

## Health Care - Oh what fun!

Sri Melethil

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It started with an enemy, still unknown to this day to me, that had invaded my body and elevated my body temperature, as much as 4.5 degrees F at one point during a two day period - Sunday (12/11) and Monday (12/12). Perhaps, this opportunistic guest got in when I had a molar extracted on December 2. During this 2-day period, I tried self-help with generic naproxen- which is sold at a much higher price under the trade name Aleve- to fight the fever, the only symptomatic presence of my unwelcome guest. But the fever kept coming back when the naproxen left my body. First, I thought I would go to an Urgent Care (UC) place, they are a bit cheaper. But the nearest in-network UC place was 50 miles away in Ann Arbor. And all of you know the difference between in-network and out of network care- an arm and a leg. So, I went to the in-network ER a few miles from home on the 13<sup>th</sup> around noon to have what I correctly believed to be an infection of some sort, to be treated with some antibiotics, and be backing home in a few hours.

I was wrong about returning home that quickly. During intake, I told them, a mistake in retrospect, that I had an episode of nausea and a transient semi-fainting spell earlier that day. They seized on that small detail immediately and told me I need to be kept overnight for observation because I might have had a stroke, though I insisted nausea and such spells go together for me; besides, I told them I felt the same after the episode as I did before that; the seriousness of this possibility was repeated often by the doctors

and nurses during my 2-day hospital stay. It was emphasized that a brain CAT scan is a must- a picture is worth a thousand words and that sort of thing; so is a scan (doppler, most likely) of my carotids to confirm that my brain plumbing was not clogged, or look for aneurysms – those scary, ballooned-shaped time-bomb deformities, which can cause a blood vessel to burst at any second.

By the 14<sup>th</sup>, all the head shots were taken and were reported normal, to the extent pictures and a trained eye that “reads” them can reveal the truth. In addition, my fever had remained normal for about the last 48 hours; in fact my fever had left me soon after I went to the ER. I imagined that some kinder more powerful predator living in the hospital air had killed my inside enemy, and had graciously chosen to leave me alone. On the morning of the 14<sup>th</sup>, I was ready to get out of my hospital gown, put on my jeans and shirt I came in, wrap myself in my jacket and call for a ride home. I informed the first doctor who showed up that morning, a young woman wearing a head scarf in her twenties or thereabouts, of my decision. She tried to convince me that more tests were needed, since the offending enemy remained unknown. I resisted. She left saying that said she had to consult with the doctor-in-chief, who decides on such matters. A few minutes later, the chief, a bit older man with chart in hand, came to do the heavy sell: He said he had reviewed all the results of all those countless blood samples they had siphoned out of me into those vacuum tubes since December 13. Guess what? I was informed for the first time that my liver enzymes were elevated, only slightly (my opinion) I found out later. He said that, while it was my decision to stay or leave of

which I had reminded him, it was not safe for me to leave the hospital because he was afraid that my liver could/may “explode” (not his exact words); to the best of my recollection, in my then weakened state, I remember his words of caution of a possible serious liver infection that could be lurking in my abdominal cavity waiting to strike when I left the security zone of the hospital. In a face saving tactic, I told him I needed to think about this, knowing even then that I was brow beaten into staying at least another day as they took more pictures, and further probed and sampled me. Besides, I felt that having come this far, an investment of an extra day could save me few more days in the future; imagine starting all over, if the enemy were to come back. I know that germs are sneaky, and sometimes can play possum. In addition, I have not had hospital food in a decade or two. So, when the younger doctor came to inquire about my decision I, looking smart, informed her, that I was going to stay, after all. I remember being complimented on my decision; a bit later, I was rewarded with the first intravenous dose of a powerful all-purpose bug killer; we still did not know then who the enemy or enemies were. But carpet bombing works on these tiny monsters. Take that you bastards, I muttered, as the nurse piggybacked 1 gram of Cetin, the bug killer, on to the saline drip bag, which hung from a hook on a stand with wheels; since the bag was connected to me, the stand has been following me since December 13, like Mary’s little lamb. The second and precautionary final dose came in the silence of night; the bugs were silent too, either they lay dead inside me in some unknown location where my white blood cells were feasting on them, or had left for a less hostile domicile- another living human.

My decision to stay meant another CAT scan – this time of the abdominal area to confirm that all my key organs- liver, kidneys, pancreas, and the other organs that one learns about in an introductory human anatomy course- were singing in universal harmony, perhaps merry Xmas songs given the time of the year. I did not eat anything till about 4 pm on the 14<sup>th</sup> because this CAT scanning of the abdominal cavity takes a lot of preparatory makeup, like transforming a man into a woman in the movie Mrs. Doubtfire. You swallow a chalky semi-liquid in two installments, two hours apart. Then, a few minutes under an open machine that chugs like a coal-powered railway engine letting off steam or a pneumatic device that let air escape and the CAT scan is over. This is I better than an MRI, where they test your claustrophobia but entombing you in a coffin-like structure for an hour or so.

They had done all they could have done, and more (in my opinion) by the 15<sup>th</sup>. They gave me pictures, beautiful pictures of my brain and other internal organs, all working in perfect harmony-pictures that I could proudly post on my dating network. How can any intelligent woman resist such internal beauty?

I could not help think about the state of health care as my friend drove me home from the hospital. They forgot to or could not tell me what caused the fever, in spite of all the tests. Did I really need more (all those tests) than those 2 doses of Ceftin, even if that? What about those unnecessary (?) CAT scans of the brain and abdominal cavity, the ultrasound of the carotid arteries, EKG and countless blood tests? Where is judgment

on the part of a physician in clinician decision making?? If challenged, all doctors would sing in unison: Lawyers make us practice such defensive medicine. Yes, there is some truth to that.

A fee for service medical paradigm- more testing is good medicine-, coupled with human greed will make health care quite lucrative for some and very expensive for our society, which has to bear these costs. Sadly all these tests do not add much benefit to the patient. We need a health care system where promiscuous testing does not pay. In some European countries and England, health care professionals are rewarded based on outcome; in other words, based on the effectiveness of the treatment. It is coming to America in smaller doses - not fast enough for me.