

NONFICTION

"My patients
are always dying."

"Sex?
It's part of the game."

"I'll break all the rules
to save a life."



ALL TRUE

The Passions and the Secrets.
The Hidden Lives of a Medical Center Staff.

HOSPITAL

MICHAEL MEDVED

Bestselling Author of
WHAT REALLY HAPPENED TO THE CLASS OF '65?



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MICHAEL MEDVED

HOSPITAL

**The Hidden Lives of a
Medical Center Staff**



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For Nancy

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"Death is such a big thing, such a big change, you can't really believe you're in control of that."

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"I'd already been rejected so often that I didn't want to face it again. Then I just said, 'This is ridiculous. I'll try it and see what happens.' "

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"There's nothing magic about it."

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VITAL SIGNS

In the spring of 1980, one of my close friends suffered an apparent nervous breakdown. I sat with him through a long night of tears, hallucinations, and suicidal fantasies. By the time the sun came up he had become thoroughly incoherent and attempted to run naked through the streets. At seven A.M. I managed to coax him into a bathrobe and we drove together to a nearby hospital. At my urging, the officials in the psychiatric ward agreed to place him on "seventy-two-hour hold"—detaining him against his will because he represented an imminent danger to himself and to others. During this period of hospitalization, the patient received heavy doses of Thorazine, a powerful antipsychotic medication that helped him regain at least a semblance of normal behavior. The law required that he be released after three days, regardless of his emotional state, and my friend took advantage of the earliest opportunity to walk out of the hospital and back into his job. In subsequent conversations, he could make no sense of his experience, and he refused to rule out the possibility of a similar break in the future. "I can't waste time worrying about it," he shrugged. "I guess it's in the nature of an occupational hazard."

My friend is a physician—a brilliant young obstetrician-gynecologist with a thriving practice centered at one of California's most

prestigious hospitals. Within four hours of his release from the psychiatric ward, he had returned to the demanding business of seeing patients, delivering babies, and performing abortions. The women he treated were unaware of his recent crisis, and those few professional colleagues who knew what had happened seemed to accept it as a matter of course.

There is a mounting body of evidence to suggest that the problems which my friend experienced are becoming alarmingly common among today's physicians. Several recent studies indicate that the practice of medicine extracts a high price in return for the tangible and intangible benefits it bestows. . . .

—In a long-term project at Harvard, psychiatry professor George E. Vaillant analyzed a representative group of New England physicians. He discovered that 36 percent regularly used tranquilizers or other mood-altering drugs, 34 percent had made ten or more visits to psychiatrists, and an astounding 17 percent had been *hospitalized* for psychiatric reasons.

—The rate of drug addiction among American doctors has been estimated at thirty to one hundred times that of the population at large. Reports from abroad display a similar pattern, with studies in England, Germany, Holland, and France showing that 15 percent of all known drug addicts are physicians, while an additional 15 percent are members of the nursing and pharmaceutical professions. In 1973 the American Medical Association reported that based upon data from state licensure boards, an estimated 6 percent of all American physicians—or some 20,000 doctors nationwide—are “significantly impaired” by drug addiction or alcoholism.

—A 1972 study in the *New England Journal of Medicine* reported that 47 percent of physician respondents rated their marriages as “unsatisfactory.” In addition, the *American Journal of Psychiatry* reported that 13 percent of all male physicians in a 1973 survey engaged in “erotic behavior” with their patients, despite ethical standards strictly forbidding such conduct. Dr. Robert E. Taubman of the University of Oregon, who has studied 1,200 physician marriages in ten cities, has found that the moderate divorce rate among doctors is no indication of healthy family relationships. “One of the occupational hazards of physicians is marital misery,” he observes, “but it is hidden by the mask of marital conformity.”

—All of these problems help to produce a suicide rate among physicians four times higher than the national average. At least a

hundred U.S. doctors take their own lives each year, a group that is equal in size to the average medical school graduating class. Among male physicians under thirty-nine, 28 percent of all deaths are suicides. Statistics from England, Canada, and Denmark show the same bleak trend. A 1974 article in the *Medical Journal of Australia* entitled "The Disease of Being a Physician" reported that in that country "at least one doctor in fifty kills himself, and quite likely the proportion is twice as great."

These statistics reflect only the most visible aspects of a complex problem. Even those physicians who cope successfully with their responsibilities—who manage to avoid drug addiction, psychiatric breakdown, and marital disaster—will at times feel overwhelmed by the demands of their profession. In a society which isolates most people from death and suffering, physicians are continually exposed to every sort of human misery. And in no other field are the expectations of the public so high, or the consequences of failure so disastrous.

In this book, I am less concerned with what occurs in examining rooms or on operating tables than I am with what happens to the person who delivers the care. Behind the impregnable facade afforded by their white coats, what do physicians think and feel? How do the demands of their job shape a distinctive personality or change their emotional makeup? How does the practice of medicine affect the human soul?

To answer these questions, I have focused on a group of twenty-eight individuals—attempting to take their emotional pulse, to monitor their vital signs. They describe their experiences in their own words, and the resulting revelations tell more about the suffering and joys of hospital life than any amount of generalization or analysis by an outsider. They all work at the same institution—Memorial Medical Center outside San Francisco. It is a real hospital, though Memorial Medical Center is not its real name. The names of nearly all the characters have also been changed in order to protect their privacy, but their stories—aside from minor editing for the sake of clarity—are presented exactly as they told them.

In addition to the physicians who provide the primary focus here, the book also introduces a supporting cast of nurses, technicians, and administrative personnel to provide a varied view of medical reality. These people illustrate the wide range of responses

to hospital work, but no attempt has been made to select a statistically representative sample.

Midway through the interview process, one of my subjects expressed concern over my response to this investigation. I had spent more than a year interviewing "crazy docs," and she assumed that I would be terrified at the prospect of ever entering a hospital myself. I assured her, however, that my research had produced exactly the opposite effect. After exploring the private dimension of the people who operate a major medical center from the delivery room to the morgue, I felt less intimidated and more comfortable with the hospital world than I had ever felt before. By the end of this project, I could walk down the halls without the floating anxiety that laymen usually feel in that environment. Part of it, no doubt, was my increased familiarity with the physical surroundings, but by far the larger part was a new sense of kinship with the people who worked there. They were neither the noble Dr. Kildares of medical mythology nor the pompous, money-mad monsters of popular caricature. They were flawed and complex human beings, doing their best for a succession of strangers. Struggling against the implacable facts of disease and death, facing the impossible demands of an increasingly hostile public, these hospital people turned out to be at once less glamorous and more heroic than I had previously believed.

This book is intended as neither an exposé nor a critique of the medical profession, but rather as a small contribution toward that balanced understanding that will benefit everyone, on both ends of the stethoscope. The extreme and one-sided images of medical practitioners—as either healing saints or hopeless incompetents—have become obstacles to optimal health care. What is needed above all is a more realistic and humane approach from the public to its physicians, and that approach requires the fundamental recognition that it is not the patients alone who suffer within hospital walls.

THE WALKING WOUNDED

Memorial Medical Center is one of the finest teaching hospitals in the United States. Patients come to Northern California from across the country and around the world to benefit from the facilities of this distinguished institution. The people who work there, however, are no different, in terms of the pressures they feel and the problems they face, from those who toil at any large medical center. Like their hospital colleagues in other cities and situations, they are seldom prepared for the private cost of their professional commitments.

DR. ARNOLD BRODY, Director of Medical Oncology

When I selected oncology as my specialty, I never thought about the psychological significance of this kind of practice. I knew that all my patients would have cancer, but I had no idea how that would affect me. As a matter of fact, I don't think I became aware of the ominous aspect of this practice—ominous with respect to me personally—until perhaps three or four years ago. Perhaps it is part of that crisis that is supposed to be part of midlife. I'm not sure. There was no single event, but I have begun to have an increased sense of my own vulnerability.

When you begin to take care of people and they last over some