



Doctors good and bad

Arati Bhatia, MD

Former Professor of Pathology
University College of Medical Sciences, University of Delhi

Corresponding Author:

Dr Arati Bhatia

Email: aratibhatia at hotmail dot com

Received: 27-MAY-2018

Accepted: 01-JUN-2018

Published Online: 05-JUN-2018

A doctor's job was "to make a diagnosis, make a prognosis, give support and care --- and not to meddle.

- physician, scientist, author, and occasional poet, Dr Lewis Thomas

Medicine is strange business. Consider yourself fortunate if all the doctors you ever encountered, whether physicians or surgeons, were compassionate and caring; who listened, tried to understand your needs, and then advised you. Many I came across belonged to this category, but of course a major advantage I had had was that I was from the medical fraternity. I had taught Pathology in one of the medical colleges of the city from 1976 onwards. As a result, invariably, I ran into former students, many of whom had seeded the numerous private hospitals of Delhi.

I would like to share one of my personal experiences regarding helpful doctors. This occurred during my own first round of chemotherapy, when I was being treated for cancer. After confirmation from the hospital that treatment was to

begin the next morning, I prepared myself mentally for it. On my arrival, after an hour long drive, I was told to go back home - the pharmacy had forgotten to order my medicines and so the chemotherapy could only be started the next day. I was livid and frustrated, standing in the reception area of the hospital, not knowing what to do. Just then the CEO of the hospital walked in through the front door. I happened to recognise him, and approached him directly about the failure of his hospital in procuring the drugs. He told me to go ahead and get admitted.

"I will make the arrangements for your medication myself," he said. The treatment was delayed, but, true to his word, I did receive it that day. I believe he had sent his personal car to fetch the drugs for me.

Cite this article as: Bhatia A. Doctors good and bad. RHIME. 2018;5:20-4.

Arun, my husband, was not always so fortunate. He had stage-IV prostate cancer. Before his treatment started, we went to a large, new, medical facility in Gurgaon for a tissue diagnosis. The consultant who was to take the biopsy constantly bragged about the large number of needle biopsies he had done, and about his success rate.

I told the doctor, "My husband is apprehensive and has a low threshold for pain. He needs a sedative to calm him down prior to the procedure."

"No patient has ever complained - my procedure is quick and painless," he replied with unfounded confidence. He went on to perform 12 core biopsies.

"Each one felt like someone was tearing bits of tissue out of my body - I felt them all," was how Arun described it. He had not been given any medication to allay anxiety or control pain.

Patients are not statistics; they are human, their fears and needs must be addressed, each one separately, before any procedure is done.

This episode was a dry run because the next time Arun's luck completely ran out. When Arun was on palliative care, he developed hematuria at six o'clock one morning. I realised that he required hospitalization. The oncology centre, which he had previously attended for his chemotherapy, was at least an hour's drive from home provided the Delhi traffic was light.

Arun was practical and felt that as admission was a possibility, we should try and find a hospital in the vicinity of our home. A surgeon colleague of mine suggested a multi-speciality hospital ten minutes away and promised to speak to the urologist there.

We arrived in casualty a little after eight-thirty that morning where a young consultant awaited our arrival. He was efficient, and started a bladder wash in no time, removing the clots and establishing free flow of urine. Arun was admitted and all formalities completed by ten o'clock. Things were beginning to settle down. Blood needed to be arranged - the donors had arrived and I went to the blood bank to request for fresh blood so that Arun got the maximum advantage from the transfusion.

Blood is normally separated into its components in the blood bank and these, depending on the patient's requirements, are then transfused. In this way, a single unit of blood can benefit more than one patient. Arun's requirement was for red blood cells and platelets. As platelets have a short shelf life, these are invariably given fresh. The red blood cells have a longer shelf life of up to forty-two days. Understandably, as the blood ages the senescent red cells are destroyed, therefore the transfusion of older blood is likely to be less effective. In Arun's condition the fresher the blood the longer it was likely to sustain his needs. His anaemia was because of two reasons: marrow replacement by tumour cells, and the blood loss because of haematuria.

When I returned to the room an hour later, there was a senior consultant in attendance. Without any interaction with either of us, he pronounced, "We need to restart chemotherapy". This made no sense at all. It was over four months since we had stopped that line of treatment - and it was a decision we had deliberated over a great deal. We had consulted with many specialists before proceeding on to supportive care. What were we going to achieve by

restarting chemotherapy?

Arun was very agitated. I approached the senior consultant and requested for the rest of the conversation to be continued outside the room.

“I don’t believe in palliative care,” he declared, as we stepped out of the room. “He hasn’t tried all the drugs.”

I said, “Arun has not only tried all the conventional chemotherapy, we have even been through non-conventional treatment. Because nothing worked and there were no options left, we have gone on to palliative care.”

I showed him the previous discharge summary, and offered to connect him to Arun’s treating oncologist, who could bring him up to speed with all of Arun’s previous treatment.

The doctor was furious. He said, “I am a senior urologist and I don’t talk to doctors junior to me. I am senior to his treating oncologist. I take my own decisions and can function as an oncologist when needed. Once I see the results of all the fresh investigations that I have ordered, I will decide what treatment needs to be given.”

I was in shock. The man had a ‘God delusion’. It was going to be unpleasant, but I evoked my seniority over him and said firmly, “We have come for palliative care. I told the doctor who saw him in the morning before the admission was done, and he agreed. I don’t want any heroics. Please understand. I am willing to give this to you in writing.”

While I was at it, I questioned him on the list of investigations he had ordered without consulting us, and the justification for them. He turned on his heel and walked away in a huff without

uttering another word.

Any further chemotherapy had little possibility of changing the course of Arun’s disease and a profound likelihood of causing debilitating side effects. After all, he had tried all the possible therapies including the newer, more recently FDA approved medication for cancer prostate. He had already experienced some serious toxicity with the last couple of rounds of chemotherapy. His body had had to deal with the cancer and with the added-on toxicity of the treatment. The chemotherapy did not achieve anything except to add to his woes making his condition worse. He may well live longer without it.

I wondered what the doctor thought about patient autonomy. It is an ethical imperative that trumps all others. Patient autonomy is a way to protect the patient from the doctor. The doctor’s duty is to offer all the alternatives and then focus on the patient’s requirement; he may voice a view when required, but that cannot be the dictat.

That morning after admission, blood had already been drawn for blood counts, blood culture, blood sugar, cross-matching and thyroid function tests. Urine had been collected for culture and routine examination. But why thyroid function tests, that too as an initial investigation? Was the senior urologist getting a ‘cut’ from the investigations he had ordered? The realization dawned on me that medicine had become a business like any other - the patient and his needs were incidental. This was an example of the worst kind of pocket-driven health care that I had ever witnessed.

Arun had overheard at least part of the altercation with the senior urologist. He

was distraught and ready to weep. "I don't want any further treatment - take me home," he said. It was a difficult situation. I held his hand and we talked. I promised him that he would not get any further chemotherapy, but that he needed the transfusion. The blood had already been arranged. Also, bladder irrigation was needed to clear the clots and that, at least, was going well. These were things we could not do at home and we would seek a discharge at the earliest. We decided that either our son, Adil, or I would be beside him at all times in the hospital. It took Arun two hours to calm down. The next day he asked for the priest to come to the hospital to give him his last communion.

When the younger consultant from urology, who had earlier been most helpful, came for his evening rounds, there was an air of indifference about him; his attitude had changed. I had offended his Guru, and he felt insulted too. In the morning he had been in complete agreement with us about palliative care, now there was a complete turn-around. It was obvious that he was trying to mould himself in his Guru's footsteps. He wasn't exactly unkind and I guessed that he faced a moral conundrum; he found it difficult to choose between kindness and compassion, or following his Guru.

There are two parties involved in every patient-care decision: the doctor, who offers a choice for treatment, and the patient, who has to be willing to take it. In this instance, the urologist had ordered tests that he thought were needed, and had issued instructions on the case file with the intent of restarting chemotherapy, without so much as a discussion with the patient or his family about the patient's needs. Even the case files, kept at the nursing

station, were inaccessible to the patient. Until then, I had imagined that the era of patriarchy and secrecy in medicine was over.

Medicine was once seen as a noble profession, with doctors caring dedicatedly for the person even as they attempted to treat the illness; their concern often reduced the ailment by half and was enormously reassuring. Over time, however, from what I see and hear, and from some of what I have experienced, we seem to have become more judgmental in our decision making, rendering the profession more imperfect. Are ideals only for the young doctors fresh out of medical school? Has it become a power play between the senior and junior doctors, or is it them verses the patient? Have they lost their conscience and have no guilt about the judgments they make?

Hospitals are not little worlds created by the doctors for themselves. A friendly hospital environment could boost patient confidence. It is a given that private hospitals are business enterprises run for financial gains, but health care must remain the primary aim. Every patient comes to a hospital at enormous cost, both financial and psychological, each with specific needs and many fears. Doctors need to treat the people and not just their sickness.

So far, Arun had taken every day as it came, but during this admission he became completely disoriented. The stay in the hospital weakened him greatly. Far from restoring his health, he got sicker and lost the will to fight his disease. A re-think on patient care in hospitals is necessary. In this hospital, instead of it being a temple of healing, he felt violated. To make matters worse, the food was inedible. Doctors need to remember that eventually a similar fate

may befall some of them or someone dear to them.

I had often heard friends and family talk about the ‘strolling’ doctors in private hospitals who charged you for the “How are you?” as they went from room to room during their rounds. I had heard of the unnecessary lists of investigations ordered, at the doctor’s behest, just to sustain the hospital laboratories. All too often many laboratory tests are ordered in the guise of a thorough work up. These are unethical practices - just like Arun being subjected to a thyroid function test for a urinary tract infection.

Arun remained in the hospital for three nights while we guarded him night and day just to keep his spirits up. Though his problem settled, and the urine cleared, we found ourselves in a horrific situation with a doctor who was

delusional. What had nearly happened to us could easily have happened to another patient who may have been swayed by the suggestion - his hopes reignited that some miracle drug would benefit him. Instead, he would have faced completely unnecessary toxicity and expense with no reduction in the tumour burden.

Doctors are insular people. They live, talk, and even dream medicine. They are the healthy ones with a complete understanding of the diseases that surround them. Most of them can piece together the treatment required and the likely outcome. Yet incidents like this one do happen. The judgement of the senior doctor was completely flawed and his arrogance shocked me. He had become another breed estranged from all he had learned and the oath he had taken, instead dedicating himself to his ego and to making money.

This reflective narrative has an [associated commentary](#) written by Dr Amar Jesani.