse at Koku Kalihi Valley Comprehensive Family Services Center. “They see him, they say, here come Jesus.”

“This is one reason: It is the Samoan custom to circumcise boys when they enter school, but the $300 that clinics charge can be too much for a poor family especially if there are a lot of children. Koku Kalihi Valley director Jory Watland remembers when Charlie said, ‘I’ll do it at the center for $35.’

“Other physicians said crazy. One of them called him a missionary eccentric. His wife Mary called him “Doctor No Charge.”

“When he died in 1947, a tribute to him from the people of Western Samoa included a ceremony at Central Union Church. Only one other foreigner — Robert Louis Stevenson — received such tribute.

“Church and community leaders started Koku Kalihi Valley in 1972 to provide services most needed in the community. One of them was medical care. The Rev. Lalomilo Kamu of the Kalihi Samoa Baptist Church recommended Charlie.

“A volunteer plumber fixed up an examining room in an empty studio apartment. Charlie brought his black bag and they were in business. He shared the space with a sewing class and a public health nurse.

“Then the board scraped together $850 to buy two Army surplus personnel trailers. Charlie helped on weekends to convert them into a service center on a vacant parking lot. It filled such a need that foundations and other contributors put up money for a proper building.

“Malala cooked hamburgers for the volunteer carpenters.

“The center on Gulick Street provides the services useful in Kalihi: dental and medical care, behavioral counseling, perinatal education, family planning, after school programs. Charlie would see 30 patients in 3 hours after being up most of the night in surgery.

“Our budget the first year was $33,000,” said Watland. “But Charlie insisted that everyone receive the finest care. That’s the imprint he left.”

“In 1979 Charlie became medical director when the budget expanded to permit hiring doctors. Other services have expanded, too.

“The doctors and nurses at the center could make more at other places,” said Mary. “They stay because they want to.”

“But the center is bursting its seams —— five people in what used to be one office. So Charlie’s friends are chipping in for a new building in his honor, two and a half times bigger. The goal is $2.4 million; $3.3 million has been raised.

“It will be on School Street closer to those who need it and on a bus line,” said Mary. Send donations to Koku Kalihi Valley, 1846 Gulick Ave., Honolulu, HI 96819.

Potpourri ...

(Stitches Mar ’99, Patricia Merle MD, Lantzville, B.C.)

A young Chinese woman presented to her doctor concern that she hadn’t become pregnant after two years of marriage. With a waiting room full of patients, the doctor wasted no time.

“Just take off your clothes and hop on the examining table,” he instructed, “and I’ll be right back!”

“The young woman gazed at him horrified. ‘No, no, doctor!’ She shook her head. ‘You don’t understand! I want a Chinese baby!’

Life in These Parts...

‘For Doctors, Honesty Is A Good Policy’ by Beverly Creamer (medical reporter extraordinaire)

Scott Hundahl, surgical oncolgist: “The delicate dance of what to tell a patient whose illness is threatening to kill them is actually a very simple one-step...Patients deserve the truth...patients will often ask real specific questions about prognosis and they deserve the best answer that you can provide. Particularly in oncology, there are sensitive ways to share the information. It would not be the best for a physician to tell a patient he or she has a certain number of months to live. Instead it’s preferable to offer a patient the statistical odds on survivability of their particular stage of disease. Even when doctors do their best, patients sometimes aren’t able to listen. Psychologically, patients tend to repress information they’re not able to handle.

In the world of cancer treatment, there is no real certainty. We’ve all seen people with extensive disease who, as the result of a new drug or a new treatment, are suddenly brought back from the brink. In the early 1970’s there were young men with testicular cancer throughout their bodies, and there wasn’t much that could be done. Then came Cisplatinum and suddenly even the patients with extensive disease were being curbed. And now testicular cancer, even in the disseminated stage is curable about 70 percent of the time.”

“Childhood cancers have a higher cure rate than adult cancers simply because over the last two or more decades parents have been willing to try anything to save their children’s lives. And that meant willingness to put their children in clinical trials testing new drugs. Most children with cancer are now being cured...That’s one of the real triumphs of oncology.”

Kenneth Kipnis, medical ethicist and UH professor of philosophy: “It can be put gently by saying something like 50% of the patients like you will live for this amount of time, 25% will die sooner and 25% will live longer...The first mistake is giving anyone a deadline for his life. That’s not medically accurate and patients sometimes are very angry at physicians who give them a deadline. The second mistake is to say ‘I don’t know.’ Again that’s not true. Physicians are familiar with the course of a disease and do have fairly good judgment in this area.”

Willow Morton, VP of Kapiolani Medical Center and former chairman of its bioethics committee: affirms the need for honesty. “When the patient is terminally ill and treatment is palliative rather than curative, knowledge can give the patient and family time to handle the issues they need to before death. They can make their good-byes, resolve old hurts, say all the things they have always wanted to say.”

Potpourri II...

A doctor, a dentist and an attorney were in a boat together when a wave came along and washed them overboard. Unable to get back into the boat, they decided two would hold on and the third would swim to shore for help. The doctor volunteered.

The dentist said, “There are hundreds of sharks between here and the land. You’ll get killed.”

Without further discussion, the attorney took off. As he swam toward the shore, the sharks moved aside. The dentist said, “That’s a miracle!”

The doctor said, “That’s professional courtesy!”

A wall between Heaven and Hell fell down. St. Peter called over to the Devil, “Send over an engineer to get this wall back up.”

Satan answered, “My mendon’t havetime for that.”

“If you don’t, I’ll sue you.”

Satan asked, “Where are you going to get a lawyer?”

Life in These Parts...

“It’s All About Balance” (Excerpts from a MidWeek Cover story by Mark Doyle, May 20 ’98, interviewed in Honolulu Club Restaurant)

“Far a guy who might be the next national light weight body building champ, Dr. Peter Fong talks and acts more like a priest or philosopher than a world class fitness fanatic” (In 1997, Peter placed 4th in the US National Body Building Championships in Dallas and also won the “Most Improved Award”) “This is a quiet, reflective guy who orders fried calamari and moves as easily in conversation from physical anatomy and medical science to philosophy.”

“When Fong, 38, talks about training his body, it is inseparable from how it affects his mind and his spirit as well.”

Peter Fong is a board certified anesthesiologist at Kaiser permanente who gets up at 4 am five days a week to train, starting with a cardio session and then moving to intense weight training before going to work. In the afternoon, he does a second cardio session. These are the light days. Sixteen weeks before a competition, the schedule is even more intense, seven days a week instead of five.

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HAWAII MEDICAL JOURNAL, VOL 58, JUNE 1999

News and Notes Henry N. Yokoyama MD
Fong says, "I've always enjoyed challenges. I like to live life to the fullest and take it as far as I can. I kind of view it as an adventure."

"It's the day-in, day-out performance in the operating room that helps him achieve the most important thing in his life — balance."

"Fong says his body building and medicine give him the opportunity to strike a balance...It's a matter of understanding yourself, and continuing to improve yourself — on all levels — intellectual, physical and spiritual."

"To do what I want to do requires a great deal of focus. And to maintain that focus, I have to have balance. It's what life is all about."

Potpourri III... "20 Things you Don't Want to Hear During Surgery" (Contributed by our editor Norman Goldstein, who got the list from a Richard Clark MD, who in turn got it from a Jerry Levy MD; Jerry got it off the Web and has no idea of the source)

1. Better save that. We'll need it for the autopsy.
2. Someone call the janitor - we're going to need a mop.
3. Wait a minute, if this is his spleen, then what's that?
4. Hand me that...uhh...that uh...thingie.
5. Oh my! Hey, has anyone ever survived 500ml of this stuff?
6. Rats, there goes the light again...
7. Ya, know, there's big money in kidneys. Heck, the guy's got two of 'em.
8. Everyone stand back! I lost my contact lens.
9. Could you stop that thing from beating? It's throwing my concentration off.
10. What's this doing here?
11. That's cool. Now can you make that leg twitch?
12. I wish I hadn't forgotten my glasses.
13. Well, folks, this will be an experiment for all of us.
14. Anyone see where I left the scalpel?
15. OK, now take a picture from this angle. This is truly a freak of nature.
16. Nurse, did this patient sign the organ donor card?
17. Don't worry. I think it's sharp enough.
18. She's gonna blow. Everyone take cover!!!
19. Rats! Page 47 of the manual is missing!
20. Anything that follows the word "oops".

Medical Tid Bits I...

In February, the National Cancer Institute recommended (for the 4th time in 10 years) that more than once a day, women should be treated with chemo and radiation rather than radiation alone. Five studies involving 1,500 women with cervical cancer treated simultaneously with chemo and radiation showed a reduced risk of dying by 30% to 50%.

All five studies had best results with a platinum based drug like cisplatin. (Time 3/8/99)

The FDA has okayed an all natural progesterone derived from Mexican yams for use with estrogen in hormone replacement therapy. Called Prometrium, it is identical with the progesterone in a woman's body and raises HDL more effectively than synthetic progesterones. (Time 1/11/99)

Researchers think casual drinking is a big cause of absenteeism, tardiness and poor productivity. Some 23% of managers sometimes have a drink during the work day and 25% of workers occasionally come in with hangovers. (NEJM)

Watch your water softerner if you have HTN or kidney disease. A recent study suggests that potassium based softeners may lead to dangerously high build-up of K... (Time: 12/21/98)

A study of 2,647 patients treated for mild to moderate heart failure with beta-blockers lowered their risk of death by 34% over a 15 month period. Beta-blockers counter the body's "fight or flight reaction" to stress (the beta adrenergic receptors in muscle which respond to surges of adrenaline).

Milton Packer, professor of medicine at Columbia Presbyterian Medical Center reports that "fewer than 5% of congestive heart failure patients are on beta-blockers. If we can get 75 to 90% of these patients on beta-blockers, we'd be saving tens of thousands of lives." (Lancet, 1/2/99)

Conference Notes... "Screening for Thyroid Disease", QMC 5/7/99, VP Peter Singer, Prof of Medicine, Chief Endocrinology USC

A. Introduction: Prevalence of Thyroid disease in US:

a. Hyperthyroidism: 0.5%
b. Nodular Goiter: 5%
c. Hypothyroidism: Age 40 1-2%
50 3%
60 5-7%
70 10-12%
80+ 15-20%

Hypothyroidism: continued

a. Chronic: Hashimoto's
b. Subclinical: Free T4 = Normal
c. If < age. (Graves if < age)
d. Sy's: apathy, depression, lack of interest
**Be aware of the prevalence of hypothyroidism. Early screening can prevent morbidity...

B. Case Presentation: (68 yr. woman with elevated cholesterol)
T.C. = 278
Sys: Fatigue, vague chest pain, loss of appetite with 10 lb wgt loss, depression Exam: P = 68, BP 150/96, Placid appearance; uninterested in surroundings Lab: Hb:12g, TC = 278, LDL = 161 Dx: a. Hyperlipidemia, b. Depression, c. RO Heart Disease Cardiologist: EKG = Abnormal; bradycardia, non-specific ST: low voltage...
Stress ECHO: normal
Dx: a. Hyperlipidemia, b. Depression Rx: Low fat diet; psychiatric referral Psychiatrist: Lab: TSH = 19.2 (0.4 - 4) Free T4 = 5.2 (5 - 12)
Dx: Mild Thyroid Failure Rx: L-T4 0.05 microgram po/d
3 mos later: Appetite pt happy
Lab: TSH = 1.2, TC = 231mg%, LDL: 138
(Some patients lose wgt, but this pt gained wgt)

C. Reasons for Screening for Thyroid Disease:

a. Relatively prevalent
b. Adverse clinical consequences preventable
c. Clinical dx unreliable
d. Treatable

D. Prevalence: Thyroid Deficiency in Framingham Cohort:
13.5% women over 60 = hypothyroid (TSH > 5)
10% men over 60 = hypothyroid

Hypothyroid Screening Survey:
New dx: 5.4%
Previous dx inadequate Rx: 7.5%
Previous dx inadequate Rx: 4.3%
Total hypothyroid cases in women over 40 = 17.2%

*** HDL-C hypercholesterolemia

Draw TSH in hypercholesterolemia

E. Clinical Symptoms a/c hypothyroidism:

- Fatigue
- Lethargy
- Sleepiness
- Mental impairment
- Cold intolerance
-照片不全
- Dry Skin
- Less perspiration
- Loss of Memory

*** Hypothyroidism increases with age...

Do TSH at age 35 and q 5 years...

G. Treatment:

Treat overt hypothyroidism
Goal: Normalize TSH
Start healthy pt: 50 yrs old: 1.6 microgram/d
Healthy pt > 50 yrs: 50 microgram/d

Coronary patient with hypothyroidism: treat coronary disease first.

H. Metabolic consequences of Hypothyroidism:

- Cardiac
- Hepatic
- Respiratory
- Renal
- GI
- Liped
- Neurologic
- Drug metabolism
- Hematologic

Medical Tid Bits II...

A panel of 150 experts recommended last January that CHF patients should be on digitalis, diuretics, ACE's and Beta Blockers (Presently under prescribed) (Time 2/1/99)

When non-smokers suffer from emphysema, chronic bronchitis or asthma, their lung cancer risk rises to 94% — which may be genetic or due to chronic inflammation. (Time 2/1/99)

A study of 89,000 women found that high fiber diets (fruits, vegetables, and grain) makes no difference in incidence of colon cancer... (NEJM Jan '99)

The diet pill Orlistat which awaits FDA approval, is being sold in Europe. Obese dieters lost 19 lbs in the first year compared to 13 lbs on placebo. Side effects include cramps and fecal incontinence. (Time 2/1/99)

(Ed: Orlistat was approved by FDA in April and is marketed as Xenical...)
Scientists report that half of all cases of dog and cat bites carry Pasteurella which can cause septicaemia, bursitis and even meningitis. (JAMA & NEJM)

A recent study says calcium supplements (1,200mg/d) reduce the growth of colon adenomas. Researchers theorize that calcium binds with compounds that irritate the colon lining. (Time 1/25/99)

Mayo Clinic reports that 639 women with moderate to high risk of developing breast cancer underwent prophylactic mastectomies from 1960 to 1993, thus reducing their risk of dying from breast cancer by 90% (a figure which is debatable). Researchers have identified two major genes BRAC1 and BRAC2 whose mutations increase breast and ovarian cancers. Tests for these genetic mutations cost $2,400 for the first test per family and $400 for subsequent tests... (Time 1/25/99)

Medical Tid Bits III...

FDA has approved a hand-held imaging device called T Scan 2000 which sends tiny jolts of electricity into mammogram detected breast tumors. Malignant cells apparently conduct electricity differently from normal cells. The scan may prevent 200,000 unnecessary biopsies per year.

Root Canal specialists say that when a tooth gets knocked out, put it in a glass of milk. Milk keeps the tooth alive by nourishing the root cells for at least an hour.

The Wall Street Journal reports 10 deaths and 11 cases of GI hemorrhage attributed to Celebrax. Monsanto says there is no proof that the drug caused the deaths. Since January, 2.5 million prescriptions have been written for the drug. (Time 5/3/99)

Eating an egg a day won't keep the doctor away, but probably won't hurt your heart either or cause a stroke per JAMA. Researchers from Harvard and Brigham and Woman's Hospital in Boston studied egg consumption by 120,000 nurses and other healthy professionals with normal cholesterol levels and found no link between eggs and heart disease or stroke (except in diabetics).

Dietary fat may be unhealthy for the heart, but will not cause breast cancer according to a study involving 90,000 women.

Viagra may not work for women according to preliminary data. Thirty post menopausal women took the drug and only 21% reported improved sexual function vs enhanced desire and easily achieved orgasms... (Time 3/22/99)

References: