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HEALTH & MEDICINE FOR PHYSICIANS

# HIPPOCRATES

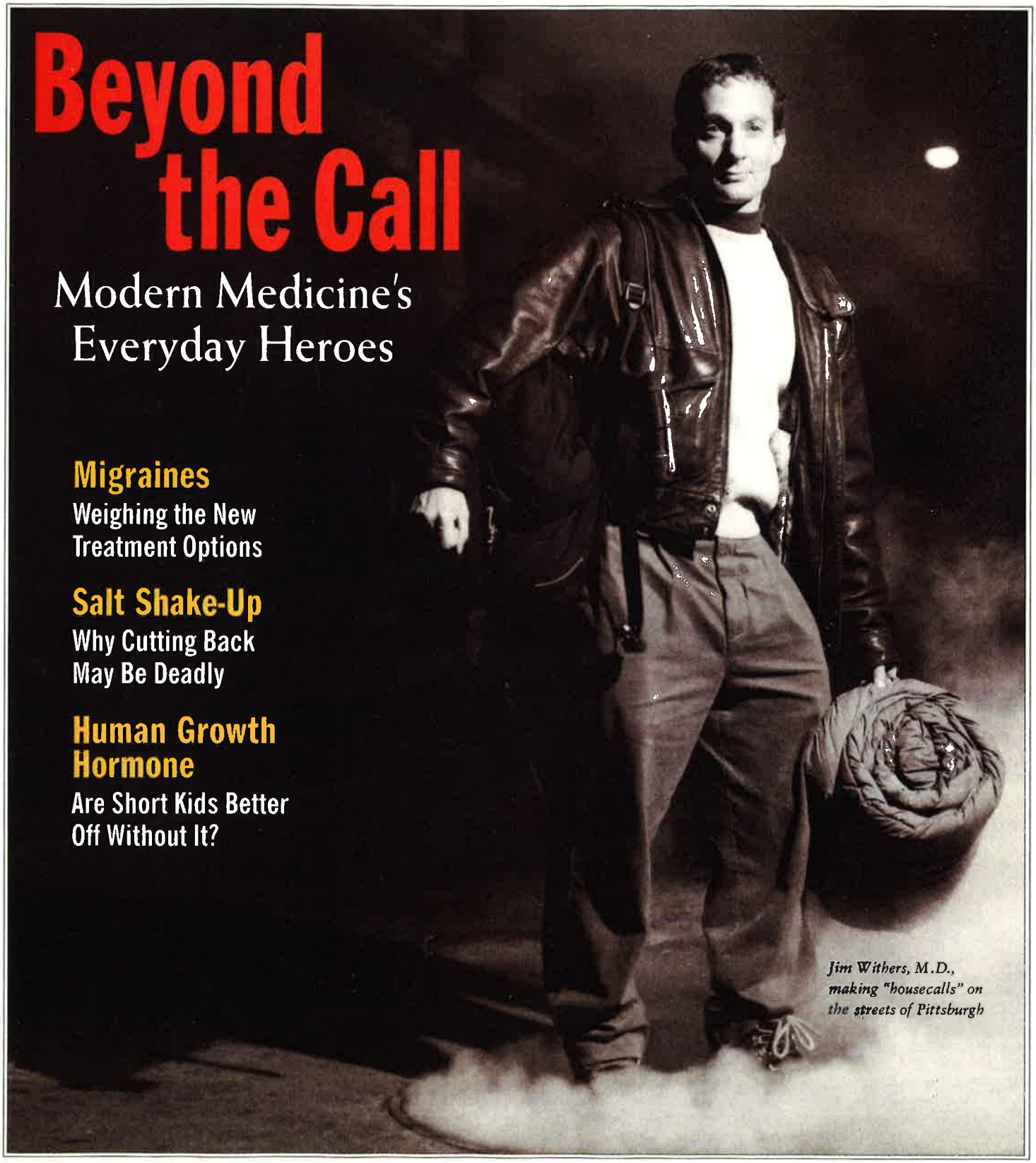
## Beyond the Call

### Modern Medicine's Everyday Heroes

**Migraines**
Weighing the New Treatment Options

**Salt Shake-Up**
Why Cutting Back May Be Deadly

**Human Growth Hormone**
Are Short Kids Better Off Without It?



*Jim Withers, M.D., making "housecalls" on the streets of Pittsburgh*

**Prescription Pad Sketches**
During a medical appointment, Houston family physician Alan Blum will often do something out of the ordinary: sketch his patient. "I go in a room and do what a physician does," says Blum. But if there seems to be a problem that needs to be further explored and talked about, the doctor pulls out his ball point pen and starts drawing—sometimes on a prescription pad—while he and the patient talk.

"It gives me a better chance to listen," says Blum. Above are two of the 4,000 sketches he has done. This January, Blum's work—exhibited frequently—was displayed at the University of Texas-Houston Health Science Center.

attitude toward death. Foreign medical visitors to our country have long spoken with amusement of the apparent belief of many Americans that death is just one more disease to be conquered, a tenacious but not invincible foe.

Not too long before his own death, as if to confirm such observations, our late and great physician-essayist Lewis Thomas could speak confidently about the imminent and final conquest of all disease. The British writers Jessica Mitford and Evelyn Waugh had a great deal of fun in the 1960s taking apart the American funeral industry, with its devotion to prettifying the dead body for public display. During a recent visit to a Central European country, I was stunned by the medical insouciance toward dying. The general attitude was, "People die—they always have and always will. Why do you Americans make such an issue of it?"

## Diagnosing, Floor by Floor

*A skilled diagnostician can often guess the destination of his fellow hospital elevator travelers, observes a Berkeley, California, internist and writer who publishes under the pseudonym of Oscar London, M.D. This excerpt comes from London's book,* Dr. Generic Will See You Now: 33 Ways to Survive Managed Care, *which will be published by Ten Speed Press in May 1996.*

LOST IN THOUGHT, I waited in the lobby of Alta Bates Hospital in Berkeley to take the elevator. As the bronze doors slid open, an older colleague, whom I hadn't seen in a year, materialized at my side and stepped into the elevator. "How've you been, Dave?" I asked, observing that he looked somewhat thinner than I remembered him. He nodded and smiled weakly. "Fourth floor?" I asked. Before I could push the button, he reached in front of me and pressed B, for basement. Then I knew. He had terminal cancer. In the basement resides the radiation therapy department. I hopped back out and called over my shoulder, "I'll catch the next one, Dave. Good luck." He nodded again, but did not smile as the doors sealed him, alone, inside the wood-paneled box, going down.

A diagnostician by trade, I often try to guess the destinations of my fellow elevator travelers. The basement is all too easy, and ghastly, to figure out. The third floor is an equally simple destination to deduce. I don't have to ask the beaming young man, holding flowers and strings of large helium balloons, what floor he wants. I automatically beam him up to Three, labor and delivery.

A more subtle discernment is required to diagnose the destinations of visitors to the medical unit (Four), the surgical unit (Five), and the intensive care unit (Six). In general—I am a generalist by profession—visitors to surgical patients on Five seem to be somewhat younger and happier, and bring more upbeat offerings. For example, a green-glazed Japanese pot containing a spray of white, scarlet-centered orchids. To my trained and slightly crazed eye, the blossoms resemble gauze sponges lightly bloodied by a softly whistling surgeon closing an appendectomy wound. "Fifth floor?" I confidently ask, and the surgical visitors and their bloody orchids nod in unison.

One of the most touching scenes I've encountered is a 38-year-old, fiercely mustached orthopedic surgeon, making rounds with his son, who looks up at his dad and asks, "Can I push Five?" At age four, he already knows where his dad works. But more important, the dad is bonding with his son. And most important, he's letting his wife, the obstetrician, sleep in on Saturday morning.

Yesterday the elevator doors suddenly swung open to reveal my favorite sight. A first-time mother in a balloon-festooned wheelchair, cradling her sleeping newborn. Happy and haggard as his wife, the father tenderly pushed the wheelchair. Two sets of grandparents and a nurse's aide brought up the rear. I stared in awe and delight, conjecturing that if that baby girl ever grew up to become the Rose Bowl queen or the president, her float or motorcade could never approach in grandeur this slow, homeward-bound procession through the lobby of the hospital.

## Who Needs Sleep?

"I have seen colleagues fall asleep while eating, engaged in public speaking, riding in elevators, riding in ambulances, driving their cars, holding retractors, taking objective tests, reading X-rays, presenting a case, riding a bike, playing tennis, performing a pelvic exam, listening to the chest.

"The remarkable thing is that I have yet to witness a major error in the treatment of a patient that I felt was caused by sleep deprivation. There is truly something remarkable about the old adrenal glands. If a patient is in deep doo-doo, you can pull out all the stops instantly, awaken from a dead stupor, and do exactly what you were trained to do on very little sleep."

—from *Death of Compassion: How Managed Care and Bureaucracy Are Strangling the Heart of Medicine,* by Jeffrey Thurston, M.D. (WRS Publishing, Waco, Texas).