
Commentary

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My brother, John, was the oldest of four boys surviving in the Stodd family. Partly because he was the oldest, but mostly because of his character and personality, John was the acknowledged leader, and commanded the most respect. From my earliest recollections, John was generous, kind and protective. He was wise, and seemed always to be right, but he rarely offered advice. When asked he would offer his opinion, but always with a few kind words and without judgment. He was a fighter pilot in the famous Black Sheep Squadron during the war, and was a prisoner of war in Japan. He was called back in the Marine Corps and flew in Korea as well. We admired and revered him. After a lengthy legal career he retired to play some golf and travel.

When John became ill last year with myeloma, his HMO doctors had difficulty making a diagnosis. Because of severe neck and head pain, his initial "diagnostician" treated him with increasingly potent analgesics, but never pursued a diagnosis. After several months, John was referred to a neurosurgeon for possible spinal fusion because of worsening and unrelenting pain. The surgeon obtained radiographic studies which revealed the presence of a mass high in his neck as the source of his difficulty. Biopsy of the mass revealed the presence of myeloma. Strike one! He was treated with irradiation and chemotherapy which was debilitating, and precipitated a pulmonary embolus. Strike two! Coumadin was added to his therapeutic program, but monitoring was careless, and his dose was constantly juggled. In May he became severely anemic. It was evident that he was bleeding, and he was transfused three units. During this time, I advised him by telephone about medications and lab studies, and tried to be reassuring. In our last conversation it was obvious that he was bleeding from his GI tract with hemorrhage into his naso-pharynx and where else? I recognized that he was Coumadin toxic and I suggested that he question his doctor about that possibility. The following day he saw his last HMO doctor, who had never seen John prior to that time. She advised him to continue the Coumadin. Strike three! You're out, John. Three days later, on June 16, Father's Day, he died at home from a massive cerebral hemorrhage.

So our beloved family leader and hero was gone, quite suddenly and before his time. Is there blame to be assigned here, and if so to

whom? The answer is, yes, there are plenty to blame. Specifically his doctors and their system of indifferent care are at fault. The HMO and their nonchalant corporate practice of medicine was disgraceful. The initial internist was useless when he treated John with increasingly strong pain medication while never seriously seeking a diagnosis. When the diagnosis was made by a neurosurgery consultant, John's care was spotty at best. Still, after initial therapy for his tumor, and the pulmonary embolus, he was gaining strength. While on Maui in February his kidney function was normal, his calcium and serum proteins were okay and he appeared to have a good prognosis.

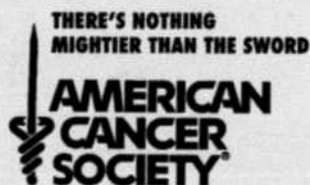
The matter of his coumadin therapy and the apparent disregard for obvious toxicity is shameful. Then, of course, there is blame for myself as well. I was certain he was toxic from coumadin, and should have strongly recommended prompt remedial action but instead merely made a weak recommendation to question the HMO doctor.

I remain angry and sorrowful. I miss my brother every day, and feel remorse at my failure. The anger is stored up for casual, insensitive practice of corporate medical care. Even if challenged about this sad case, the corporate spokesman would merely state that this patient slipped through the cracks, and after all, he was 74 years old. He had a serious disease, so how much time did he have left anyway? As an HMO executive once stated, "We see patients as numbers, not individuals. We are a mass-production medical assembly line, and there is no room for the human equation in our bottom line."

What doctor really knew my brother? Who cared? A thoughtful intelligent family doctor would have helped John stay alive for an indefinite time by simply paying attention. One patient and a caring physician with an ongoing record, pertinent and calculated lab work, timely follow-up, proper advice on therapy and appropriate activity; in other words, a doctor who cared. Make no mistake; a strong doctor-patient relationship is critical to successful treatment. Separated from a single, responsible physician, the patient is at great risk. Think about it. Where is the HMO going with the healing process?

Editor's Note:

It's not your failure, Russ. It is the failure of medicine today. Whether in a HMO, another type of group practice or solo practice, let us learn from the story of "Brother John." Patients are not numbers, they are individuals. Mahalo for sharing your sorrow with us.



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