

Beacon Hill Byline by Mary Rogeness

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Getting an Education in How Medicine Works

Doctor for a Day, a program of the Medical Society of Springfield, invites outsiders like me to follow a physician through a day of medical practice. I wrote about that experience in the June 18 Byline. In addition to seeing patients, we talked together about some of the medical and social issues that face physicians in the modern world, and this week I will share with you some of those conversations.

One subject that is highly topical in our community is the HIV virus and AIDS. People have spoken to me from differing viewpoints about mandatory testing for the infection, and it seemed appropriate to ask physicians this I question: Should a health care provider be entitled to know the status of a patient if that patient's AIDS might have placed the health care worker at risk of infection?

The doctors all answered in the affirmative, with these explanations: They see AIDS as a public health issue that unfortunately has been placed in a political arena. Medical care today has limited the risk of infection by requiring universal precautions on the assumption that any individual might be carrying the infection. When, however, the precautions are breached by an accidental needle prick or other exposure, a provider should be entitled to know his or her risk of infection. This right does not now exist in Massachusetts although pending legislation would grant it.

We discussed the capacity of medical technology to prolong life beyond individual function, and one doctor summarized all of their comments with this stated goal: To steer a course between prolonging life and prolonging death. Doctors counsel patients and families about such decisions. They praise Massachusetts for enacting the Health Care Proxy law, pulling our state in the forefront in dealing with the important social issue.

The bureaucracy that drives medical practice today was a topic that I never had to bring up. It was demonstrated repeatedly throughout the day. First we saw an elderly patient who had a clinical need for oxygen therapy. Medicare and Medicaid require quantified documentation of that need with a test of pulmonary function. She needed the oxygen - the only question was whether the numbers validated the need. (They did.)

Doctors talked of being notified months after performing diagnostic tests that the tests were deemed unnecessary and payment denied. Another eye-opener came with a glance at a hospital printout that summarized a physician's use of hospital beds. One month he was keeping patients 2 days longer than the norm, while the next month he was well under the mark, a statistical improvement. The printout is informational and carries no sanctions. But it carries the message that the doctor is being watched.

I finished the day with a tired back and sore feet and with the reinforced impression that the region provides an excellent level of medical care. If anyone should invite you to be a Doctor for a Day, accept the invitation. It is a valuable lesson and an education in how medicine works.