



## Peer Reviewed

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What's the Problem?

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Biography: Larry Zaroff spent 29 yrs doing heart surgery, 2 years flying air evac, 10 years climbing, and 5 years working toward a Stanford PhD, which he received in 2000. Presently he teaches medical humanities to medical and premedical students. He was elected "Teacher of the Year" in 2006. Previous articles have appeared in the NYT Science Section under the rubric, "Cases."

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### Abstract:

We physicians get so focused, so specialized, we become organ doctors not people doctors. We deal with the disease the patient has rather than the patient who happens to have a disease. This is true for any illness and I suspect for the majority of specialists--though I believe family doctors and pediatricians are more aware of the social implications of a disease than we cardiac surgeons who have had ninety years of training and can only do our work in a hospital surrounded by a staff of fourteen and equipment that monitors everything including fingernail growth.

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We physicians get so focused, so specialized, we become organ doctors, not people doctors. We deal with the disease the patient has rather than the patient who happens to have a disease. This is true for any illness and I suspect for the majority of specialists--though I believe family doctors and pediatricians are more aware of the social implications of a disease than we cardiac surgeons who have had ninety years of training and can only do our work in a hospital surrounded by a staff of fourteen and equipment that monitors everything including fingernail growth. As a general rule I want to exclude from this criticism women doctors, who are, in my experience, a lot more sensitive to the extra -disease vibrations that most sick people give off. They seem to have better, more perceptive antennae than males, or else they make a greater effort to use them.

This is what I, after many years as a surgeon and finally, much later, after a decent exposure to the humanities, have learned: sick folks are worried about dying, but also are concerned with the effect of their illness on spouses, children, jobs, finances, friends, ability to do the household chores and go bowling and whatever else gives them pleasure. The seriously ill are anxious about their roles in the family as moms and dads. And they agonize how disease, medicines and surgery will affect their sexuality. None of this is immediately brought

up by patients with heart disease. They are terrified of a heart operation.

Nor do doctors consider the wider implications of their work. I admit to being a pitiful example, a surgeon who never bothered to ask about these things. My average explanatory metaphor started with, "The heart is a pump with valves..." and ended with, "It can be fixed just like a pump." Even if, in my training, I had been taught to think outside of the disease, I am certain I would have disregarded the social and cultural consequences of illness as not worthy of my time as a heart surgeon.

Now if one were to place body parts in descending order according to the psychological mischief they cause when damaged, the heart would be right up at the top. A song with the title "There Goes My Pancreas" would be unlikely to be heard at a Springsteen gathering. But think of the heart metaphors: good-hearted, broken-hearted, have a heart, heart sick, pure heart, bleeding heart. cold-hearted, generous heart, big-hearted, frail heart, ladies' heart, heart of a man, timid heart, darling of my heart, tender heart, true heart, faithful heart, stout heart, sad heart, weak hearted, open hearted, practical heart, honest heart, hard hearted, her heart melted, from the heart, benevolent heart, wounded heart, pleading heart, full heart, winning her heart, cheer the heart, with all my heart, warm heart, the

heart of the matter, see into your heart, my heart sinks-- to name a few.

Imagine then, given the spectrum of implications that exist in the word "heart," what goes through a patient's mind after my "scientific explanation." When told she has heart trouble and needs heart surgery, the patient, in a thoughtful moment thinks, "The heart is not just a broken pump for my plumber, arriving between one and four in the afternoon, to fix with a specially ordered part." Indeed, after Barney Clark had his heart replaced by a mechanical device, his wife wondered if he would be the same without his original heart. So those of us who care for patients with sick hearts need to be aware, to ask, to explain, and to work our collective way from the idea of the heart as a pump, explaining its parts and how it works, and how we plan to fix it, to appreciating the metaphoric implications of "heart." We also must ask the hard questions, starting with "How do you feel about your illness?" and going all the way to "How has it affected your work, your life, your sexuality?" Only after incorporating the answers to these questions can one talk realistically to patients about expectations of the surgery. We must understand that very often patients with heart disease presume that fixing the heart will fix the rest of their lives.

Tony came to see me through the usual links: family doctor and cardiologist. He was successful, a contractor who had worked his way up from a poor family, from no English to a shrewd grasp of the economics of capitalism. Even in his sixties he was handsome, vigorous, and in control of his family who accompanied him to my office. He was in charge, the boss. His shortness of breath, a common symptom of heart failure, made him uncomfortable, even at rest. He had not fully responded to the usual treatment for heart failure, medications to strengthen his heart muscle and remove the excess fluid in his lungs that was the cause of his breathing difficulties. The report from his cardiologist outlined the problem. Cardiac catheterization, the measurement of pressures inside the heart made by inserting a hollow tube through vessels in the arm or leg, revealed that the mitral and aortic valves had been badly damaged in his youth by rheumatic fever. Pictures of the heart, angiography, indicated that the heart muscle was in satisfactory condition as were the coronary arteries. If the valves could be replaced, he would recover and resume a healthy life. So I said.

I explained the risks and possible complications of open heart surgery to Tony and his family. My discussion was brief but I felt certain that I had covered all the salient points. At that time the chance of dying with double valve replacement was about five per

cent, a significant danger, but one that Tony was eager to take, knowing that his prognosis without surgery was poor--gradually inexorably downhill. I doubt if Tony remembered a single fact from my discourse.

Tony, confident, was admitted to the hospital in good spirits, and had his surgery two days later. I replaced his diseased valves with pig prostheses, a good choice for a man of his age. When he woke up in the Intensive Care Unit and in the post op period he was all smiles, and never even complained of incisional pain. He said that his troubles were over. I tended to agree.

Two weeks after discharge from the hospital Tony returned to the office. He appeared glum. A surprise to me. He was breathing easily, the ankle swelling was gone, his heart rate was steady, and the valves sounded fine. I expressed my pleasure at how well he had done, told him of his good prognosis, encouraged him to resume all his activities. Bingo. "With all respect, doctor, if you could have only fixed my penis the way you fixed my heart." I was stunned. How could he complain when I had saved his life? The gall. I responded, "You need to see a urologist," and discharged him.

Now, too late for Tony, but in time for my students, I know a bit more than the heart's pathology. I have an idea about what is inside the heart, and here I don't mean valves. My awakening came from

reading and thinking about what great writers have to say about life, its pain, and its suffering. Indeed the heart is more than a pump. For most patients, the heart connects to the soul, the spirit, the being and all its parts.