

INTRODUCTION

Live a simple and temperate life, that you may give all your powers to your profession. Medicine is a jealous mistress; she will be satisfied with no less.

—Sir William Osler (1904)

Despite this famous advice from a legendary physician, most doctors don't live a simple life. All of us, seduced at an early age by Osler's mistress, conduct our own lifelong affair with medicine. This book is about mine.

One Doctor is a true story about real people—most of which took place during two weeks in the winter of 2010. It recounts, in sometimes intimate detail, my doctoring of patients in the wards, emergency department, and intensive care unit of a renowned teaching hospital in New York City. These experiences exemplify many of the challenges doctors and patients face today in the dramatic, high-tech world of modern medicine. But doctoring has changed, not just since Osler's time but during my own time, too. For this reason, my story flashes back to long ago when I worked as a primary care physician in a small New England town. There, I did a different kind of doctoring, now largely forgotten or obsolete, when physician-patient relationships were deeper and more enduring than in today's "provider-consumer" medical culture. This difference—the contrast between doctoring then and doctoring now—lies at the heart of my story. It is a cautionary tale, but a hopeful one, too.

My story is unusual in three ways. First and foremost, I am a dinosaur, an old-fashioned internist, a species of doctor on the verge of extinction. Although every doctor's perspective is unique, mine reflects the passing of a notable era in medicine. During my career, doctors like me served not only as their patients' primary care physician but also as an expert in the many subspecialties of internal medicine. As Osler did in his time, we cared for our patients whenever they needed us, day or night, and wherever they were—in the office or intensive care unit, in nursing homes and in their own homes. Such a task, daunting in the past, is impossible today. Medicine has changed irrevocably—on balance, I believe, for the better—and I harbor no hope of saving dinosaurs like me. But I am convinced that, as medicine continues to evolve, future doctors (and their patients) will do well to remember my medicine, my mistress. She is a goddess, her power and charms divine. But, like Osler's mistress, she is also a gadfly—a principled, perfectionist pain-in-the-ass—which my profession (and, I believe, modern society) can ill afford to lose. It is her spirit that I try to capture, and preserve, in this book.

Second, I tell my story in an unconventional way, in the first person in real time. I describe my own actual in-the-moment, minute-to-minute experiences as seen through my own eyes. With this you-are-there approach, I try to bring the reader “inside” one doctor's world; I try to show you—not merely tell you—what I do, how I do it, what it feels like. In recent years, many people have told stories—some with happy endings, some not—about their experiences as a patient in the U.S. health care system. This book tells the doctor's side of those stories, up close and personal.

Finally, an accident of timing motivated me to write this story. The events came together when disparate challenges in my own life—personal and professional, past and present—collided at one serendipitous point in time. This collision happened when challenges facing me mirrored similar ones facing my profession and my country. Most of the patients you will meet in these pages are older people with chronic diseases (including my own ninety-year-old parents) who don't have one doctor and who exemplify stormy issues roiling medicine today and for the foreseeable future. I focus on these patients (who, for var-

ious reasons, required urgent medical care) because most of us—you and I and our loved ones—will be one of them someday. Not only do these folks comprise the great majority of patients whom I (and most doctors) see today, they also “consume” the lion’s share of all U.S. health care resources. One cannot begin to understand modern American medicine—or, increasingly, medicine around the globe—without understanding the challenges (and rewards) of doctoring such people.

I interrupt my story occasionally to comment briefly about its historical background or future implications. These commentaries claim no special expertise about their subjects (each of which could justify a book of its own); rather, their purpose is to deepen the reader’s understanding of my story. To paraphrase Hamlet, in this book the story’s the thing: What actually happened to me and my patients during the time described was the wellspring for everything written here. For this reason, just as one physician’s experience could never embrace the full sweep and complexity of modern doctoring, this book addresses only some of the many contentious issues facing medicine today.

Whether my story will, as Hamlet hoped his own would, “catch the conscience of the King” is for you to decide. As I write this, politicians and policy makers in the United States are debating the form, function, and financing of smart new models of “accountable” health care. (Sadly, medicine has become increasingly unaccountable; today, it is often unclear who is responsible for the inexplicable way patients are treated.) Little good can come of these promising new ideas unless doctors step up, help to make them right, and take responsibility for implementing them well. But doctors can’t do this alone. Ultimately, it is you—our patients, the body politic—who will be decisive in these matters. That’s why I’d like you to meet my mistress and learn more about her kind of doctoring.

All true tales contain errors. I have tried hard to minimize my own. All persons, events, and settings depicted here are factual. Most names and a few details have been changed to protect individuals’ privacy or their confidential medical information. Reproduction of conversations is approximate, not verbatim, as best my memory allows. Any other misrepresentation of actual fact is unintentional.

That said, let the story begin.