

Letter from . . . Chicago

Turning back the hands of time

GEORGE DUNEA

British Medical Journal, 1977, 2, 1590-1591

"Mrs Smith, we now have all the information obtainable from your medical history and tests and we find that you are 60·3 years old."

"But doctor, there must be a mistake," says the thoroughly startled Mrs Smith, "I am only 50 years old."

Mrs Smith, having had a check-up at a clinic using a computerised risk factor appraisal system, now learns that because of her bad habits and life-style she stands the same chance of dying as a 60 year old. But, the doctor reassures her, she could lower her health-appraisal age by 3·7 years if she lost weight and took her blood pressure pills; by 1·5 years if she stopped smoking a packet of cigarettes a day; and by various other fractions of a year if she exercised, examined her breasts monthly, and had yearly complete check-ups, including regular rectal examinations and Papanicolaou smears. Particularly clean-living people may even lower their health-appraisal age below the chronological and in time qualify for admission into the exclusive centenarian club, whose local chapters include such far-flung places as Hunza, Abkhazskaya, and Vilcabamba.

About one-third of the world's 25 000 centenarians live in the USA and they provide a fascinating link with the past, since their memory may span over half of their country's history. Probably the most senior of the American centenarians is the 135-year-old Charlie Smith, who, though married three times, does not remember ever divorcing any of his wives, and does not want another because they cost too much. Born in Liberia in 1841 and kidnapped by slavers at the age of 12, he lived most of his life in Louisiana but moved to Florida when 121 years old. He is reputed to be in good physical and mental condition, and may well be the oldest man in the world. By comparison, Mrs Daise Heslop, aged 94, is a mere youngster. But she can speak about floods with unusual authority, and recalls that she was 6 years old and just recovering from measles at the time of one of the worst natural disasters in American history, the legendary 1889 Johnstown flood, which claimed the lives of some 2200 people.

Another legendary survivor of the Johnstown flood has long provided a useful opening anecdote to nervous scientists trying to break the ice when presenting papers before an audience of experts. This man, being invited to talk about the catastrophic event, performed so well that he received more and more invitations and eventually spent the rest of his days lecturing on the Johnstown flood. On ascending to heaven he was promptly asked by St Peter to deliver his lecture. A large audience of saints, angels, and virtuous pagans being assembled, he was just about to begin his talk when St Peter came up to the podium

and said: "I thought it was only fair to warn you that Noah will be in the audience tonight."

This year the subject of what undoubtedly has become an endowed annual celestial lecture will have to undergo a few revisions because in July the floods struck again, inundating this hydrophilic town of 43 000, killing at least 50 people, and causing property damage estimated in millions of dollars. Also in Pennsylvania, in the emergency room of a Norristown hospital, it was discovered that the pipes carrying oxygen and nitrous oxide had been mixed up, and, with 300 patients receiving the wrong gas, it is believed that this error may have contributed to the deaths of at least five people. And another disaster, though of a different kind, concerned some of the amendments to the tax law passed by Congress in the last few months of the Ford administration.

Loss of tax advantages

For the physician whose earnings place him in the 50% tax bracket the implications are painfully clear. He will no longer be able to deduct a second office in his home unless it is a principal place of business or used as a regular place for seeing patients. He will no longer derive substantial tax advantages from purchasing a second home in a recreational area—for example, using it for half a year, renting it out for the remainder of the time, and obtaining all the deductions associated with rental fees. Under the new law these deductions are now denied unless the taxpayer uses the home for less than 14 days a year. The new law also limits the deductions obtainable by investing in farms, orange groves, oil wells, and other forms of real estate. Other provisions concern long-term capital gains, deductions on interest on loans, prepayment of interest, preferential tax, and several other items rather too difficult to understand. The limitations on travel to foreign meetings, however, are clear: only two meetings a year are allowed; travelling must be by coach or economy fare; the extra time spent on vacation may not exceed the time spent on business activities; there must be evidence that a full two-thirds of the meetings were attended; and the allowance for food and board is limited to that applied to US civil servants in that part of the world. Clearly, the mechanisms for disseminating scientific knowledge across national boundaries may be in for considerable restructuring.

Medicine by telephone

Another form of communication is also due for a fresh look. For everybody knows, writes Dr Michael Halberstam,¹ that "the private practice of medicine is an endless series of telephone calls interrupted by an occasional live patient who happens to wander into one's office." Yet, although some of the most crucial decisions in modern medicine are made on the telephone, doctors can find no advice on this kind of practice in the professional literature, and indeed the conspiracy of silence can be

Cook County Hospital, Chicago, Illinois

GEORGE DUNEA, MB, FRCPED, attending physician

traced back to the medical school. For doctors, though enjoined never to diagnose or prescribe on the telephone, in fact do and are expected to practise in this manner. Perhaps, then, the teaching should now be changed from "never prescribe on the telephone" to "how to prescribe on the telephone." An attorney specialising in medical liability has partially filled the gap with certain medicolegal precepts: listen to the patient, understand what he is saying, keep an accurate record, record all prescriptions, and beware of delegating authority to your nurse or office aides. The book on the pharmacological principles of telemedicine, however, has yet to be written.

Rape verdict unseats judge

Earlier last year, in Wisconsin, two youths stopped a 16-year-old girl in the school corridor, pinned her down on the floor, and attempted to rape her. The judge sentenced one boy to a youth home for one year and the other to one year's supervision in his own home. When the prosecutor objected to the light sentences the judge commented that the boys may have reacted normally to what is a sexually permissive society, that women now come into the courtroom "wearing clothing that reveals their nipples and dresses up over the cheeks of their butts," and that "it used to cost money in Chicago to see women wearing clothing now seen in public."

The judge's comments provoked a national explosion of irate newspaper editorials and rallied the local feminist groups—who secured 35 000 signatures requesting a recall election. The election was held in September, and the judge was unseated by a considerable majority, who felt that sexual assault was not a normal reaction to a 16-year-old girl wearing a turtleneck sweater and blue jeans. Later in the year, also in Wisconsin, a judge dismissed a charge against a man accused of fondling an undercover policewoman and kissing her. The judge commented that by posing as a lady of the evening the police officer had invited familiarity and implied consent. Moreover, there was no harm done other than touching. But the district attorney was outraged and will appeal against the decision.

Victory for salaried doctors

Another judge, in Chicago, resolved a two-year-long acrimonious dispute and may have set a precedent safeguarding the rights of salaried hospital doctors against arbitrary action by capricious governing bodies. The dispute began in 1975, when in the aftermath of an 18-day-long house-staff strike the Cook County Hospital's governing body abruptly dismissed Dr Quentin Young, chairman of the department of medicine, ordered him to vacate his office by 5 pm that day, and showed they meant business by padlocking the door to his office. No reason for the dismissal was given or deemed necessary since, in the opinion of the governing body, clinical chiefs served at the pleasure of their employers. But the chief stayed, the padlock mysteriously disappeared, the house-staff members zealously guarded his office night and day, and a Federal judge subsequently decided that his constitutional rights had been violated and that he had a right to due process. A moderately impartial review body conducted a hearing, found Dr Young guilty of a variety of inconsequential administrative peccadillos, and recommended that he be reprimanded and suspended for 30 days without pay—whereupon the governing body promptly voted to fire him again because of the serious nature of his crimes. But the judge ruled that the firing was capricious and arbitrary, and blocked any further action against Dr Young.

In August a higher Federal court upheld the first judge's decision on the grounds that clinical department chiefs had a "property right" in their positions and could not be dismissed without written charges and a fair hearing. The decision was obtained at no small cost. Dr Young's legal fees were \$65 000,

of which the American Medical Association contributed \$15 000 and the medical staff the rest, while the governing body spent \$100 000 of the taxpayers' money. And although the court's decision applies primarily to public employees covered by State Law, it was hailed as a major victory for all salaried doctors.

Artificial hearts

Finally, on 20 November 2002, the US Supreme Court ruled that the regulatory agency of the American National Health Service had a perfect right to limit the proliferation of artificial hearts by establishing rigid selection criteria and by setting up a lottery system whereby the computer would select at random 400 individuals a week from a longer list of eligible candidates.² Five judges, all of whom had implanted artificial hearts themselves, ruled against the plaintiffs and upheld the prohibition against the private practice of thoracic surgery, since "we cannot allow the avarice of a few to jeopardise the health of many."

One of the majority judges, however, while upholding the constitutionality of the decision, felt that artificial hearts should be banned, their use being based on an irrational desire to live for ever. In his own case, the judge said, his artificial heart never gives him any peace—he hears it when alone in bed at night reminding him both of his mortality and of his humanness, and taunting him with the notion that he was no longer fully human and was already partially dead. Dissenting judges, however, thought that the allocation scheme was inequitable and unjust, and undermined the sacredness and equality of human life, making social worth the standard of longevity in our society.² One judge thought the hearts should be given only to the young and the middle-aged—and pointed out that the immortal struldbrugs from the island of Luggnagg were by no means as happy as the few select centenarians from Hunza, Abkhazskaya, and Vilcabamba.

References

- Halberstam, M J, *Modern Medicine*, 1977, May 15, p 6.
- Annas, G J, *American Journal of Law and Medicine*, 1977, 3, 59.

WORDS Mankind has always attempted to foretell the future. I suspect that the recent revival of a serious interest in astrology (which seems to be especially prevalent among middle-class women) is symptomatic of the decline in religious belief that has occurred during the past half-century. Astrology now provides for its believers the feeling of security that was thereby lost. Be that as it may, scientifically educated people and those able to face the uncertainties of the future reject the dogmas of astrology as they do divination by cards and tea-leaves. Yet we still use words derived from ancient beliefs in omens and in prognostication thereby. We have all heard something like this.

On this auspicious occasion we are honoured to have with us today the eminent speaker who will inaugurate the new academic year. We considered him the obvious choice, and felt it would have been nothing less than a disaster if he had declined our invitation.

If this sentence sounds a bit contrived, that's because it is. Let us look at auspicious, inaugurate, consider, and disaster. AUSPICIOUS is from *L. auspex*, a contraction of *avis* *pex*; *avis*, bird; *specio*, to look. Divination by observing the flight of birds. INAUGURATE, originally to usher in with auguries. In ancient Rome the augur was an important religious official who interpreted omens derived from the flight, feeding, or singing of birds. Augur, a contraction of *avis*, bird, and *? garrio*, to chatter. In Italian *auguri* retains some of its original meaning: good wishes for the future. CONSIDER (*L. con*, together; *sidus*, *sideris*, star), a star or constellation as a guide to a course of action. DISASTER (*L. dis*, privative; *astrum*, star), an unfavourable aspect of a star or planet—that is, ill-starred. Personally, I have always used tea-leaves, or did until we changed to tea bags.