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 such greater desire to deve
 felt before. This new

THE
 Richard Spear, M.D.
 MEMORIAL
 ESSAY
 CONTEST

HONORABLE MENTION

FROM THE PRACTICING AND LIFE MEMBER CATEGORY

Doc Petty



Lyle Bohlman, MD

Mentors are slowly discovered without fanfare or ostentation. A few private moments are indelibly etched in memory and passed on in the same prosaic manner as

they were received. Inspiration happens when no one is watching.

I SAT IN HIS STUDY the summer of my first year in medical school looking with awe at the library of my brother's father-in-law we affectionately called Ol'Doc Petty. The massive wall of books made me feel small. Though I recently graduated from college, I had read none of them. There were few titles I had even heard of. French philosophers and poets whose names I couldn't pronounce filled the pages of, leather bound tomes with gold lettering, whose musty pages were yellowing around the edges, after being handed down through three generations of fathers and sons.

Doc Petty's father had been a naturopath in Oklahoma Territory during the 1890s. Unlike most of the territorial pioneers who were either looking to make a fortune, or running away from a past, his father was a proper French trained professional who sought an opportunity to build his practice from scratch. In spite of the harsh boomtown environment of Territorial Oklahoma, with limited public schools and few role models, he managed to pass on sophisticated European values to his son who earned his MD degree during the great depression of the 1930s.

As I shared his table that summer, I noticed Dr. Petty ate with his left hand, inverted fork, in the European fashion. He sat erect in a high backed dining room chair neatly patting the edges of his mouth with a white linen napkin. Silverware and crystal settings accompanied even our simplest noontime lunches. Dinner was served at 6 p.m. sharp. No one even drank from their

water glass until the Doctor had seated himself at the head of the table to signal that the evening meal had begun. Delicate servings of lentils, slivered duck, and Julianne potato on Wedgwood patterned plates were a stark contrast to the family meals I was used to. We ate meat and potatoes served family style in large quantities with biscuits and gravy in my household. It was the first time I had experienced such civilized mealtime behavior. I had not known a family that looked back to the previous generation with respect and a proud sense of history. My folks were German immigrants who came to America to avoid Bismarck's conscription and discard the past, not embrace it. Doc Petty lived in a home passed down from his father and took care of his elderly mother-in-law, all signs of respect for the past I had never known. That summer this distinguished man offered me more lessons in medical ethics, the value of family, and the wisdom of listening to patients than I would be taught all the rest of my medical education combined.

Doc Petty was a community institution. I was never sure how old he really was, but to me he had always seemed old. He was balding, with thin wisps of grey hair. His ramrod straight posture made him seem taller than he really was and added to the formality one felt the necessity to assume in his presence. The rimless lenses, thin gold earpieces, and bifocal lines of his glasses were vintage 1930. They magnified soft blue eyes that smiled out on the world as the only evidence of a sense of humor. Not that anyone would misconstrue him to be soft. He was gruff, terse, no-nonsense, and he expected everyone else to be the same just to avoid wasting precious time he could use reading or listening to Chopin, his favorite pastime in an otherwise patient filled day. His manner came off as condescending. He gave the first impression of a cold, taciturn, objective observer that belied his compassionate nature.

He was an oddity in rural Oklahoma. While he wasn't the least bit interested in sports, he was a contributing member to the Oklahoma City Symphony Orchestra, an unusual form of philanthropy in a rural community. Unlike most of his contemporaries, he never took up smoking and his alcohol consumption was limited to one glass of red wine with his evening meal. He had a prodigious memory and an intellect that earned him the reputation for being the best diagnostician outside the faculty at the state medical school. By the summer of 1970, he had practiced for 35 years in the same town.

Sitting in his study, Chopin playing softly in the background, he began a conversation, assuming a degree of knowledge I lacked, about automated chemistry analyz-

ers. I vividly remember the conversation, though I could not fully understand it until I practiced medicine for a few years and could grasp its subtlety.

"If I order a panel of tests and find an unsuspected abnormality, what do I tell the patient?" he asked.

"What is the ethical thing to do? Do I burden him with the abnormal test? Tell him something is wrong but I don't know exactly what, based on an abnormal laboratory number? Or do I keep it to myself and spare him the worry, knowing most of the time these isolated abnormalities mean nothing?"

I could not fully comprehend it at the time, but almost 40 years after that conversation I continue to marvel at his insight. We've learned that most tests predict the probability of a disease, not make a definitive diagnosis. Testing without providing context can leave the patient with either unnecessary worry or false reassurance. The 50 percent chance of having a disease is just as likely to cause harm as it is to reassure.

I have never forgotten his admonition: "Just remember," he said to me peering over his bifocals to make his point crystal clear,

"We always have a duty to give hope and avoid despair. We have to be careful how we use our knowledge."

That summer I walked the halls of the hospital and shadowed him in his office. It was the first time I had the opportunity to live in the space where patients and doctors come together, face to face, to do the real work of medicine. Doc Petty was astounding. He remembered the past history, medications, and illness pattern of every patient in his 35-year-old practice without the benefit of a chart. The only notes in his office consisted of 5x7 cards stapled together then filed alphabetically after each visit and were used exclusively for billing, not medical documentation. Doc Petty's medical memory didn't take up space on an office shelf or computer hard drive; it lived in him as the repository of a personal connection. Like the tribal shaman or parish priest, he never wrote it down. It was a sacred parcel that never took material form, yet guided each encounter as it became gradually woven into his clinical experience.

When little Johnny Earl broke his wrist, Doc Petty knew to sit his mother down facing away from the scene since she faints easily and is subject to the same dizzy spells that plague her daughter, Betty, who gets car sick at the drop of a hat. He knew Betty's motion sickness made it impossible for her to ride the school bus and the resultant transportation problem added to a long list of struggles for the Earl household whose emotional and fi-

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nancial resources were already stretched thin.

Incidentals and connections like this would click into his consciousness like the RAM memory of an IBM laptop. When he later saw Mrs. Earl who suffered from debilitating fatigue, he examined her for some clue to her malaise, knowing full well how it played into her husband's secret beliefs that she lacked the will power to get dinner on the table after a hard days work. He knew how her husband's attitude affected the family without writing it down anywhere. It was seared in his memory and became part of the context of the next visit with other Earl family members

He had treated most of his patients' parents, delivered their babies, and treated most of their children. He brought his tattered black bag to their homes and saw their lives first hand. He understood their plight, shared their worries, and experienced their fears. He knew their suffering in a way no sterile chart entry about them could adequately convey

I went with him to the home of a bed ridden 80-year-old. Blue and bloated, gasping for air and frothing at the mouth, his family gathered around the bed fighting panic. The anxious faces plead without words for Doc Petty to do something as he calmly wiped his feet before entering their modest home. With only two drugs and rotating tourniquets he set about fighting the congestive heart failure episode in the man's own home, a ritual few physicians in my generation have had the privilege to attend. Today, with technical advances and specialized treatments, it is almost impossible to believe a single physician could manage the scene. The moment we arrived, however, the family's anxiety turned to relief as Doc Petty masterfully took charge.

He dutifully took the racing pulse, gently palpating the wrist as he listened with the bell of his well-worn stethoscope. He showed me the bulging neck veins and dusky blue nail beds as he sought to calm the struggling patient with a few reassuring words.

"It'll be better in a few minutes, George," he intoned, as much for the anxious family as for the patient. "The old ticker acting up again," he said with a pat on the shoulder, "Bear with it."

Before my astonished eyes, the morphine and digitalis began to work with the rotating tourniquets to ease his breathing and clear the frothy sputum of his heart failure. In an hour or so, after a cup of tea with George's daughter, we left the house. He had the same demeanor as when we arrived and I suspect it would have been the same had the patient died instead of responding so dra-

matically. Doc Petty had little to say, leaving me to ponder what I had seen. It was a routine house call on his way home: just another day in the practice of a small town GP.

The physicians' world before 1970 was a time before beepers, cell phones, and computers. The use of monitors and machines was in its infancy and the complex drug regimes, so common today, were nonexistent. Before the medical industrial complex existed, before the pharmaceutical industry was a twinkle in the eye of Wall Street, the practice of good medicine consisted of astute physical diagnosis, a caring presence, and the well-applied use of a dozen or so time-honored medications.

Medications today target every malady known to mankind, from high blood pressure to cancer, baldness to toenail fungus. Ubiquitous television coverage of every medical anecdote and direct to consumer advertising have transformed the loyal patient of yesteryear into a medical consumer with expectations that would be inconceivable to Doc Petty. His focus was the patient, not the disease and his patients were grateful recipients of care and compassion; not informed consumers demanding a remedy for every symptom regardless of the potential cost.

"Well," he recounted with a bit of nostalgia, "When I was an intern we mixed our own IV fluids. Hung them up in a bucket with rubber tubing connected to needles we sharpened ourselves. We didn't have premixed bottles of fluid. An IV was a lot of work and a last resort if patients just couldn't take fluids."

"Can you imagine?" he continued, "When penicillin first came out we used 500 units as a one-time dose to cure most pneumonias."

Just the day before, I had seen him give 1,200,000 units of penicillin for strep throat in his office. An indication of how resistant bacteria had become to penicillin.

"Someday," he predicted, "We'll be unable to treat these infections at all if we don't invent antibiotics fast enough to keep ahead of resistant bugs." Doc Petty always comes to mind as I scan bacterial resistance reports trying to decide which antibiotic to pick.

Just a few decades ago death and disease were often seen up close when people frequently died at home and malpractice concerns were nonexistent. It is hard to imagine that Doc Petty would have changed his treatment for fear of a lawsuit; it wasn't even in his consciousness. Though he lived on the cusp of booming technological and social changes that swept medicine, he always thoughtfully deliberated their potentials and pitfalls while most of his contemporaries simply jumped on board before even considering the issues.

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During his training, Doc Petty used the first generation of electrocardiograms at Barnes Hospital in Saint Louis and became the first of his generation adept at reading EKG's. He brought the first heart monitors to rural Oklahoma.

"Just remember" he told me the first time I made rounds with him, "That machine up there only shows the electricity of that heart, not its function," He pointed to the little green line bobbing up and down across the fluorescent screen of the small box perched at the bedside of Adeline Schier who had been his patient for years

"Adeline here doesn't care what that box says, she only cares how her heart feels."

"Isn't that right, Addie?" he asked as he palpated among the rope-like veins of her shriveled arm in search of her pulse. Addie laid motionless, curled up under the sheets of a hospital bed that seemed to swallow her diminutive body.

"Good morning doctor" she replied in a soft weak voice as she suspiciously eyed the young green medical student with the too white coat tagging along with her doctor. "My pump isn't so good I think" she looked away with a resigned smile and sighed deeply.

"What's wrong Addie?" he inquired, "Did you have a bad night?" I could see his piercing blue eyes looking at every aspect of what was left of Addie's emaciated body. Her breathing, her heart rate, strength of pulse, and general demeanor all evaluated in an instant. Doc Petty knew her well and I could tell he didn't like what he saw.

"I hope Carmella comes today" she replied in a shaky voice, her jaw quivering with what I took to be Parkinson's disease. Carmella was her daughter who lived in the next town.

"She told me she would be here today, Addie" he reassured her, hoping he wouldn't be proven wrong since he knew her only daughter to be unreliable and unwilling to face her mother's gradual decline.

"I hope you're right, doctor," she said with another sigh, "It won't be long now."

"Now Addie, we won't have any talk like that." He dismissed her black mood with encouragement, though he knew she was right, "We are going to change one of your medicines today, I think it will make you feel a little better, OK?"

She merely looked away with a gaze that envisioned the sunshine of the world beyond her hospital room, beyond the little florescent box that traced the electricity of her final days. At peace with her life, she only wanted to

see her daughter once again before she closed her eyes.

"OK doctor" she whispered, "Whatever you think" He patted her gnarled arthritic little hand and I followed him out of the room.

"I'll reduce her phenobarbital dose," he said, in a wistful way, "That may be making her tired." It was clear he knew better but was grasping at straws to reassure himself he had something left in his bag of tricks for Addie.

That evening I was at the hospital reading charts, trying to get acquainted with this strange new world of medicine. I ventured past Addie's room and noticed a silence. The little green line on the monitor had gone flat. The bouncing ball that had measured the electricity of her heart was no longer dancing across the screen. The green florescence of the little box was the room's only light in the aftermath of the setting sun.

It was the first time I had seen death up close. Her wasted body was pale and transparent, seemingly drained of all its blood. Her pink cheeks had taken on a waxy texture; mouth agape, the retracted, lifeless posture exposed her dentures in a most unnatural way. I paused to contemplate what I saw and sought to act like the medical professional I was striving to be, so reached to feel her pulse as I had seen Doc Petty do during rounds that morning. There was stiffness already. The subtle movement of her limbs, the tremor I had noticed earlier was silenced with a finality that was unmistakable. Not a sign of life remained. She had died alone.

They called Doc Petty who arrived shortly. He got out of his car and ambled across the street with his usual deliberate gait to officially pronounce Addie dead. He had treated her for more than 30 years, buried her husband, and two sisters, delivered her daughter and took care of her mother who had lived to be 103. As he stood by her side, gently palpating her bird-like wrist now lifeless, I noticed him shaking his head slightly at the thought that she had to die alone. I turned to walk away; it felt like I had invaded a holy moment.

Doc Petty did not change his demeanor, stolid as always, he gazed out to nowhere. I looked back at the scene, my first experience of a patient death. The corpse that had been a breathing, talking, expressive woman a few hours before laid lifeless, devoid of spirit, in stillness illuminated only by the little black box that once monitored her tenuous hold on life. Doc Petty still held her hand then took out his handkerchief to wipe his eyes; the final gesture that ended three generations of care. **LM**