The Hippocratic Curse

by Leigh Dolin

We're rich. We're powerful. We're arrogant. We don't care about people and we never did. It's money that we love. We're doctors.

If you don't value what you have, you get what you deserve. And if you think the above description of the medical profession is accurate, you're part of the reason it's becoming what you already thought it was.

Let me illustrate by telling you a story. You're welcome to accept it as truth or believe it to be a fairy tale — whatever you wish.

Once upon a time there was a little boy named Charlie. The workings of the human body fascinated him and he really liked the idea of helping sick people get well. Johnny wanted to be a cowboy when he grew up. Mike wanted to be a baseball star. Jimmy had his heart set on being a spaceman. But when Charlie was asked what he wanted to be, he always answered the same thing: "I want to be a doctor."

He answered so seriously and in such a convincing manner that people knew he wasn't just indulging in a childhood fantasy. Attending college in the turbulent Sixties, he was active in antiwar demonstrations and was convinced that ideals were worth fighting for. Although he would be embarrassed to admit it, however, he was always careful not to do anything that would jeopardize his chance to get into medical school. A career in medicine was always his ultimate goal.

Medical school was, as he expected, a wonderful and horrible experience. The academic pressures were far less intimidating than the stress of attempting to cope with suffering and sometimes dying humanity close up. As did his peers and his teachers, he gradually developed defenses to enable him to function and still maintain his mental and physical health.

Yet in medical school and in his subsequent internship and residency, he constantly reminded himself that the patient always came first. The more disadvantaged his patients were, the harder he fought for them. Perhaps, he thought, it was the least he could do to keep fighting for the causes that had preoccupied him in his earlier student protest days.

As do all physicians in training, he sought out appropriate role models and two in particular always stood out. One of his fondest memories was of the time he was about to present his kidney failure patient to the famous kidney specialist. Charlie fought hard to get his patient in a dialysis program. His patient was from the ghetto, relatively uneducated, and had difficulty understanding why she was sick and why dialysis was necessary. Charlie knew that her life depended on getting into a program and sought the professor's support.

Charlie was about to present his case to the kidney specialist. As he made his way to the patient's bed in the crowded county hospital ward, Charlie was temporarily lost in the crowd of students and house staff that had come along to hear the professor's pearls of wisdom. When they got to the bedside, before Charlie could open his mouth, the professor turned to the obviously frightened patient and said, "Mrs. Adams, there are a whole bunch of doctors who have come to visit you today. Can you tell me which one is your doctor?"

Slowly scanning the faces of the crowd, she found Charlie, pointed her finger at him and said, "That's him, that's my doctor." And the students, interns and residents were then regaled with a harangue, not about the subtleties of kidney failure diagnosis or management but about the importance of always treating each patient as an important and special person despite the dehumanization of the county hospital atmosphere.

Charlie's other role model was the Chief of Medicine. A world famous heart specialist and distinguished looking lifelong bachelor, he lived for his students and house staff. At times inordinately proper, he obviously hated the long hair of many of his interns and residents and was constantly battling to make them clean up their act so they would look like doctors. His knowledge of medicine was wide and deep, but as with the kidney specialist, what Charlie most fondly remembered was his humanity.

Students and house staff always knew that although his standards of performance were high, he was also kind and compassionate. When interesting cases were presented to him on rounds, he would always lead an entertaining and fascinating discussion of the salient points. Yet more impressive was his visit with the patient afterward. Without the assembled multitude, he would sit down at the bedside, again introduce himself and after apologizing for frightening the patient earlier, make sure that the patient understood all about his or her condition and that there were no unanswered questions.

When Charlie began private practice, the "real world" had more lessons to teach him. Trying to maintain his resolve to keep his patient's interests foremost began to be a bit trickier than he had thought. Patients often seemed to have their own ideas about what tests or procedures should be done and if he would refuse to yield to their demands, they would seek medical care elsewhere. He found himself compromising in order to maintain his patients' trust and to continue to be available to provide the quality care he felt able to deliver.

At times upset by some patient's distrust and even hostility, he vowed to always do his best to provide the best patient care possible but realized that patient expectations were sometimes unrealistic and therefore not to be satisfied. His earlier fantasies of routinely saving lives or making brilliant diagnoses were rapidly dissipating but he was beginning to value, as did his patients, the importance of his caring and his knowledge even if little could be done to alter the course of a disease.

Increasingly aggravating were the responsibilities not directly concerned with patient care. Paperwork was always piling up and insurance companies and government agencies were making the provision of medical care increasingly complex. Grudgingly, he accepted the bureaucratic intrusions as the price he had to pay to continue to provide patient care.

Hospital committee work was another nuisance. But he knew that peer review was important. The complexities of medicine could not be easily understood by those outside the profession. Patients had to be protected from substandard medicine and his participation in the peer review process was yet another way he could live up to his ideal of always keeping his patient's interests first.

The case of a surgeon on the hospital's staff came before one of the committees on which he served. A fourteen year old boy had had two unnecessary operations without a proper physical examination being performed. When questioned by the committee, the surgeon not only refused to apologize or admit his error but dared his colleagues to try and stop him. Charlie's decision was clear. The patient always came first. He voted for suspension of the surgeon from the staff.

Further hearings were held. Lawyers for both sides became involved. The surgeon's defense seemed to be, "I'm no worse than anyone else." Moreover, the surgeon filed a multimillion dollar antitrust suit against Charlie and his medical group, claiming that he and his colleagues were not motivated by concern for patients but by a desire to remove the surgeon from competition.

The hearings went on and on with other doctors in the community being forced to testify about their own professional behavior. Yet just as the surgeon himself was about to take the stand, he suddenly resigned, asserting that there was no point in continuing since he could not possibly get a fair hearing.

The antitrust suit went ahead, however. To Charlie, the case seemed painfully transparent. A surgeon unable to accept the criticism of his colleagues sued them instead. When the court would realize that the concern of Charlie and his colleagues was protection of the hospital's patients, it would throw the case out.

Charlie was in for some surprises, however. Oregon law guarantees that the inner workings of peer review committees are not to be subject for discussion in any court. But the federal judge overruled the Oregon law. Evidence was presented about the surgeon's performance but it became increasingly clear that this was irrelevant to the court. This was, after all, an antitrust case. In this court the quality of patient care was not at all important. What was important was whether or not there were improper business practices.

The verdict was guilty, the jury decided. Charlie's malpractice insurance company immediately denied that the damage was covered. The hospital's insurance company likewise excused itself. Financial ruin loomed. But this was not the worst fate to contemplate, not for a veteran of the Sixties. What was most frightening and demoralizing was the gnawing and steadily growing feeling of emptiness and isolation that Charlie felt. Perhaps his fantasy about what it meant to be a doctor was no more realistic than his his childhood friends' wishes to be a cowboy or a baseball player or a spaceman. Charlie and his colleagues had made the mistake of being idealistic in a cynical world.

Are there any altruistic doctors like Charlie still practicing medicine? Is Charlie's story a fantasy created by an imaginitive physician to bolster the image of his profession or might it be true?

The role of the innocent bystander such as you, the reader, in stories such as Charlie's is probably the most crucial. For despite the presence of altruism in the medical profession, there is very little desire for martyrdom. And if those physicians who try to uphold the ideals of their profession are met with cynicism and indifference, then they will either leave the practice of medicine or increasingly live up to the jaded view of the public. It's your choice.

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