

## Over spilt coffee

I spilt my coffee over the newspaper at breakfast this morning while cutting out news items of medical interest--which I obsessively save but rarely use. I now have in front of me newspaper clippings as crisp as potato chips, as embrowned as Thomas Hardy's Egdon Heath in November, but not half as exciting as shutting down the government, pursuing Whitewater and Travelgate, or following the Chicago Bulls or New Hampshire primaries.

The first item, of particular interest to anyone struggling with Cerberus-like gatekeepers in Canadian emergency rooms (see my Soundings of 30 September 1995), is about a group of doctors in New Brunswick setting up a public telephone service. For about US\$3 per minute interested parties may phone in and talk with the doctor on call about their allergies, drug reactions, dyspepsias, fears, and anxieties, or gather information about an alarming disease or spectacular cure that they too may have read about over coffee at breakfast. In roughly four minutes the doctor will ask a few pointed questions, make a diagnosis, and proffer advice, or if need be tell them to go to the emergency room and explain their case to the local Cerberus--ideally not in Montreal.

The second item is for patients who don't wait around emergency rooms but have their own doctor and even know his or her name (a not too common phenomenon among the inhabitants of many North American inner cities) but remain anxious about their impending surgical operation. They are advised to ask their surgeon the reason for the operation, where and how big the incision will be, and how long it will take to recover. Speaking to the anesthetist may help them decide if they want to be unconscious, semiconscious, or awake during surgery, and if they want the nurse to manage their postoperative pain or do it themselves. Patients may give blood to be stored or appoint a "designated" donor. They may ask if the hospital is short staffed and consider hiring private nurses--expensive but sometimes essential to anything other than bare survival. They may also empower themselves by reading the informed consent form at leisure rather than while sedated on a cart on the way to the operating room.

Less empowered, according to my third news item, are patients enrolled in managed care and so-called health maintenance organizations, some of whom have been treated shabbily enough to stimulate local legislators to consider regulating these businesses a little closer. Some patients have objected to treatment being refused or unreasonably delayed. Women have likewise complained about being sent home one day after delivery, before it was realized that their babies were jaundiced. These perceptions of treatment being skimped to increase profits might give pause to doctors planning to set up their own managed care organizations. Such plans, according to my last item, would be facilitated and legalized by the Medicare reform act now under consideration. Doctors rather than bureaucrats and business managers would run the show, but their image would likewise suffer if they too were perceived to be withholding treatment in order to maximize profits, dealing as they are with a demanding public that expects them to do everything possible, not merely everything necessary.