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Health Care? What an Oxymoron.

by Patricia Block

It's Mostly Medicinal Bigotry at Large.

The cause? Complications. The end result? Death. How very frightening. And maybe, just maybe, unnecessary.

I remember reading in October 1997 about the death of Roberto C. Goizueta, Chairman and CEO of the Coca-Cola Company, who died from complications while being treated for lung cancer. I also remember internally cringing because another very personal headline was looming – my own mother's untimely death.

My mom heard opinions that she was suffering from pancreatic cancer, but there was no definitive diagnosis. Also, no consensual or independent judgment was offered on exactly why she'd suffered

severe stomach pain for over three months – since August 23, 1997 to be precise.

Her first surgery had three objectives: one, alleviate the painful symptoms of what was thought to be pancreatitis; two, mitigate the continuing risks of a severely malfunctioning gastrointestinal digestive process; and three, provide clear evidence of – or not – pancreatic cancer. However, none of those objectives were ever realized. Why not? A difficult question to answer. And so began a circuitous, heart-wrenching journey, filled with frustration and waxing/waning anxieties.

Additional problems, most notably constant stomach pain, began immediately following surgery. A series of follow-up appointments with "X" number of specialists began – internist, oncologist, gastroenterologist, radiologist, and so on and on. Each hospital visit included more blood tests, more CAT scans, more MRIs, and more non-answers to the same questions. When will she be able to eat even small portions and digest food painlessly? Can the chronic diarrhea be treated and stopped? Why is she in constant pain and what medication will make it stop?

It turned out that neither true diagnosis nor developing a plan for the best treatment was possible without another biopsy of her pancreas. The first biopsy showed no cancerous cells. Yet various blood tests and the level of a particular enzyme, one especially indicative of the pancreas' health, indicated it was cancer. Perhaps the biopsy was taken from a portion of the pancreas that was not cancerous. And maybe cancer really was there and had spread. Or maybe not.

However, another round of surgery to obtain a second biopsy may spread the supposed cancer, said doctor #1. Doctor #2, contacted for a second opinion, did not concur. Besides, he pressed, this information would help to determine the best form of treatment. However, too risky, most (and mom) believed. So no more surgery. And besides, first things first – please just stop the pain.

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The first of several in-hospital stays began. Each admission had the same objectives: end the diarrhea and relieve the pain. An ongoing, excruciatingly frustrating, and physically and mentally exhausting conundrum, with no end in sight. Only after a third hospital stay was some relief found. It appeared that, after all the time and all the doctors and all the conjecture, the source of mom's physical pain may have been – but no guarantee – the bacterial infection that developed soon after the operation that was supposed to remedy her pancreatitis in the first place. What? Why hadn't the infection, by now, been successfully diagnosed, treated and eradicated?

During her last few months alive, mom had no appetite. In constant physical misery, she found it very difficult to focus on much else. Also, the constant diarrhea resulted in her losing a significant amount of weight and suffering a severe vitamin deficiency. Yet it was only in her last hospital stay that this issue was addressed, not by the oncologist (in this case, her primary care physician) but by a neurologist, who suggested that tests be done to determine the vitamins her body was lacking. What? Why hadn't any doctor – especially her oncologist – before now arrived at this same conclusion?

Yet another patient care-filled transaction: Upon her last hospital discharge, my mother was given multiple prescriptions, which would, hopefully, provide the same respite from pain as drugs administered in the hospital. They advised her to follow a certain schedule to maximize relief as well as minimize the risk for drug interaction and any dangerous contraindications. Yet when my parents inquired about this, her oncologist deferred to her ability to contact any one of the "250 pharmacies in town" to provide said schedule for home self-medication. What? I thought that doctors were supposed to help people. When did it become acceptable for physicians to treat their patients with disdain?

It had been 118 days since my mother's first surgery and taken all that time just to find the right combination of drugs to effectively manage her pain. And even when care was being given, both attending doctors and nurses appeared indifferent to providing it effectively and, most importantly, with empathy.

The protocol for my mother's care was ineffective. Each physician involved independently assessed, diagnosed, and recommended treatment. A large number of tests were conducted and drugs prescribed – all to help identify and address the root cause of her illness. Each doctor also believed that he or she had the best diagnosis and the right treatment.

Why is it that patients are so seldom treated holistically? Based on personal experience with injury and medical emergencies, I know that positive exceptions exist. They are, however, a rarity.

When I compare my mother's passing with Mr. Goizueta's, the phase being "stranded by the doctor," the subtitle of a recent New York Times front page story, resonates because this privilege is especially reserved for the standard distribution. It was that way in 1997 and eight years later, we are still the same "sick and scared, and waiting, waiting, waiting" (story headline).

Apparently Goizueta had developed a severe throat infection that never abated. Is this because the radiation therapy he endured so weakened his immune system that his body was unable to fight off

the infection? Or was it because his doctors could not find the cause of the infection and reach a consensus on the best treatment? Based on Goizueta's notoriety and powerful global business stature, probably not the latter.

For most patients, commercial reputations and stellar press don't announce or precede them. That said, who or what organization is auditing the health care industry and medical institutions at large – making certain that hospitals, doctors and nurses operate authentically, provide compassionate care and do whatever it takes to save someone else's middle class mother before it is simply too late?

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