Who Would Work Harder to Save YOUR Life?

By Brenda Denzler

I have reached that time of life when part of my conversational repertoire consists of a formulaic introduction: "Back in the day…." Yes. By the grace of God and good medicine, I am old enough to HAVE a "back in the day." A lot of them! What this means is that I tend to frame new information in light of what I have learned and experienced from all those days back there.

I had just such a reaction when I read about a new study in the Journal of the American Medical Association about death rates among hospitalized patients who are cared for not by their primary care providers but by a relatively new breed of health provider, the hospitalist. Hospitalists are regular internal medicine doctors who manage the care of hospitalized patients. They are just like your PCP—the same training, the same fundamental knowledge base. Except for one thing. Unlike your PCP, they do not have a pre-existing relationship with you. They do not know your deep medical history, your psyche, or your personality.

You might think that a long-term doctor-patient relationship (or the lack of one) would make no real difference in the efficient dispatch of modern hospital care. But the JAMA study indicates that its absence actually increases your risk of death during hospitalization by 25 percent — and that's after controlling for all those other factors that could make a difference in death rates, like age or severity of illness. In absolute percentages, the "own doctor" death rate among hospitalized patients was 8.6 percent over 30 days' time, while the hospitalist death rate was 10.8 percent — in other words, it was 25 percent higher. And this difference was statistically significant, for all you number jocks out there.

Why this discrepancy in outcomes? Well, maybe because your own doctor is more familiar with your deep health history, she is more in tune with your current illness, complicating health issues, and thus what treatments are most likely to work (or not work) for you. And maybe, because he knows you, he is more likely to tune in early to emerging problems during treatment rather than tuning in a bit later, when the problems have become more obvious because they are more acute, thus more difficult to treat.

Another reason for the outcome discrepancy may be the power of reassurance. For patients, it is comforting to have someone they have learned to know and trust working for them, especially during a medical crisis—not a stranger they are being asked to trust. Being seriously ill, being interred in the disempowering setting of a hospital, and being surrounded by strangers may produce a rise in stress hormones that mitigate the effectiveness of treatments. Having a trusted presence to rely upon may offset this stress.

But the superior outcomes for a patient's own doctor may be due to more than just a reduction in stress hormones. National Public Radio, reporting on a 2014 study in *Science Translational Medicine*, pointed out that what doctors say about prescription drugs may account for at least half of their effect. In other words, an aspirin given by your old, familiar doctor and an aspirin given by a stranger hospitalist may not work equally well.

I wonder if there isn't one more reason for the discrepancy in outcomes, though. With all due respect to the training and character of men and women who become hospitalists, I have to wonder if a doctor who knows you doesn't maybe try just a little bit harder.

Back in the day, Dr. Cobb was Mulvane's family doctor. He treated most of the little town, children and adults alike. He treated them in his Main Street clinic, in their homes during after-hours emergencies, and when they went into the hospital. He was a small-town institution. Today there's a memorial plaque and park next to where his office was to prove it.

In 1958, when I was just five years old, he treated me for a never-ending series of upper respiratory infections that he thought we could finally put an end to by having the surgeon take out my tonsils. Unfortunately, I became quietly, mysteriously ill shortly after that operation. Twelve weeks later, I wound up back in the hospital quite literally on death's door due to Hepatitis B.

There wasn't much they could do for me—just supportive care in the hope that my body would be able to throw off the infection and my liver would heal. But the opposite occurred. Not only did my liver not heal, it got worse and worse. Then my kidneys began to shut down, too, and my abdomen started filling up with fluid that made it harder and harder for me to breathe. I was within hours of fulfilling Dr. Cobb's worst fears about the outcome of my illness.

Desperate to save me, he called in the surgeon whose original operation had probably given me the HepB. In a heated bedside conversation, Dr. Cobb asked him to place a stent in the portal vein of my liver to try to support its function and reduce the fluid accumulation, but the surgeon was not having it. He made a comment about not touching me with a 10-foot pole and stalked out of the room, in essence leaving me to die.

Dr. Cobb was undeterred. His goal was to try to save me from drowning in my own body fluids overnight. If he couldn't go high-tech, he would go low-tech. If not major surgery, then at least he could punch a little hole into my abdomen and drain out some of the life-threatening fluid. It wasn't a cure, but it might buy some time for my kidneys and liver to turn a corner and begin working again.

Given that I am not dictating this column through a trance medium, it's a safe guess that Dr. Cobb's desperate gamble paid off. I owe my life to a man who knew my family, knew me, and—most importantly—cared enough not to take his hospital-based colleague's "no" for an answer.

I cannot help but equate our modern-day hospitalists with the surgeon, for whom I was not a little girl with a family who loved her, nor a child he'd treated time and again for less serious illnesses, but a medically fragile patient with an apparently fatal illness rapidly nearing its end. Would a hospitalist, back in the day, have been as invested in saving my life as Dr. Cobb was—or would he just have tried to make my final hours as comfortable as possible?

Brenda Denzler was diagnosed with inflammatory breast cancer in 2009. She became a cancer survivor on the very day she was diagnosed.