Getting the Medical Care You Need!

A Bruno Byte

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Traditional American medicine has died, passed on, is no more, has ceased to be. Medical care in the US and elsewhere has expired, is bereft of life, pushing up daisies! If we don't figure out how to squeeze some kind of care out of the corpse, we *all* will be miserable and too soon kick the bucket, shuffle off this mortal coil, run down the curtain and join the bleedin' choir invisible!

This US medical care obituary was written by a New York Times reporter interviewing psychiatrist Donald Levin, who no longer provides 45-minute “talk therapy” sessions but now prescribes medication, typically during 15-minute visits. Dr. Levin said that talk therapy “was no longer economically viable.” He could have accepted making less money. But said he, “I want to retire with the lifestyle that my wife and I have been living for the last 40 years.” To save time, Dr. Levin resists helping patients manage their lives. “I had to train myself not to get too interested in their problems.” Yeah, that's the doctor I want, one who has trained himself “not to get too interested” in my problems.

Dr. Levin saw one patient for a prescriptions renewal, which took about 12 minutes and for which Medicare would pay $50. So, where Medicare would pay $150 for one 45-minute psychotherapy session, at 12 minutes a pop Dr. Levin can earn $190 in 45 minutes. The shortest visit for which Medicare will pay is 8 minutes. So, if he stops lollygagging, Dr. Levin could be making nearly $3,000 a day, while an “interested” talk psychotherapist would only make $1,600. Pity the poor shrinks.

Unfortunately, it’s not just shrinks. Brief psychiatric consultations are now common said a former president of the American Psychiatric Association: “It’s a practice that’s very reminiscent of primary care (doctors who) check up on people; they pull out the prescription pad and order tests or drugs.”

Oh, great! Psychiatry is another medical specialty to fall to the level of “Test ‘em and turf ‘em,” as we used to call it back in my E.R. days. Polio survivors are too familiar with the primary care docs’ “Don’t let the door hit you in the wheelchair on the way out.” I saw a post-polio patient whose legs were swelling and who was becoming short of breath. I called her primary care doc and sent her over. She reported the doctor’s nurse drew blood and the doc made a referral to her lung doctor. Total time with the primary care doc: 7 minutes; Medicare charge: $50.

The patient’s lung doctor stood at the exam room door, looked at her blood results, did not listen to her lungs, and said, “You need to see a cardiologist.” Total time with the doctor: 5 minutes. Medicare charge: $50.

Off to the cardiologist, who also stood at the exam room door, looked at her blood results and not the patient, did not listen to her heart, typed into his computer while saying, “Let’s not disturb the status quo.” Total time with the doctor: 4 minutes. Medicare charge: $50.

That evening, in heart failure, the patient was admitted by ambulance to hospital for 6 days. Medicare charge: Several year’s worth of SSDI payments.

A One-Two-Three Prescription For Medical Care. Of the 4,000+ e-mails I get a year, the most frequent question is, "Where can I find a doctor who knows about PPS?" My answer? *You* are the one who knows about polio and PPS. You know more about your body than any doctor ever could.

Unfortunately, you can't write prescriptions for yourself. So, here's a 1-2-3 plan for (hopefully) getting adequate medical care:

1. Ask friends for recommendations and find a doctor willing to read and learn from what you bring about polio, PPS and your body. Hand the doctor the link to the Encyclopedia of Polio and PPS. (https://www.papolionetwork.org/encyclopedia.html)
2. Encourage him/her to read "Post-Polio Syndrome: Basic Facts" in the articles section.
3. You can save time and get more out of your visit when you bring notes including:
    - Reason for your visit: A list of symptoms and when they began.
    - Bring Reports of Bloodwork, X-Rays, etc.
    - Your Medications:
      Name of Drugs: Brand or generic name.
      Reason for Taking Medications: e.g., "Left lower back pain."
      Dose, How Often Taken and For How Long: e.g., 300mg and 3x/day for 2 months.
      Effect of Medication: "Reduced pain by 50%," "Made me sleep all day."
    - Your Goals: "I want to reduce back pain, decrease fatigue"…etc

Be Dr. Jekyll and Mr. Hyde. Be Dr. Jekyll and Mr. Hyde. If you know that the docs and other medical professionals have learned about PPS and are listening to your concerns, be the nice and complimentary Dr. Jekyll.

If they don't listen, are arrogant and ignore your real concerns related to being a polio survivor and the facts about PPS, become Mr. Hyde: fire the doctor and get another. If you're in a hospital, be polite but firm as you demand that the doctor leave your room; ask for the Nursing Director or hospital CEO to get you a physician who will listen to your needs and create a plan of care is that's is right for you.

I have had patients go in for colonoscopies and, when they find that the anesthesiologist refuses to listen to polio survivors' special need for less anesthesia, put their clothes back on and leave the hospital.

For articles about the Prevention of Surgical and Anesthesia Complications, see "Anesthesia" HERE

There are 100,000 physicians and 6,000 hospitals in the US.
You can find *one* where you will receive both care and caring!