Reflections

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On the other side of the stethoscope

Richard S. Panush, MD, MACP, MACR
AΩA, University of Michigan Medical School, 1966
Los Angeles, CA

> "It's better to be a doctor than a patient."
> —Richard Panush, MD, MACP, MACR

"It's malignant," my doctor said. I recently confronted an unexpected and challenging illness. There is a circumscribed, poignant, and informative literature about physicians becoming sick.[1] While my experience is not necessarily unique, it certainly was to me. I was unprepared for an encounter with a serious health problem. It was difficult, and affected me profoundly.

I was waiting, apprehensively, for the biopsy report. Although I tried to prepare for the possibility of cancer, I was still staggered by the news. I had felt good, and thought I was in pretty good health for being 72-years-old. I had recently run the Los Angeles marathon, with a respectable time. I was still getting up at 4 a.m. daily to run a relatively easy five to 10 miles with my running partners, my dogs Sweedee and Speckles, before work. My blood pressure was 110/70 mm Hg, resting heart rate in the 40s, HDLs greater than my LDLs, I was at my high school weight, and my BMI was 18. I wasn't ready for this. I couldn't be sick; I am the one who cares for others who are unwell. I had cultivated a self-image of well-being and fitness, honed by five decades of serious exercise and healthy lifestyle. It wasn't supposed to happen, at least not yet. How and why did I become unwell? How and where did I fail?

I was terrified, anxious, confused, and depressed. I slept poorly, and was dysfunctional. Even Speckles sensed my distress. When I was on the couch staring into the distance, he laid next to me, licked my face, and put his head on my chest. For the first time in my life I took a benzodiazepine (prescribed by my internist); it did not relax me, only put me to sleep. I did not take another. I consulted formally and informally with 14 physicians, many with nationally recognized expertise, who were either friends or colleagues. Yet, I could still not decide among conflicting therapeutic options. Fortunately, there was consensus, and one took it upon himself to be my doctor, and finally just told me what to do. This was not dissimilar to what was described by former *New England Journal of Medicine* editor Franz Ingelfinger (AΩA, Harvard Medical School, 1935), a world authority on esophageal cancer, when he developed that very malady.[2]

My relief was palpable and I proceeded with a treatment plan and slowly returned to a new normal. It is now almost 10 years later and, albeit with some complications of therapy which largely resolved, there is no evidence of recurrent disease, and I feel well.

What was my diagnosis? Prostate cancer, localized, in portions of a couple of 15 biopsy samples, and with a not unfavorable outlook. Almost, but not quite mild enough to do nothing. I read the relevant literature and could probably have delivered a state-of-the art talk about the relative advantages of watchful waiting, androgen deprivation therapy, radiation therapy, proton beam therapy, or radical prostatectomy. Prostate cancer with lower Gleason scores "may not even be cancer," some said. "It's a relatively benign problem—you'll outlive it," many told me. "It could have been worse." "You're a rational physician." "It shouldn't be that hard to deal with." Nonsense. Once I heard "malignant," all logic and training deserted me. I was just a scared, disempowered, vulnerable,

isolated patient trying to make sense of the uncontrollable unknown, and not doing it very well at all.

I needed empathy, as clear a prognosis as possible, support, direction, a plan, hope, and a doctor or team I could trust to take responsibility for my care. I needed to be treated as patient, not a doctor.

I am quite private, so I did not speak of my problems to any except immediate family and a few lifelong friends; I still have not discussed this with colleagues and most family and friends. I did not want pity, or sympathy. I felt stigmatized, that I had failed, irrationally, but I was unable to think clearly, and it took a long time to resolve this.

I chose to have my care at my medical center by specialists selected by my internist, in whom I have absolute trust and respect. As treatment for my dilemma was not entirely clear, I needed to fully understand my options and hear from thought-leaders in the field before finally becoming comfortable with my therapy. Once I accepted my diagnosis, identified physicians I trusted, and accepted their recommendations for the best treatment plan for me given current information, much of my anxiety and concerns began to dissipate and I acceded to becoming a patient without undue difficulty. I did expect at least some special recognition of my status as a physician-colleague and was almost always treated in such a fashion without asking for special status or consideration.

Each time I to go to the lab for a prostate-specific antigen (PSA) I still have a recapitulation of the constellation of many of the original emotions, albeit a bit muted and short-lived. Rosh Hashannah (Jewish New Year) and Yom Kippur (Day of Atonement), with the symbolic opening, inscribing, and sealing of “the book of life,” come with more meaning and different feelings than when I was younger, presumably well, and taken for granted.

Perhaps the present, older, wiser 82-year-old version of myself would have dealt with all this differently, and traversed the grief-like aspects of that process, better than when I was still a reasonably vigorous 72-years-old and unprepared to contemplate my mortality. Perhaps others would have been less distressed and more sanguine than I. Like others have written, I learned that there were valuable, even redemptive, aspects to this experience.[3-7]

As I regained health and equanimity I developed a keener appreciation for what my patients endure(d). I confronted the reality of my mortality. I reflected on the meaning of life, God and religion, my life, death and afterlife, my goals, my ambitions and accomplishments, how I might be remembered, my career, family, and friends, and my hopes for what time and (hopefully) years remain for me.

I realize my extraordinary good fortune to have not been born in the *shtetls* of my parents (where I would have perished in the Holocaust) and to have (mostly) enjoyed good health. It is an amazing honor and privilege to be a physician in the United States, in a world with billions destitute, starving, homeless, or virtually homeless. Few have our education, stature, and income with the opportunities to serve and care for others. We are not (usually) the ones at the other end of the stethoscope, without means, shelter, or health insurance.[8]

I read about the universe, its origins, the existence of God, and life’s profundities, finding most answers elusive, unknowable, or beyond my abilities to comprehend, and returned to my own version of the comfort of the faith and traditions with which I grew up, and have lived,[9] accepting their inherent epistemological uncertainties. It is important to have faith, if possible, and certainly values, and to affirm them.

A core—perhaps the most fundamental—value of my religion is that “it is not our responsibility to complete the work (doing good in/for the world) but neither are we absolved from trying” (Talmud Avot 2:16). It is important to continue to try and do good.

As I have attempted to do, and teach, humanistic medicine[10,11] during my 50-plus year academic career, I have come to understand that “caritas”, a kind of biblical loving-kindness, is at the essence of clinical medicine.[11] It is important to care truly for our patients, for our profession, and for how we practice, teach, learn, and lead. And too, of course, for our families and those we love. It is part of aspiring to do good.

And, I try to live in the present and savor the moment, mindful of the story of the rabbinic sage who, when asked about the most important thing he ever did, wisely replied that it was what he was doing now.

While these thoughts are not necessarily revelatory nor original, the insights derive from introspection at a time of particular personal predicament. They helped me endure that experience and perhaps even assign meaning to the challenge. Paraphrasing a Talmudic parable (Berachot 10a), a sharp sword resting on one’s neck offers an opportunity for reflection, uncomfortable but potentially salutary.

It shouldn’t have taken a crisis to remind me how precious life is, how fortunate I am, and what is important.

Acknowledgments
I cannot adequately express my gratitude for the wonderful care provided by my doctors for this, and certain other medical issues, over the years, at Saint Barnabas Medical Center, Livingston, NJ, and Keck Medical Center and School of the University of Southern California, Los Angeles, CA. I am most grateful for their kindness, expertise, sensitivity, empathy, and, in many instances, friendship. Chronologically, they included Drs. Michael Gutkin, Josh Sapkin (AΩA, Keck School of Medicine of the University of Southern California. 2011, Faculty), David Quinn, Sia Danesmand, Leslie Ballas, Omar Raghab, Bob Goodman, Glenn Ehresmann, Jacques Van Dam, David Peng (AΩA, Keck School of Medicine of the University of Southern California 2008, Faculty), Eric Tan, and Brian Song (AΩA, Keck School of Medicine of the University of Southern California, 2024, Faculty), Jenny Hu, and Jerald Shinbane.

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The author's E-mail address is panush@usc.edu.