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# EDITORIAL

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## Medicine American-style On the sharp edge of the knife

To understand the American style of medicine it is necessary to be aware of the undercurrents that drive the system. Most hospitals are designed as not-for-profit organisations but this does not prevent them as acting as for-profit businesses. This means entering into competition with other systems to attempt to gain “market share”. Although patients have some discretion about choosing the hospital they would prefer, the fact is that most often it is the physician who makes the decision. Thinking they can influence decisions about which hospital patients chose, hospital marketing specialists persist in attempting to do things which separate one institution from another. This is manifest in billboards along the highways extolling the virtues of a new machine or technique available at hospital XX that presumably is not present at other hospitals. Potential patients hear ads on the radio discussing the newest technology available at a particular hospital. Focus groups of potential patients, arranged by clipboard-toting registered nurses and their administrator counterparts, probe the deep questions of whether a patient would choose hospital XX over XY because they have acupuncture, foot massage, or aromatherapy. This may seem trivial but it is serious stuff in the American system.

Even though I had practised in this system of medicine for 30 years I still naively entered the process of preparing to be on the sharp edge of the knife. Most people have a certain level of anxiety regarding a surgical procedure. The concern is often how much and how long the pain will last. My anxiety was minimal and probably subliminal since I woke at 01:00 on the day of surgery and had a fitful two to three hours before falling back to sleep. Patients are often bedraggled and fatigued as they appear for surgery and it is probably related to sleep disturbances. Little do they know that the hospital experience will not add to their REM sleep bank.

The pre-operative hospital routine is arrive early, get the barrage of paper work done, and then wait. You are then deprived of your clothes and placed into institutional garb which has definite infantilising and dehumanising aspects to it. The march of personnel then begins and will not end until discharge from the facility. It entails taking your temperature, drawing blood, and asking the repetitive questions regarding medication, allergies and previous procedures. Much of the instruction after this is given at high-pitched and high-volume voice (much as a teacher in chiding a wayward student). I suspect they feel it is necessary to break through the approaching stupor which comes from pre-op meds.

Although I speak of the above procedures derisively, a calm environment of the pre-op and post-op area is important. I appreciated not hearing pre-operative evaluations and the ensuing angst of other patients. At this facility it was possible to look out a window at a beautiful “healing“ garden. That was also very calming. I then received the first introduction to aromatherapy. Although I did not feel stressed, the aromatherapy nurse had been instructed to introduce everyone to the technique. She slapped a cotton pledget soaked in some fragrance on my gown and whispered that this would help me relax. The smell was barely tolerable but at that point the anaesthesiologist hit me with a bolus of some magic drug and I was on my way to LaLa land.

I’m still not sure why the orderly or nurse who is pushing you into the operating room, announces the hall has a “small bump” when actually it is the size of a speed bump and the velocity at which you cross it could send you airborne. Gurneys are designed to transfer and magnify every small defect in the floor.

With modern anaesthesia there is amnesia and surgery is a blur. The next thing I was aware of were the questions “can you move your toes? Does it hurt? Take a deep breath”. Then I was out of recovery and whisked to the room.

In the modern American hospital, once a patient is awake and gaining clarity the great parade continues. The dietician entered with a menu of clear liquids consisting of tea, jelly, chicken broth, topped off with sorbet. I laid back to contemplate the oncoming gourmet delight when the nurse entered with a continuous passive motion machine (CPM). She stated the machine and I would become good friends having 2 hour sessions as long as I was in hospital. I drifted off to sleep but was awakened by my night nurse who introduced herself and wrote her name on chalkboard (this is similar to the waiter who states “my name is Justin and I will be your server tonight.”) I could really give a rat’s bum what her name was at 01:00. She stated that she was only an aide and the registered nurse would come around later to introduce herself. Wow, I could hardly wait!

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The fact that modern American hospitals compete by including an array of alternative medical treatments such as acupuncture, aromatherapy, healing hands, foot and hand massage, means that the staff must be trained to offer everyone these experiences.

The aide, after awakening me said she was going to repeat the previous aromatherapy to help me sleep. She taped the cotton pledget to my clavicle. It contained the fragrance of “orthopaedic lavender and cumin”. This time I was fully awake and when I turned my head to my shoulder and took a breath, I had an immediate searing frontal headache. I grabbed the pledget, ripping it off and slinging it against the wall. I immediately thought this may be a new way of pain control by producing a severe alternative pain. I explained my reaction and she said in all the calmness and understatement of a professional: “I guess we should mark your chart, “no aromatherapy”.

As I again faded into sleep, the registered nurse appeared because my IV had run out and the alarm was beeping. She explained she would put me into the CPM at 05:00 so I could finish before the shift was over. Great, I thought at least two hours sleep with no interruptions! Wrong. Forty-five minutes into the sleep a cheery technician bounced in announcing she had to draw morning blood. At that point I thought, wrongly again, that at least I would grab a series of naps in the morning. What I didn't realise was that if you were lonely and wanted company all you had to do was fall to sleep. This produces a succession of visits by the dietician, physical therapist, social worker, hospital volunteer and patient advocate.

Modern American hospitals want their physical facilities be a part of the healing process (at least some consultant told them that this would set them apart from other hospitals and might even be good). As I have previously noted, the hospital grounds had a beautiful “healing garden”. On the morning after surgery, we decided to break the monotony of the hospital routine and visit the garden. My stability on crutches was minimal and therefore a wheelchair was found and my wife Judy supplied the power. The garden consisted of a great variety of trees, grasses and colourful bushes, wrapped around a classic Minnesota marsh. The first thing we noted was that the architects had probably never taken a tour around the garden in a wheelchair. The path was a sensually undulating concrete surface with different elevated designs and figures, making it quite beautiful but a real challenge for a wheelchair. The layout of the garden was such that there was a subtle but steep hill going down to the marsh. This, in addition to the fact that the day was quite windy, made wheelchair control quite tenuous. As we began roaring down the hill, Judy dug her heels into the surface and slowed down enough to make a high speed turn avoiding the marsh. I thought that maybe the healing aspect of the garden was to produce a real adrenaline rush. The designers never realised that if you ride a wheelchair down a hill you must go back up. Many hospital windows face the garden and anyone looking out would have seen a small, tough, grey-haired woman struggling into the wind to push a loaded wheelchair up past the herb garden. Needless to say, I did not feel my inner spirit was nourished as I passed through the healing plants. The next day the path was closed for the season due to inclement weather!

I returned to my room and flopped on the bed. It was Halloween and in a short while (they must have known I was back and might try to take a nap) a volunteer wearing a costume arrived leading a large dog. Since the dog had a costume consisting of fairy wings and a tiara I assumed it was not a seeing-eye dog but another chapter in the manual of alternative medicine cures. The volunteer asked if I liked dogs and after affirming this, the dog leapt on the bed with his tongue hanging out. She said he liked to give kisses but I felt this was a bit too much “trick or treat” at one day post-op so I begged off dog kisses and petting contact.

Later that day I convinced the “powers” that I was ready for discharge and while contemplating my adventures I realised several things. The American system has many quirks and foibles but once one gains admission to it the care is excellent. A revelation to me was that the system is designed for the convenience of the physicians and nursing staff and not the patients and once one exits the system, rest, blissful rest is available. REM sleep can be achieved. Food is palatable, physical therapy is on your own terms (note picture of equipment supplied) and no one is concerned whether aromatherapy is working, your acupuncture is on time or you enjoyed the healing hands. If you have a dog or cat on your bed it's your own, not one dressed in a fairy costume with wings and a tiara. Ah, American entrepreneurial spirit – don't ever underestimate it!!

**Dr Lutter was Editor-in-Chief of *Foot and Ankle International* for many years. His editorials were so striking that they were published in book form after his retirement. – Editor-in-Chief.**

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