Letters to the Editor

On "A Great Case"

(September 2011 issue)

Dr. Friedman's recent article (A Great Case) about confusing diseases with patients has broad implications in the medical arena. Not only are patients being depersonalized into examples of diseases, doctors are being depersonalized into "services," specialties and providers.

Recently I had the experience of precepting a trio of third year medical students in their very first clinical rotation. Even at this stage, the process of depersonalization had started. During their first case presentations I was told that "surgery" had been consulted. When I asked what "surgery" looked like or who actually showed up, there was no clear response. What was clear, however that it seemed not to matter if the consultant was the first year resident or the chief of the service. "Surgery" had spoken.

I then asked this triad of students if they had their dental care provided by "dentistry." Did they care who filled their cavities or was "dentistry" adequate? The unanimous response was that real live individual dentists provided their care and it was these dentists they trusted. I was able to assure them that to the patient requiring surgery it was critical that their operation be done by a surgeon, by a person one had actually met and talked to, by a person one trusted and in whom one had confidence.

Patients do not enter into "surgery"—patient relationships, they form doctor patient relationships. Even in specialties that commonly are perceived as generic "services" rather than individual doctors, such as anesthesia, there is a role for the personal relationship that is at the core of most medical treatment. A number of years ago I needed an operation which carried a significant risk. Prior to the surgery the anesthesiologist sat down with me, looked me in the eyes and told me that he would personally take care of me and not leave me until the procedure was over. Of course both of us knew that I could not check up on him but I trusted and believed him. His reassurance was valuable to me and I went into the procedure with increased comfort and confidence because of that personal interchange.

Contemporary society views physicians as "providers," essentially each one equivalent to another. The insurance companies would prefer to perpetuate this perception. There is no reason that we physicians should reinforce this mistaken attitude. In fact we should be proactive in opposing it. Words are powerful. Patients are not diseases, they are people with illnesses. We are not generic "providers", we are doctors. Medical care is not given by a "service", it is given by individual doctors, who function in the context of the multi person team which is a necessary component of our intricate health care system. The need to function efficiently as a member of the team does not abrogate our responsibility to relate as a person to the person who is afflicted with disease.

For the remainder of the month that I was preceptor for these students none of their patients were seen by "GI", "cardiology", "surgery", etc. There were, however, many consultations by gastroenterologists, cardiologists and surgeons (among others). It would be interesting to learn how long that message was effective.

– **Herbert Rakatansky, MD, FACP, FACG**
Clinical Professor of Medicine Emeritus
Warren Alpert Medical School of Brown University
59 Harwich Road
Providence, RI 02906

On "Too Much of a Good Thing"

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There may be some truth to this optometrist's assertions. One confusing issue is that there are 2 sets of pigment involved. The iris color is due to its melanin content: blue-eyed people have less. The pigments in the macula are carotenoids (specifically lutein and zeaxanthin). These retinal pigments act as anti-oxidants and may protect the macula from near-blue light damage. There is, in fact, good evidence that diets rich in carotenoids and certain vitamin pills containing carotenoids can slow down the progression of moderate and advanced dry macular degeneration.

It turns out that people with lighter irises (less melanin) have less macular pigment (carotenoids) as well. It is also true that macular degeneration is more common in blue-eyed patients. Kale has a lot of zeaxanthin and spinach has a lot of lutein. There is an on-going study looking at dietary supplements high in these carotenoids to see if they help in dry macular degeneration.

– **Elliot Perlman, MD**
Rhode Island Eye Institute