

30. WHAT MEDICINE DID TO ME

What Austrian medicine did to me

Before World War I Austrian medicine was the best in the world. Vienna was where people came to have difficult health problems solved. Between then and now something happened to debase Austrian medicine.

All I can say here is how it dealt with my problems. First off, if a doctor has time for 20 patients on one morning, they are all summoned for 9:00 a.m... At that hour they duly come, and begin to wait, as they are called in random order at 15 minute intervals.

Now just think what this is saying. For it has an unambiguous symbolic meaning. It is asserting the superiority of the doctor; his time is more valuable than that of all the patients together. In fact the patients' time is worth nothing at all. So not only is the patient robbed of his time; he is robbed of his self-esteem.

But what happens when he finally gets to see the almighty doctor? In my case there was some precancerous tissue --actinic keratosis-- that had to be removed. The doctor took out a knife and began to scrape. Painful and with danger of infection. The American doctor uses a quick spray of liquid nitrogen that is hardly felt.

Further along during our stay in Austria, I had an enlarged prostate, and got Dr. Huber to do it. I should have been warned by his telling me with pride that he had done five such operations the day before--when I had mine at the Massachusetts General I was the only one operated by my doctor that day. He also told me that American doctors don't cut away enough because they don't want to risk damaging some vital part. That should have warned me doubly, but I was too simple-minded, too trusting of any one in any country with an M.D., and he went ahead. He must have cut away an essential muscle, because instead of being able to urinate better, I was more helpless than before.

It seemed to him after a short time and several complaints that I needed another operation, and he did another operation.

And an even shorter time and I needed a third operation. That did no good at all and I completely lost the capacity to void naturally, and I have had to catheterize from then on and to this day.

OK, so I catheterize. More exactly, the Austrian doctor inserts an indwelling catheter, and instructs me to come back in a month. But that caused infection, so he ordered me to drink water, a liter a day. Didn't help, so he raised it to one and a half liters. Still infection, so he ordered an

antibiotic to be taken daily. Prophylactic daily use of an antibiotic generates a resistant strain of the bacterium and so makes itself useless.

It was not until my ten years in Austria were up and I got back to the US that I was told about self-catheterization, and I still remember the date when I started: August 11, 1994. The American doctor had his assistant coach me, and following that I have been free of infection for months at a time, as long as I remember (or Beatrice remembers) that I am to drink a class of water at each meal, and one in the middle of the night. In Austria (I don't know about the rest of Europe) the patient is not trusted to use a catheter on his own, and besides the doctor needs the steady income of the once-a-month visit to change the in-dwelling catheter.



Photo of Nathan Keyfitz (unknown date and place). Source: <http://www.populationassociation.org/sidebar/paa-fund-campaign/honored-members/nathan-keyfitz/>

It is fortunate I didn't have any other medical problems in Austria, or I would have other mementos in my body of my stay in that country.

But I cannot leave this subject without mentioning one problem that was diagnosed and solved by a Dr. Thumb and his younger associates while I was in the Baden hospital for one of my periodic spells of breathlessness. They had been discussing my case and came up with the unlikely suggestion that the difficulty breathing was related to a beta-blocker called timoptic that had been prescribed for glaucoma in the US. I switched to a different treatment for glaucoma, and my breathing has been normal ever since. I had learned something that good physicians keep constantly in mind--the complex interrelations within the human body.

Beatrice and I also had occasion to check out Austrian dentistry. She came to Austria with four of her own teeth left and when she returned to Cambridge she had only one, and that one ailing. She consulted the telephone directory and found Dr. Loren Wilson, a humane dentist in Cambridge willing to come down to his office on a Saturday morning. He found that that the

tooth was aching because it had become infected; evidently standard defenses against bacteria had not been put in place.

What American Medicine did for me

At one time there was no therapy for any case of blood pressure that was high and rising over time. Of course one could reduce one's salt consumption; one could avoid excitement, stop smoking, but these offered a small respite from death by heart attack or smoke.

Then some 20 years back the pharmaceutical industry came into the picture. I remember one early drug--adalat--that I used for a while, but in the course of use it turned out to have some fatal side-effects.

My pressure continued to rise, and luckily so did the power of the drugs available to fight it. Now I have complete control with a combination of Zestril and Dilacor, worked out by Dr. Michael Carty of Harvard. I not only have the luck that these pharmaceuticals are available, but good luck in that my doctor knows about them and prescribes them. That plus daily exercise, deep breathing, and meditation is keeping me going into my nineties. .

The net effect of medicine plus more suitable behavior is that there are now estimated to be some 76,000 American centenarians, and this is the fastest growing age group. George Burns died in 1996 aged 100. A nephew of my father's, Ben Keyfitz, is going strong at 101.

There are many voices on this matter of longevity. One, McKeown, says that medicine does not have much to do with it--much more depends on behavior. Another, Calahan, says that we should not be using our resources to extend life at that end--those people have had enough resources already, and we should be working on mortality at younger ages. I doubt if these negative perspectives will ever have much of a hearing.

What should be more talked about is the present combination of low birth rates and low death rates. There will be more old people and fewer people of working age to support them. We should be accumulating reserves to handle a problem that will start to affect us in the next ten years. What we are doing instead is running budget deficits that will have to be repaid by the generation hard pressed by having fewer working members to support more old people.