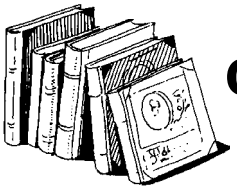
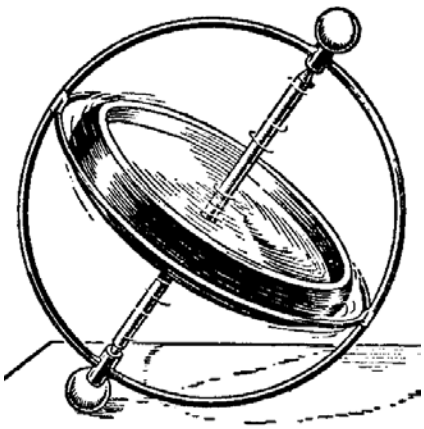


Commentaries

"I Don't Do Maintenance"



A PATIENT I'D SEEN ONCE BEFORE, WITH AN unusual gait and movement disorder, had sought a second opinion from a doctor at one of the more famous centers in Boston. The rendered opinion was quite similar to my own, which always makes my work easier, and the recommendation was to follow up with the local neurologist, namely me. There was no treatment to offer. Since neither of us can help this patient, why travel all the way to Boston and cope with the traffic, parking, etc? So I was a bit surprised when the patient said he'd be returning to Boston in a few weeks to see the other neurologist in follow up. I suggested that two neurologists was one too many and that there really was no reason for both of us to do nothing, when one of us doing nothing was adequate. "Oh, I won't be seeing him again more than once or twice. He doesn't do maintenance." "Say what?" I thought to myself. "I'm sorry, can you repeat that?" I asked. "Dr. X says he doesn't do maintenance," he replied.

This caused several things to precipitate out in my brain, including the urge to write this exegesis (medicine has, I believe, a partly religious aspect, and the phrase, "I don't do maintenance" has a meaning requiring explication). Being unfortunately thin skinned, I perceived an insult to myself. He was not feeling privileged to see this patient. He was not feeling flattered that his opinion was being sought out after seeing another (perhaps better known) expert, i.e., me. No, he was too busy to actually care for this patient. He provided advice only. Maybe he was too important.

I think that I am exercised by this because the phrase seems to be used as a pejorative. It is a way of reinforcing a prestige ladder within clinical academics. As we know, there are professors of neurology, who are the laboratory workers whose prestige is defined proportionally to the size of their NIH grants and inversely to their clinical load, and then there are, on a lower rung, depending on the institution, either professors of clinical neurology or clinical professors of neurology. So, now there is a group of us who provide diagnoses and advice, but don't actually get involved with the less academic, less scientific, mundane stuff, like caregivers, physical therapy, deciding when to go on disability, being there for the storm, sure to come, that is, clinical care.

There is a role for the great diagnostician, for the doctor who is truly gifted beyond the rest of us, and who truly is needed to diagnose what others can't, or provide treatment advice that is beyond the capabilities of the rest of us. I can easily see these few experts as being too busy to provide ongoing care, other than, perhaps, to get someone out of a crisis. I shudder to think that any of these would consider themselves too important to "fritter" away their time in ongoing clinical care. I am of the belief that the TV character, Dr. House, does not exist in real life.

I think of "I don't do maintenance" as establishing a comparison akin to comparing Grease Monkey to the guys on the National Public Radio show, "Car Talk." The Grease Monkey workers change the oil and the other various liquids in the engine, but don't actually repair it. The average garage does repairs as well as the maintenance, such as oil and filter changes. When an engine malfunction is truly esoteric (or you feel you're being rooked by your regular mechanic) you can call up "Click and Clack," of *Car Talk* and get two super-expert, and entertaining opinions. I suspect that all doctors may have some resentment about being thought of as "Grease Monkey" doctors.

I think it is also a way of putting the patient in his place. The doctor is too busy to waste his time on cases like yours.

I wrote a column a few years ago about what patients want in a doctor. We all know about the three A's," availability, affability and ability," and I had noted that a fourth "A," autonomy, as also important, but one study in Parkinson's disease uncovered something even more important, a compact to be there when things go awry. Luckily I've not been afflicted with a progressive, incurable disorder like PD so I've never really been in the shoes of my patients, but I've certainly seen a lot of it, and this observation, the need for an emotional, unbreakable contract strikes me as correct. There is room for "I don't do maintenance" kinds of doctors, and they serve a useful role. They are easier to grade than the rest of us since they find diagnoses when the rest of us can't, whereas we cannot rate whether one doctor is a better support or more compassionate than another, but we need to be clear that "maintenance" is as important as diagnosis, more so, in fact, for diseases that are untreatable.

– JOSEPH H. FRIEDMAN, MD

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