



SIMONE'S ONCOPINION

Albert and Samuel

By Joseph V. Simone, MD

Yesterday's e-mail from Sister Edwin asked if I could come down to Our Lady of Perpetual Help Home to see two new patients. Three of us volunteer to cover on weekends because the regular doctor visits only on Monday and Thursday. By law, admissions must be seen by a physician within 48 hours and if we can't go, they can't admit.

Our Lady is a residential hospice for terminally ill cancer patients who pay nothing; it has no billing department. Almost all patients are poor and have no one who can care for them. The experience today would prove touching in unexpected ways.

"Our Lady is a residential hospice for terminally ill cancer patients who pay nothing. Almost all patients are poor and have no one who can care for them."

I drove down to Our Lady and reviewed the charts of both patients. Both had been referred from Grady Memorial Hospital, Atlanta's large county hospital that provides care mostly for poorer African-Americans.

Albert is a 75-year-old African-American man who had been in reasonably good health and lived independently. He had worked for the railroad and was a military veteran. His first symptom was difficulty swallowing, beginning two months ago.

He was seen at the VA hospital outpatient clinic where a contrast study showed a large mass in the esophagus. He did not return there. A few

weeks later, his symptoms had worsened. He developed hoarseness and an inability to swallow even his saliva, so he went to Grady because it "was closer."

His weight had fallen from 175 to 115 pounds and he was dehydrated so they began intravenous fluids with dietary supplements. He was told he had cancer and he refused further diagnostic tests, so he was referred to Our Lady.

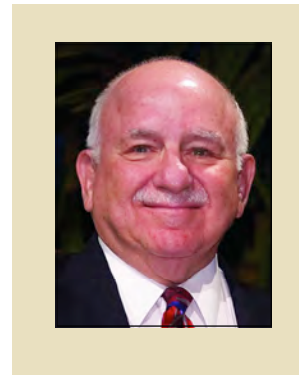
He was very thin, spoke with difficulty because of hoarseness, and constantly coughed up saliva and phlegm. He said he had no pain and except for the copious oral phlegm, was comfortable. The rest of the physical exam was not remarkable, but also was irrelevant. He had declined cancer therapy and had come to Our Lady to die.

Samuel is a 61-year-old African-American man with no known family. He was found to have a squamous carcinoma at the base of the tongue in November 2005. He apparently had some limited therapy in his home town. But the tumor continued to grow, obstructing his trachea and pharynx, so he required both a tracheostomy and a percutaneous gastrostomy feeding tube.

He had not seen a physician for more than a year when he was admitted to Grady with weight loss, dehydration, and electrolyte imbalance. He was found to have multiple metastases in the lungs, abdomen, liver, and bones. He was told the prognosis and was referred to Our Lady.

These men are typical of most of the patients I have seen at Our Lady. They are from the dark backwater of our society. They are not only financially poor, but they have non-existent or severely stretched domestic support systems. Outside the mainstream of medical care, they often show up with far advanced disease.

We could discuss endlessly why



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this is the case, whose "fault" it is, why society averts its eyes, and what should be done about it. But it was not indignation that I felt.

On the way home my eyes welled up and I asked myself why I was so moved this time. Even if there are caring family members, in a sense these men are a bit like the homeless; they are so alone.

And I understood once again that these men are me; they are all of us. Whatever my social rank and despite access to the best of care, it could just as easily have been me in that bed.

But I was moved mainly because I realized that without words the staff at Our Lady had said to the men: "No one else either can or wants to take care of you; we can and we do. No one else knows what to do for you; we do. Come to us and you will not be alone for the rest of your days. We will care for you as one of our own, simply because you are a member of our human family."

Letters

continued from page 3

Therefore, the choice is again ours. We can roll over, play dead, as we usually do, stand up and defy the system, or alternatively, merely vote with our feet, as I suspect will be the alternative of choice.

David C. Tabor, MD
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Reply from Dr. Simone

President Bush's Medicare Modernization Act has had a number of bad consequences, most notably to make pharmaceutical companies richer and oncologists, particularly those in smaller practices, poorer. I feel sorry for the practices that are suffering and may need to close down; and I feel even sorer for their patients. The fundamental culprit, in my view, is not the MMA, as bad as it is, but the miserly reimburse-

ment to physicians for seeing, examining, and prescribing for patients.

If that were more in line with the expertise required and the time spent, particularly for new cancer patients and those under active treatment, the impact of MMA would not have been so severe. Sadly, I don't see a change in either flaw in the reimbursement model anytime soon.

I hope you and others can find a way to survive—we need you, and your patients need you.

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