

医師が患者となったときの道德生活 (I)
 —専門職的礼儀あるいは特惠的治療?—

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本論文は、病気を患い自分自身が患者となってしまった医師の体験を考察したものである。また、その目的は、この突然の喜ばしくない身分の変化によって生じてくる、特別な倫理問題に光を当てることにある。本研究は、そのような状況となって、そのことを書き記した4人の医師の事例を基礎とした。筆者の注意は、特権、つまり、医師が医学的治療の知識および医学的治療へのアクセスに関して享受していたと思われる特権に、引き込まれていった。と同時に、そのような特権が、様々な要因、特に病気の予測不可能な性質や病人に治療を提供する医療システムの欠陥によって、制約を受けていることに注目した。病気になった医師が享受する特権の範囲が確立しているので、この状況の倫理を議論する道や、関係する医師個人の良心にかかってくる重圧を斟酌する道は、開かれている。(訳、松延秀雄)

The Moral Life of Doctors as Patients (I):
 A Case of Professional Courtesy or
 Preferential Treatment? (Part 1)

Peter Luff

Medical ethics as commonly understood concerns itself with the problems doctors face when treating the sick. Its approach is often general and abstract, a matter of establishing principles and combining them into a consistent framework, so that while individual case studies may make an appearance, this is usually to illustrate a particular theoretical difficulty. One element that does not seem to attract much notice in such a scheme is the conscience of the individual physician. Since the problems in conventional medical ethics are general ones, and the approach largely rational in tone, the self-struggle that makes up the reality of moral life for the rest of humankind is conspicuous only by its absence. Doctors and patients seem rather to belong to two different (and sometimes opposed) species, their common humanity forgotten. A doctor's ethical problems bespeak his or her professional status. They are something special and apart.

Which last point does, of course, contain an important element of truth—doctors do indeed encounter ethical dilemmas not confronted by anyone else. But that does not of itself place the doctor on a different plane to the rest of humanity, absolved from all the other moral demands of life in the practice of the healing art. Indeed, those other demands can make themselves felt with an abnormal intensity

in a physician's life. This becomes particularly obvious when serious illness strikes the doctor, transforming him or her into a patient, brought back to earth and thrust into the common lot. Yet even in illness, something remains of the doctor's professional status, and this complicates the ethical choices physicians face at a time of great physical and psychological trial.

A number of doctors have told us what it is like to undergo the experience of life-threatening illness, and here we will look in detail at four of their stories. They are those of Edward Rosenbaum, a Professor at Oregon Health Sciences University, diagnosed with cancer of the vocal chord in 1985 at the age of 70; Geoffrey Kurland, who was told that he had hairy cell leukemia in 1987 at the age of 40; Jamie Wiesman, who after having been sick for 11 years, finally found out that she had 'some form of congenital immune deficiency, the exact nature of which is still unknown' at the age of 26 in 1992; and David Biro, diagnosed with PNH (Paroxysmal Nocturnal Hemoglobiura, a very serious condition caused by genetic mutation in bone marrow stem cells) in 1995 at the age of 31¹⁾. How representative these four individuals are is hard to say, but some common themes do emerge from what they have had the courage and honesty to tell us²⁾.

1) E. E. Rosenbaum, *A Taste of My Own Medicine* (New York, 1988); G. Kurland, *My Own Medicine: A Doctor's Life as a Patient* (New York, 2002); J. Weisman, *As I Live and Breathe: notes of a patient-doctor* (New York, 2002), quote at p. 4; D. Biro, *One Hundred Days: My Unexpected Journey from Doctor to Patient* (New York, 2000).

2) All four individuals were born and bred in the U.S., and all came from Jewish families, though none were regular synagogue-goers at the time they fell ill. Their medical specialities varied. Edward Rosenbaum was a rheumatologist, Geoffrey Kurland a pediatric pulmonologist, Jamie Weisman a hospital intern (drawn to hematology) and David Biro a dermatologist. As will become clear, the fact that they all came from medical families is significant. The fathers of Kurland, Weisman and Biro were all doctors, while as Edward Rosenbaum tells us, there

As doctors, they did, of course, have knowledge not commonly available to the rest of us. It proved a mixed blessing. Having more information and understanding about the nature of disease than most other patients proved to be a source of additional worry. Edward Rosenbaum tells us, for example, that 'I have known doctors and even spokesmen for cancer societies who, after they themselves developed cancer, have abandoned conventional medicine for unconventional therapy. They know what a layperson usually does not; taken as a whole, the cure rate for cancer is only 60 percent.'³⁾ But having greater knowledge of the nature of treatment in the medical world was, by contrast, usually a significant advantage. As doctors, they knew very well from their own experience that the quality of treatment varied markedly between different centers. They knew where to look and, just as importantly, where not to look for the best medical help. When David Biro was told that he had a serious medical condition (PNH was held to be often fatal at the time), he and his family took immediate action to get help of the first quality.

'I am a doctor, after all, New York City-born and -bred. Jewish to the angst-ridden marrow. I simply can't wait. I want answers. I demand answers. Dr Raphael gives us the name of a specialist on marrow failure at Sloan-Kettering. I make some calls and get more names. By the end of the day, I have put together a directory of specialists from New York to Tokyo via

were,

'...nine doctors in the immediate Rosenbaum family. My eldest son, Richard, is a neurologist. My second son, Jimmy, is a rheumatologist; his wife, Sandra, a cardiologist. My third son, Howard, and his wife, Marcia, are both psychiatrists...

I practice with my brother Bill, who is a surgeon. His eldest son, Robert, is a neurologist. His second son, Tom, is a neurosurgeon.' (*A Taste*, p. 28).

3) *A Taste*, p. 199. The burden of excessive knowledge about her own disease was particularly difficult for Jamies Weisman to bear during her first pregnancy (*As I Live*, pp. 230-3, 226).

Helsinki. My father suggests staying local for the time being. Appointments are scheduled on Monday and Wednesday with a few *machers* at Memorial Sloan-Kettering Cancer Center.⁴⁾

Memorial Sloan-Kettering has a reputation as one of the world's leading centers for the diagnosis and treatment of the condition from which Biro was suffering, but when it came to carrying out the bone marrow transplant that he needed, even its very high standing did not suffice to carry the day immediately, for

"While second-guessing is a natural move for any family, it is inevitably carried to a higher pitch by a New York Jewish one. A cousin calls demanding that we cancel plans at Memorial immediately. "There's only one place in the world for a bone marrow transplant: Seattle. They've done more cases and more studies than any other center and have the best success rates. You'd be insane not to go!" A close friend of my father begs us to consult with big shots at the Mayo Clinic; he's working on the names and should have them momentarily. An uncle in Boston whispers — in this case a whisper is as effective as a shriek — the name Harvard into my father's ears. "You should at least *talk* to somebody at the Dana-Farber Cancer Institute." As if the mere idea of overlooking this revered institution would be catastrophic.

My father and I respond by making more calls, more with the intention to confirm rather than to change plans. There must be the appearance of pursuing all options, tirelessly. He calls someone at Harvard. He speaks to friends, friends of friends and friends of friends of friends in New York. I speak to a doctor at Johns Hopkins, a cousin of a colleague. Bottom line: Sloan-Kettering is a great hospital, Castro [Biro's clinician there] has an excellent reputation, and having a good support system in place is crucial to success. Furthermore, other centers haven't performed as many T cell-depleted transplants.⁵⁾

This is not a unique case. When Edward Rosenbaum had to consider where to be treated, he was also aware that he had a wide range of choice. "I knew about the great cancer

4) *One Hundred Days*, p. 23.

5) *Ibid*, pp. 93-4.

centers in America: Sloan-Kettering, the Mayo Clinic, the National Institutes of Health, Stanford, Houston, and, even closer to home, Seattle. I had connections, and knew doctors at all those institutions. At any one of those places, I would have been welcomed with open arms.⁶⁾ And when Geoffrey Kurland discovered that he had a suspicious mass in his chest, he was able to choose not to be treated where he worked in California. Instead, he telephoned his father,

"Dad, I need your help...I want someone at Mayo to look at me. I'll probably need some sort of workup, surgery, or something. If I need surgery, I'd rather get it back at home and recuperate there"...

"Who do you want to see? I'll set it up if you tell me who."...

"Ed Rosenow. He's my choice."

"Ed Rosenow? He's in thoracic medicine, right? Do you know him?"

"No, but I know of him. He's got a great reputation."

Both parts are true: I've never met Ed Rosenow, but I've heard enough about him to know that he is the right physician for me.

"Okay. I'll call him and set something up. I'll get back to you by evening..."⁷⁾

This introduces a refinement on the theme of knowledge. Not only did Dr. Kurland get immediate access to the Mayo Clinic, one of the world's finest hospitals, but he was even able to specify the doctor he wished to treat him. Such inside knowledge can be put to particularly good use when it comes to surgery. Some doctors seem able to choose, or at least to check up on, those they wish to carry out an operation on them. Before undergoing surgery, Edward Rosenbaum discussed the risks with his eldest son, Richard, who.

'...had called the evening before. He'd asked about the biopsy, and I'd assured him, "Don't worry. It's minor surgery."

"I know," he replied, "And your doctor, Al Cade, is good. The risk isn't the surgery, the risk is the general anesthesia."

6) *A Taste*, p. 62.

7) *My Own Medicine*, pp. 10-11.

"You're right," I agreed. "I wasn't thinking and left the choice of the anesthesiologist to Al."...

"So why don't you call Uncle Bill?" Rick asked... "He's in the operating room every day, he knows all the anesthetists."

Bill is my brother and a very active surgeon. "I wish I could reach him," I told Richard... "I doubt he'll be home before midnight. You're important, you have clout, you're president of the staff. Get the best anesthetist you can."

Later Richard called back. He had selected an anesthesiologist to handle my case personally, and now, waiting in the hospital room...I said to my wife, "It pays to have a son for a doctor. I feel secure. I have a good surgeon and the top anesthetist."⁸⁾

Similarly, when Geoffrey Kurland was consulting with his two doctors at the Mayo, Ed Rosenow and Tom Habermann, the conversation turned to the choice of a surgeon. Habermann had no doubts.

"I think van Heerden should do it. He's really slick. The schedule's right here...Hmmm...van Heerden is on for Thursday. I'd go for that. Only two days away."

"You want to call him?" Ed suggests.

Tom picks up the phone...I hear one end of the conversation.

"...a forty-year old physician with an anterior mediastinal mass, splenomegaly, and his marrow shows he's got hairy cell leukemia...actually it's Len Kurland's son...isn't that the truth... yeah, wouldn't you know it has to be a staff guy's family member...anyway, Ed and I feel that he should have a splenectomy first...he's in my office now...okay...Tomorrow? ...Okay, I'll set it up. Thanks..."

Tom nods at Ed and turns to me.

"You'll see Jon van Heerden tomorrow. Surgery will be on Thursday morning. We'll set it up now."⁹⁾

8) *A Taste*, pp. 7-8.

9) *My Own Medicine*, p. 62. Habermann's high opinion of van Heerden was confirmed by Kurland's father, (ibid. pp. 64-5). And when a second operation proved necessary for Kurland, Habermann contacted a surgeon named Jim Pluth. "Hi Jim." Tom looks at me as he sells my case to Pluth. "I'm going to send someone over to you... You know Len Kurland?...yeah, well, his son, Geoff, is here...here in my office...he's a pediatric pulmonologist in California and has hairy

As well as having a clear choice of surgeon, there is also a suggestion here that Kurland ("a staff guy's family member") had the benefit of much speedier treatment than the norm. That special consideration is sometimes given to doctors cannot be denied. When Edward Rosenbaum was troubled by a sore throat, he called on a fellow physician, Dr. Cade, who '...treated me like a colleague. Though the reception room was full, I was taken out of turn. He assured me with a smile, a handshake, and the third examination of my vocal cords.'¹⁰⁾ The problem persisted, though, until cancer was eventually diagnosed by another colleague, who told him,

"You'll need a more thorough examination...I'll meet you in my private office in half an hour. Have my secretary register you and prepare a chart."

As I walked across the campus, I understood I was getting special treatment, not what the ordinary patient would receive. I didn't have to go through the registration procedures, and the doctor was interrupting his schedule for my examination.'¹¹⁾

Such 'special treatment' was also available to David Biro in New York. When he first needed to be seen at the NYU Medical Center, a phone call at 9.45 in the evening resulted in an 8.30 appointment with Dr. Raphael there the next morning. Biro was well aware that this was unusual.

'...there is a pushing taking place that I'm not seeing. Because I'm a physician, Dr. Raphael had pushed aside his schedule. He runs a marrow aspirate to the lab himself and asks them to rush the staining process. He wants to assess the marrow and provide answers in two hours. Answers that ordinary citizens

cell leukemia..." (ibid., p. 123). Similarly, when Jamie Weisman was to think about who was to care for her before the birth of her first daughter, she had no doubts. 'Dr. Fisch, Jacqui, was my good friend. I had chosen her because I had expected this pregnancy to be complex, given all my health issues, and I wanted someone who would be willing to make the extra phone call, to think a little harder, to take her time with me' (p. 201).

10) *A Taste*, p. 13.

11) *Ibid*, p. 27.

could expect to wait several days before receiving. Watching the clock go round. How horrible. And how lucky I am at the same time.¹²⁾

When the diagnosis was made and a bone marrow transplant had to be set up, Biro's asked his physician at Memorial, Dr. Castro-Malaspina, for this to be done as soon as possible. Castro told him that he needed to do a few more tests and that the donor had to undergo an examination, but "Then I'll go to the transplant committee and set a date. I'll try to do whatever I can to speed up the process." The result was that the operation was scheduled to be done after a wait of just two weeks, and Biro was told quite openly that, "Dr. Castro wanted to get you in as quickly as possible, especially since you're a doctor — it usually takes longer."¹³⁾ Nor was this the first time that David Biro had been singled out for special treatment at Memorial. After his condition had been diagnosed, two specialists (one of them being Dr. Lucio Luzzatto, the world's leading authority on his disease) had disagreed about the most suitable course of treatment. As we will see later, such conflicts between experts are not unusual. What was very uncommon, though, was the way in which this particular conflict was resolved. Biro, his father and friends all agreed that,

'...a meeting with both doctors at the same time may perhaps clarify some of the issues. I could challenge Castro with Luzzatto's claims and Luzzatto with Castro's. How would they respond when they were sitting face-to-face with each other?

Both doctors agree. A summit meeting is set for the second week of January. My father...and I arrive at the hospital early. We run into Dr. Araten, the hematology Fellow who works with Dr. Luzzatto. "It was a good idea to get them both together," he tells us. "First time I've seen it happen."

I am repeatedly struck by the uniqueness and privilege of my

12) *One Hundred Days*, pp. 14-15.

13) *Ibid.*, p. 92, 101.

situation. Not everyone is treated the way I have been — a doctor, a young doctor, the son of a doctor. Most patients in fact can barely expect to get their physicians on the line for more than a minute at a time.¹⁴⁾

And this 'uniqueness and privilege' was to reveal itself once more, when the arrangements had been made for Biro to have his bone marrow transplant at Memorial Sloan-Kettering. He suffered from claustrophobia, and the prospect of being confined to a room for the two months that the treatment would take made him anxious. The choice of a room mattered to him, and so he contacted Dr. Naftali Bechar, because 'Naftali, who is now a hematology Fellow at Sloan-Kettering, did his internship at NYU with me.' When Biro had originally told him of his diagnosis,

'Shocked, he [Naftali] gave me his number, told me to call him any time. He'd just been appointed chief resident and knew everybody in the hospital. If there was anything he could do, I shouldn't hesitate to ask.

[So] Now's the time, Naftali. I tell him I've decided to go ahead with a bone marrow transplant but am scared about being shut in a room for so long. Any suggestions?

"Absolutely. We'll get you the best room in the house. With a big window and a good view. We'll also arrange for some diversions. TV with a VCR and an exercise bike. How does that sound?"

"Naftali, you're the best. Can you really get me a good room?"

"For you, my friend, the presidential suite."

"The bigger the better, okay?"

He promises. If Naftali were in front of me right now, I would embrace him like a long-lost brother. Fearful as I am about the future, I can't help but feel grateful for the special treatment I continue to receive from my medical colleagues.¹⁵⁾

Not everyone has the chance to feel so grateful, though. But before we consider whether all this 'special treatment' is

14) *Ibid.*, p. 67.

15) *Ibid.*, pp. 95-96.

justified or not, it is only fair to note that, helpful though it undeniably was, it was far from capable of solving all the problems these doctors faced when they fell seriously ill.

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The first limitation that appears in all four of these doctors' accounts is that no amount of 'special treatment' can remove the pain and anxiety that comes with a life-threatening illness. Being a doctor may have its privileges, but it is no shield against the reality of sickness. Despite the option of being treated at any of America's leading hospital, Edward Rosenbaum chose to stay in the place where he had worked for many years, the environment that he knew best. '...I made my decision as any other patient would have done; I liked my own doctors, and I wanted to be treated where I was most comfortable. I wanted to be close to my family during my time of crisis. I elected to be treated in Portland. If I was going to die, I wanted to die at home.'¹⁶⁾ But whether at home or not, his throat cancer was potentially lethal, and he was well aware that death pays not the slightest heed to medical qualifications, seniority or years of service to patients. Even though he felt at home in the institution in Portland, Oregon, where he had been chief of medicine and president of the staff, Rosenbaum was still anxious, because 'Being in the hospital gave me no sense of security. I have known governors and senators to die of cancer. Even worse, doctors, chiefs of medicine and surgery, had died in this hospital.'¹⁷⁾

At the stage of diagnosis and the selection of treatment, these doctors were in exactly the same basic position as other patients in facing the unknown. As Jamie Weisman knew

16) *A Taste*, p. 62.

17) *Ibid.*, p. 42

from her own experience, doctors '...work under a cloud of ignorance that is basic to the human condition. We are not omniscient. We are trapped in the present, and we cannot know the future or even all of the past.'¹⁸⁾ Given the inevitable limitations on medical knowledge, making the right diagnosis is often far from straightforward, as these stories show. Troubled by a persistent sore throat, Edward Rosenbaum visited three physicians at his university, all of whom failed to spot his cancer. By a lucky mistake he was sent to the speech therapy center, and it was only there that the right type of examination located the source of his problem. By the time that Jamie Weisman's disease was diagnosed, '...I'd been sick for eleven years. It took that long to figure out how to treat me, and during that time I'd been to hospitals from Minnesota to Massachusetts. I'd had three operations, four lymph nodes removed, five bone marrow biopsies. I'd been called a hypochondriac by my boss and been told by a hematologist that I had or soon would have cancer...'¹⁹⁾

Arriving at the right diagnosis can, therefore, be a lengthy and frustrating process even for a doctor-patient. Even so, the correct diagnosis is just the first step, and not necessarily the most difficult one. For when it comes to deciding upon best course of treatment for a patient, even the most highly qualified experts will disagree with one another. At Memo-

18) *As I Live*, p. 119

19) *Ibid.*, p. 4. It is true that during this very lengthy period of misdiagnosis Jamie Weisman was not in fact a doctor, but whether being a qualified medical practitioner would have made any difference to her chances of a speedier diagnosis is hard to say, since misdiagnosis is very far from uncommon. According to Edward Rosenbaum, 'Modern autopsy studies show that, in the best hospitals, good physicians miss the diagnosis in one patient out of four, and in one case out of ten the patient would have survived if the right diagnosis had been made. In some hospitals, the magnitude of error can be as high as 40 percent...' (*A Taste*, pp. 156-7).

rial Sloan-Kettering, David Biro was advised by Dr. Lucio Luzzatto, the world authority on PNH, not to proceed immediately to a bone marrow transplant. His other physician, Dr. Castro, told him exactly the opposite. The burden of decision was thus placed squarely back on Biro's shoulders, and since a bone marrow transplant is a potentially fatal operation in itself, that burden was an extremely heavy one. The fact that even leading experts could disagree was a very clear indicator to him of just how serious his situation was.

Jamie Weisman and her father were caught in a similar dilemma after one doctor had prescribed a range of antibiotics to combat a potentially lethal infection she had caught. A second doctor appeared later the same day and ordered that all the antibiotics except one should be stopped. Since the source of the infection was still unknown, both Weisman and her father argued that the first doctor's wider range of treatment should be continued. A lengthy confrontation followed, and although the second doctor finally agreed to do as they asked, he did so very reluctantly.²⁰⁾ An even worse situation, though, is one where there is no occasion for expert disagreement, one where all the specialists are baffled. In Geoffrey Kurland's case, the treatment for his leukemia went well at first, but then, inexplicably, he began to suffer from very high fevers which rapidly took their toll. Since, despite a battery of tests, his doctors could find no cause for this development, they were unable to prescribe any treatment, leaving Kurland in despair, feeling that death was closing in and that there was no longer anything that could be done, even at the Mayo, to stave it off.²¹⁾ For him, knowing that he was receiving the best treatment had been comforting until then, but now that reassurance dissolved completely.

20) *As I Live*, pp. 113-6.

21) *My Own Medicine*, pp. 221, 225.

Once the course of treatment to be followed became clear, the medical background of our doctor-patients gave them very little scope for intervening in the matter of when and how they would be cared for. Geoffrey Kurland was anxious to resume his leukemia medication after recovering from his period of high fever, but his doctor was more cautious. When Kurland argued that he was willing to take the risk, his doctor reminded him that he too had to be willing, and that nothing would be decided until he had consulted his colleagues.²²⁾ David Biro argued with his doctor to avoid being given an extra dose of radiation prior to his operation, but got nowhere because the amount of radiation to be administered was set by the protocol for the scientific study in which he was enrolled.²³⁾ In just the same way, Geoffrey Kurland queried the need for another bone marrow sample, for the simple reason that this test is a painful one, but was told that it was part of the protocol and so mandatory.²⁴⁾

Once their treatment had commenced, these doctor-patients found themselves bound by a new set of inflexible rules, just as much at the mercy of hospital routines and practices as any other patient. This often came as a shock. David Biro's initial treatment at Memorial had been overseen by Dr. Castro, but a routine change of schedule meant that he was then replaced by another doctor, leaving Biro '...confused and upset upon learning of this last-minute switch. After finally getting used to Castro, growing to like and trust the man, he deserts me and in walks a stranger, with a completely new face, a new personality, that has been entrusted — by whom? — with the task of leading me through the most perilous journey of my life.'²⁵⁾ But there was no point in

22) *Ibid.*, pp. 230-1.

23) *One Hundred Days*, pp. 149-50.

24) *My Own Medicine*, p. 213.

arguing, just as there was no point in trying to evade the rules that governed treatment. In considerable stomach pain after an operation, Geoffrey Kurland was prescribed morphine. He asked for it to be given intravenously, a very much less painful procedure than receiving it intramuscularly, but was told by the nurse that this could not be done. The pain resulting from the IM injection seemed worse than what he had been suffering originally.²⁶⁾ Similarly, taken for a CT scan in hospital, Jamie Weisman was suddenly overwhelmed by pain and begged for morphine, only to be refused because it wasn't given in the radiology department. When she was finally returned to bed, the pain continued to be unbearable, but the nurse refused to administer additional morphine. Only when she had suffered for several more hours, begging the nurse to let her die and release her from the pain, was she granted the PCA (patient-controlled anesthesia) pump that finally brought her agony under control.²⁷⁾

Hospitals are large institutions, and this too limited the 'special treatment' that our four doctors received, for those lower down the hierarchy, like nurses and technicians, did not always treat them with the respect that their professional status commanded at the highest levels. David Biro complained to his wife that one nurse at Memorial Sloan-Kettering was rude, bursting into his room every hour without apologizing.²⁸⁾ A nurse treating Jamie Weisman was warned by her father that trying to get an IV needle into her would not work, but went ahead anyway, causing considerable pain in an attempt that proved completely unsuccessful.²⁹⁾

25) *One Hundred Days*, p. 131. Biro was, however, able to contact his friend Naftali, to be reassured about the ability of his new doctor (*ibid.*, p. 132).

26) *My Own Medicine*, pp. 100-1.

27) *As I Live*, pp. 106-110.

28) *One Hundred Days*, pp.142, 144.

Edward Rosenbaum was shocked when the two technicians charged with conducting tests prior to his X-ray treatment started to discuss his physique in very unflattering terms as if he were not in the room. One day after his treatment had begun, he was again upset to overhear an argument between two technicians about which one of them should attend to him. Neither wanted to, and the quarrel ended with one of them saying that she would get two students to do it so that she could enjoy her coffee break. When the students came into the room, they were so inexperienced that they could not find the tattoo marks that were the targets of the X-rays. Rosenbaum was '...in a state of shock. They'll never manage to center the machine properly! I'm also furious with Debbie and Barbara [the two technicians]: this is much too crucial a procedure to leave to students. If the X-ray beam is off, the treatment is useless and I could be burned.'³⁰⁾

Such rudeness and inattention was also, on occasion, to be found even among the physicians responsible for treating our doctor-patients. Edward Rosenbaum in particular was critical about the way in which he was treated, frequently being kept waiting, having brief and inadequate consultations with his doctors, and having appointments broken and treatment sessions cancelled.³¹⁾ Such a lack of consideration was even more evident in the treatment Jamie Weisman received.

'In the course of my disease, I have been cared for by numerous doctors. Some I have respected and admired; some I have hated. One I pitied because he seemed so unhappy being a doctor. Some have struggled to understand my disease -- they've

29) *As I Live*, p. 106.

30) *A Taste*, pp. 68-71, 171-2, quote at p. 172. Rosenbaum was also worried about having X-ray treatment in August, the holiday months when the changeover among technicians was higher than normal (*ibid.*, p. 117).

31) See, for example, *A Taste*, pp. 49, 72-4, 78, 83, 85, 95, 108, 112-13, 128, 140, 155, 161, 177, 192.

written to colleagues, they've researched journal articles. Others have shrugged their shoulders and offered me the white flag of a prescription pad. Very few, precious few, have made me feel completely cared for...³²⁾

In the worst of all the examples of mistreatment that she suffered, her status as a doctor actually counted against her. While a hospital intern, she fell ill and spoke with the doctor on call. Not only did he refuse to make time to see her and take her symptoms seriously, he also suggested that if she really needed antibiotics she could get them herself as she was now a doctor. When her condition worsened, she phoned him again, only to be put off once more. Her condition started to become very serious, and she rang the doctor a third time, this time asking to be hospitalized. The doctor refused to come into the hospital to attend to her, but reluctantly agreed to call the resident there and arrange for her to be seen. It was a promise he did not keep, with the result that when Jamie arrived at the hospital, she was left to wait at a time when she desperately needed treatment. As she wrote, her physician had completely failed her.

'Somehow he had managed to turn the fact that I was a doctor back on me. He made it clear that he was not required to listen to my opinion; in fact, he implied, I should know better than to bother him. If I was a doctor, I should call in the medicine myself...

Despite my repeated reminders of my compromised immune system and of past serious illnesses, the doctor had treated me like a nagging hypochondriac and a terrible inconvenience...He had been irresponsible, arrogant, and lazy. If I had not insisted on going into hospital, I might easily have become gravely ill. In the past I'd come close to dying. He would have been inexcusably at fault if that happened. Ironically my own medical knowledge saved him from disaster...³³⁾

Nor was this the last of her problems. Finally seen by a

32) *As I Live*, p. 56.

33) *Ibid.*, pp. 91, 94-5.

doctor, she was immediately sent to bed and antibiotics ordered. But six hours later they still had not arrived, and her family summoned the doctor, who arrived with the staff pharmacist responsible for issuing the drugs. The doctor

'...was shocked to learn that the antibiotics had not been given. She asked the pharmacist how six hours could pass without an ordered antibiotic being administered. Six hours is critical in a patient with a serious infection. Six hours could send you to the intensive care unit; six hours could allow the infection to spread to the brain; in six hours you could die.

The pharmacist did not have an explanation for the delay. He shuffled his feet, looked at the floor...

Waiting six hours... [to deliver] an antibiotic is a clear-cut medical error... The pharmacist walked out of the room without looking at me or apologizing, and the antibiotic was delivered fifteen minutes later.³⁴⁾

There are a number of factors that might explain the lack of care described here. As an intern Jamie Weisman was at the bottom of the hospital hierarchy, and could not command the same respect as an experienced doctor.³⁵⁾ The fact that she was a woman may possibly also have contributed to the neglect she suffered. Or she may simply have been unlucky in the doctor and pharmacist who were treating her.

But while her experience is proof that not all doctors receive 'special treatment' when they fall ill, there is still, as we have seen, plenty of evidence to suggest that this does

34) *Ibid.*, pp. 104-5.

35) Another doctor, Jerome Groopman, tells of a similar experience when he and his wife were newly qualified. Their son fell seriously ill, and they took him to hospital, asking the doctor there to operate immediately. It was late at night and he refused — the only concession he made to their medical background was to suggest that they get some coffee from the nurses' station, something that ordinary patients could not do. Still desperately worried, the Groopmans were able to contact a friend who arranged for a senior doctor to come in. He immediately carried out an emergency operation on the baby which may well have saved its life (see J. Groopman, *Second Opinions* (New York, 2000), pp. 21-31).

happen, and maybe not infrequently. Whether it can be justified is an important question for medical ethics, which we will now consider.

(to be continued)