

Letters to the editor

“Time matters in caring for patients: Twenty minutes isn’t enough”

The recent editorial in *The Pharos* “Time matters in caring for patients” (Spring 2016, pp. 2–8), a concise summary of the evolution of medical practice compensation, prompted me to consider my own experience with health care, 45 years after graduation from medical school and a career that included practice and managing medical practices.

Blessed with excellent lifelong health, it has only been since retirement that I’ve experienced significant interactions with our health care system as a patient, including a few primary care visits, knee reconstruction following traumatic injury, total hip replacement, cataract extraction, and two colonoscopies.

The dominant impression evoked by my recent experiences with health care is that our system is mostly impersonal. I sat in the waiting room of a large ophthalmologic practice while 15 to 20 patients were called and taken to other rooms in the suite. None of the staff who escorted the patients introduced themselves or explained their roles. None of them smiled, and none of them said where they were leading the patient. One of the staff escorted me to a room in the same impersonal manner, performed an eye exam, and returned me to the waiting room without a single word of explanation about any of it. After watching this process for 90 minutes, I concluded this was not a place I wanted to obtain health care and left without seeing a physician.

An ophthalmologist at another practice described his eye exam while a scribe entered the information into the computer. He spoke so fast that even I, who knew the vocabulary, couldn’t understand what he said. He was in the exam room less than five minutes prior to our next contact in an operating room.

I was required to have a “complete medical exam” in a primary care office prior to my two major orthopedic procedures. Each involved fully-clothed exams, including chest auscultation through undershirt and dress shirt, and abdominal palpation through shirts and trousers. The only history obtained was the form completed in the waiting room. I was left wondering if the physician and physician’s assistant I saw knew how to perform a real physical exam.

As suggested by Dr. Byyny’s editorial, I would be more likely to recognize my car mechanic than the gastroenterologists who had significant responsibility for my health, albeit for short periods of time.

Notably, both of the orthopedic surgeons I saw for major surgery spent enough time with me to explain the procedures, risks, and probable course of rehabilitation. They

sought sufficient understanding of my lifestyle to explain and discuss potential outcomes.

One hypothesis for explaining how medicine evolved to be so different from what I learned is that, indeed, “time matters.” It seems likely that most of the behaviors described above are determined by the incentives created by managers of health care, and work to minimize the use of an expensive resource, physician’s time.

Those physicians who still own their own practices shape their daily activities to spend as little time as they reasonably can with each patient. This is understandable considering that Medicare pays physicians \$45.63 for a new patient office visit, and other services are compensated similarly. Is it possible today to purchase for \$45 anything equivalent to a new patient physician visit for life value?

It is highly unlikely that the evolution described in *The Pharos* editorial will change directions. Health care already consumes nearly 20 percent of GDP (gross domestic product). Our society cannot spend substantially more on health care.

It seems clear that we as a society have chosen access to expensive new technologies, especially as we approach the end of life, as a higher priority than personal health care.

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“Bosch and Bruegel: Disability in sixteenth-century art”

I enjoyed the very interesting and beautifully illustrated article on Bosch and Bruegel by Dr. Rutecki in the Winter 2016 issue of *The Pharos* (pages 44–54). However, I would like to suggest an alternative ophthalmologic diagnosis for the king with the red cape in Pieter Bruegel the Elder’s *The Adoration of the Kings*.

Dr. Rutecki attributes the right upper lid drooping or ptosis to a seventh or facial nerve palsy, which is the same diagnosis given in his Reference 5. An acute facial nerve palsy typically would cause a widening of the ocular lid fissure, rather than a ptosis, unless chronic aberrant regeneration of the nerve has occurred. I would rather diagnose a third nerve palsy which would typically cause the severe but not total ptosis seen in this picture. Although it is a stretch, if one looks under the ptotic right upper lid, one can sense that Bruegel has painted the right eye as deviated outward (exotropic), as would be found in a third-nerve palsy, compared to the alignment of the left eye. The ptosis of the left upper lid is consistent with a typical age-related mechanism.

In addition to this striking ocular abnormality, inspection of Bruegel's painting (as viewed on the Internet with magnification) reveals several other persons with ophthalmologic problems. On the far right side of the picture, as Dr. Rutecki has noted, there is a man with exophthalmos, identical to that seen in the *Head of a Mercenary*. In addition, beside him, there is a man wearing spectacles. A commentator states that this may indicate that those around the baby Jesus are blind to the significance of this event. There is a soldier in a brown surcoat and steel helmet who demonstrates marked retraction of the upper eyelids. This could be due to thyroid eye disease though other diagnoses could be possible as well.

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“Thank you, Dr. Dans”

Thank you for framing what are surely many thank you notes from the many loyal readers of “The physician at the movies.”

In the Spring 2016 issue of *The Pharos* there was a table listing the many giants who had taught and mentored Dr. Dans (page 53). Surely the reason there was no list of those of us who had been taught and mentored by Dr. Dans was that it would have filled the entire issue.

The establishment of the Office of Medical Practice Evaluation at Johns Hopkins School of Medicine represented the first of its kind, and Dr. Dans set the bar for what became health services and outcomes research. Many of us who were asked to direct clinics and clinical divisions under and near the Dome depended on Peter for his expertise and direction.

He recruited many faculty to be small group discussion leaders for the first Johns Hopkins School of Medicine course Ethics and Medical Care, and we all learned, as much from the students as they did from us—all under the steady eye of the course director, Dr. Dans.

With his *The Pharos* reviews and his books, *Doctors in the Movies: Boil the Water and Just Say Aah*, and *Christians in the Movies*, he showed us how humanities could play a role in our lives as physicians.

That his moviegoing companion and dear wife Colette's sage and piquant comments often found their way into his reviews showed that family, too, could play an important role in our professional thoughts and lives.

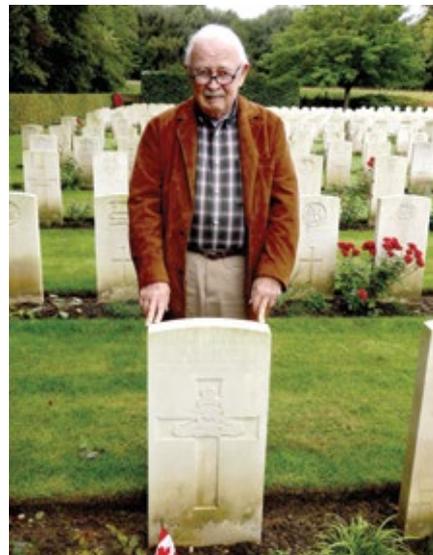
Peter's photographic ode to *Life on the Lower East Side: Photographs By Rebecca Lepkoff, 1937-1950* has a place of pride on my side table at home.

Recently, Peter published books he wrote for his grandchildren, *Perry's Baltimore Adventure: A Bird's-Eye View of Charm City*, and *Sergeant Bill and His Horse Bob*. It is a joy to read them to my Baltimore and Boca Raton grandchildren.

The many, many of us who have had the privilege of working with, and learning from, Dr. Peter Dans join *The Pharos* in saying “thank you, Dr. Dans.” Now sit back and enjoy.

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“On the significance of the Circle of Tugo”



Dr. Michael Kennedy at the grave of Edward Revere Osler in Ypres, Belgium, September 2015.

I enjoyed the piece in the Winter issue of *The Pharos* that included Revere Osler (pages 28–35). On a visit to battlefields in Belgium last September, in the company of a retired Royal Army Medical Corps physician friend, I was able to visit the grave of Edward Revere Osler near Ypres. The British Army military cemeteries are quite a sight. One of the friends accompanying us was the granddaughter of a director of the War Graves Commission.

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