

ART IN MEDICINE

A Case of Managed Care

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She reminded me of one of those carved stone effigies stretched supine on a tomb at the back of an ancient church in England. Except her form was wasted, and she was only 14 years old.

Brenda had been vomiting almost without interruption for 8 weeks and had lost 10 kilos, 20% of her body weight. She lay motionless in bed, on her back, staring at the ceiling; any movement of her head triggered another episode of violent retching. Twice already she had been admitted to the local hospital because of this pernicious vomiting, and both times she had improved a little with parenteral fluids and some Stemetil. But none of the antiemetics really helped, and this was clearly more than a case of protracted labyrinthitis.

I was an American senior medical student, just a couple of months short of graduation, doing a pediatrics elective at a hospital on the south coast of England. I knew Brenda's family well, as they had been neighbors of ours in the States before their recent move to Sussex, and my father had been their family physician for more than 20 years.

Needless to say, the parents were distraught, and patience was wearing thin. One can imagine their eagerness in meeting me, pleading to have me evaluate their daughter. After hearing their story, a brief examination revealed blurred margins of the optic discs unlike anything I had seen. What to do now? Brenda clearly needed admission and, at least, an imaging study of her head. I wanted to send her to London, a stat cat scan, and access to a good neurosurgeon. But none of these was available to Brenda.

Why had a scan not been done? Apparently, under the British National Health Service (NHS), vertigo and emesis must persist for at least 4 months before a scan is justified; until then labyrinthitis is considered the most likely diagnosis. The NHS is a 50-year-old institution that has provided free health care to all, within strict financial and clinical guidelines, and although it has served its purpose well, it has done so at a cost to the individual,

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especially the unusual case that does not match its protocols. Though patients can always obtain additional testing, procedures, or consultation "privately" by paying out of pocket, they may not be evaluated, treated, or admitted to a hospital out of the district without the prior authorization and approval of the specialist their general practitioner (GP) has consulted.

So I went to talk with the GP, a vivacious and charming sixtyish lady who, in true NHS fashion, took her task as gatekeeper very seriously. In this case, however, she was as concerned as I was, though perhaps after her many years in the system, less upset and less aggressive. With some difficulty we arranged for Brenda to be readmitted, but when several days later no studies were being scheduled, I became alarmed. I called the attending pediatrician. No luck. I called the GP again. The only thing to do, she advised, was to have the family demand the scan. It would have to be a forceful request, something the doctors could not refuse.

The next morning Brenda's father, her mother, their minister, and I drove to the hospital early. We walked through an arch in the high brick wall that surrounded the hospital buildings and into a courtyard garden where flowers and shrubbery grew in an unkempt profusion and ancient vines thick as my arm grew to the eaves. A sometime workhouse-cum-orphanage from the middle of the last century, the place still exuded a Dickensian atmosphere, the grand architecture both beautiful and dismal at the same time. Beyond the decaying facade and impressive foyer, we made our way through narrow halls to the open ward where Brenda lay, our arrival carefully timed so that we would be at her bedside when the consulting pediatrician and his entourage made their morning rounds.

It worked: They agreed to do the scan. However, the scanner was a mobile unit that zigzagged across the southern counties, and it would not be at our hospital for another 3 weeks. By some stroke of unexplained good

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fortune, the scanner suddenly arrived 10 days later. By that time, Brenda was emaciated and very ill. Her mother, quite understandably, was a psychological wreck. The scan identified a 3-cm mass filling Brenda's fourth ventricle.

Within hours, Brenda was in an ambulance heading to Guy's Hospital in London. On admission, papilledema was noted, but it was another 3 days until the surgery. Through the kindness of the senior neurosurgical consultant, I was privileged to present her case to the house staff and observe the operation. Her postoperative course was uncomplicated and the histology was consistent with an ependymoma.

A few weeks later, Brenda and her family returned to the States, feeling that her needs could be better met within the American health care system. She subsequently underwent a course of radiation, has done well since, and is now happily married to a man she met at

the time of her illness in England.

I have not forgotten the anguish of that spring, when an economic system overruled the sensibilities of an entire staff of physicians. In the United States, we have been spoiled by the luxury of seemingly unlimited health care dollars, and admittedly, there have been plenty of unjustifiable scans. As patients and parents of patients, we have demanded too much for too long. But where are we heading? In this era of managed care and limited finances, will our current system evolve into an American version of the NHS? Will the decrees of an insurance company dictate everything that we as physicians do? Will concerned parents and doctors have to stage demonstrations to ensure an appropriate level of care? Will they be listened to? Or will there be more Brendas?

(I am indebted to Sam and Brenda Hindley for permission to recount their story.)