The bleeding nose

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The stain on his handkerchief was red. He silently uttered an expletive. A bleeding nose. Again. It was months, no, perhaps years since the last one. As he bent his head back self-consciously, trying to staunch the willing flow, he recalled that it had always signified to him something not necessarily explicable physically, but conveyed the notion that he was stressed. Uptight, pressurised, tense, perhaps overworked...even just frustrated. Much of his life he'd been all of those things. Except perhaps, over recent years, when something had changed. Was it that these demons had left him, like so many satiated vultures, unfurling their wings and flying off to prey elsewhere? Or was some more gentle force at work, like the totally unconditional love of his wife? Certainly his journey with her had softened and moulded him, and he'd become more relaxed. Had age done that too? He felt the coagulated mass in the back of his throat, and he lay down flat to enhance the work of gravity.

Pondering things in his awful laid back posture, he admitted to himself that he'd been distracted over these past days, just contemplating cutting the umbilical cord to his career, his old life. It was something he wanted to do. He had acknowledged to himself that he needed to take that final step, and walk free from the profession that had been his life's work. Medicine had been both pleasure and pain. The recent trouble with atrial fibrillation hadn't helped. Yes, his career had been good to him, providing a healthy income, the veneration of many grateful patients, and there was the continuing intellectual challenge. He'd enjoyed this, the knowledge building, layer upon layer, year after year. Wisdom had quietly distilled from this retort of knowledge. But the whole damn business had really never stoked any fire in his soul. He had always known there had been no vocation, and there were times...frequent times...when he had hated medical practice and only wanted to flee. Why then was this final act so difficult?

Retired GP. It had a ring to it. Three words that sung of self sacrifice, great deeds, and sinking into the easy chair of age, decline and death

He supposed it was his vision of loss that was inhibiting him. The unresolved fight about the possibility of becoming a nothing, of slipping into pleasant old-man anonymity, which he didn't feel ready for. Retired GP. It had a ring to it. Three words that sung of self sacrifice, great deeds, and sinking into the easy chair of age, decline and death. He imagined taking up his pen and writing to the Medical Council. *'Dear Sir, I regret to inform you...'* So terminal, so final, joining the ranks of those old school mates he'd laughed, nodded and agreed with only a few days before at the School Reunion. Noel, Paul, and Graham, all happy to have cast themselves adrift from the profession, each now exploring different avenues and new lives, and obviously content.

So with this indecision was born anxiety and conflict, his other old mates. His inability to solve one simple question with ease and confidence had made him 'tight'. And now his nose was spilling the red signal that simply told him he must stop, take control, slow down, relax, now, right now. He stared down at the blood-soaked handkerchief, and pondered the metaphor in his hand. Blood shed. Sacrifice. Cause not known, but deeply understood. Eventually he was able to walk away, convinced now of what he had to do.

The bleeding nose – Part 2. Arrival. Written 29.07.06

Mary comes most mornings with our mail. It's a quaint, neighbourly habit we enjoy. A time for a chat, and often we share a cup of tea. Our breath condensing in the frosty air, she handed me the thick beige manila envelope that July morning several days ago. I'd been expecting it: indeed some keen, deep down knowing had told me it would be in her frail old hand that day. The staff of Asclepius, with the coiled serpent, the symbol of medicine, stamped in the familiar bold maroon identified

it as the awaited communication from the Medical Council. It would contain my papers, the documents for me to complete to renew my annual Practising Certificate. Over many years this ritual has been acted out, always evoking the same ill understood anxiety. It requires you only to tick the box, complete a few details, write the cheque, return, and remain a member of the club.

At the beginning of 2005 I knew with a deep conviction that I had reached the end of my career: the time was right to go. My life in medicine was the thing that defined me, and made me who I am, positioning me in the scheme of things. Now, after 18 months of prevarication, punctuated from time to time by moments of terror, I had finally decided to depart from my 35 years of work, of challenge and discovery. My courage often failed me, as I gingerly contemplated the enormity of a life without people and their problems. There is deep, hearty satisfying warmth being part of that.

So, over the last months I had been easing off my old skin, loosening the bonds, and feeling my grip on the painter slacken, the dingy slowly moving away from the reassurance of the solid old anchor post of the profession. The final deed, taking up the document and removing myself from the Medical Register, would be an irrevocable act, the departure and the arrival. Scary and unsettling, but it would not repudiate me. The pen poised, my hand unsteady for a second, I had ticked the appropriate box, and signed my name. I'd cast myself off now, feeling only pleasure and excitement as I stared out over new horizons, fresh-faced, eager, and old man-vital. On a symbolically bleak, showery Sunday afternoon, I pushed the reply paid envelope through the smiling slot of the post box, a brief, fond farewell to my old mistress spun from my mind, and I walked away towards my new life.

Paying for Performance
–Risks and Recommendations

'Fee-for-service payment and a high degree of autonomy have long been defining characteristics of physician practice in the United States. And for the past 40 years, the Medicare program has protected – and largely reinforced – this traditional professional model. But change appears to be imminent.

The past decade has brought compelling evidence of serious gaps in the quality of medical care. The increased availability of reliable measures of the technical quality of care in both hospital and ambulatory settings has proved that it is feasible to measure quality – and highlighted a remarkable variability in performance. Rising costs are threatening budgets in both the public and private sectors and the affordability of health insurance. Both public and private payers are demanding increased accountability. And many observers believe that financial incentives provide the best leverage for modifying providers' behavior.

As a result, private payers (under pressure from purchasers) and the Medicare program (under pressure from Congress) have been experimenting with approaches to rewarding improved performance. Congress recently called on the Centers for Medicare and Medicaid Services (CMS) to implement a pay-for-performance system for hospitals, and there is strong interest in expanding such programs to individual physicians.

The rush to adopt pay-for-performance programs, however, has raised a number of concerns among physicians and policy analysts...

Fisher ES. New Engl J Med 2006; 355:1845-1847. http://content.nejm.org/cgi/content/full/355/18/1845 accessed 9 Nov 2006.

America's New Refugees
– Seeking Affordable Surgery Offshore

'The mainstream media have begun to highlight the plight of some new refugees: seriously ill Americans who receive treatment at advanced private hospitals in low-income countries. These patients are not "medical tourists" seeking low-cost aesthetic enhancement. They are middle-income Americans evading impoverishment by expensive, medically necessary operations, as health care services are increasingly included in international economic trade...

American physicians who are concerned about the growth of this phenomenon have two choices: they can denounce and attempt to restrict it, or they can lead and more actively support efforts by others to speed the discovery and uptake of more efficient domestic health care delivery methods. The opportunity is substantial. In a 2005 Institute of Medicine (IOM) report on the application of systems-engineering approaches to care delivery, one author estimated that 30 to 40% of current U.S. health care expenditures are wasted, primarily on the provision of services unlikely to boost patients' health status or their satisfaction and on the inefficient provision of valuable services.'

Milstein A, Smith M. New Eng J Med. 2006; 355:1637-1640.