SWAMP RAT

He is 77 and has had more than his share of medical problems. In his early years he was found to have dyslipidaemia and later developed hypertension and type 2 diabetes. He went on to be treated for many of the complications of these; claudication from femoral artery occlusions, a stroke from carotid artery stenoses, microalbuminuria and cataracts. He had a bowel resection for Duke's B carcinoma in 1988 and last year he recovered well from an acute myocardial infarction. He is also being treated for mild COPD and gout (hyperuricaemia).

He is a retired tunneller and continues to smoke as he has for the past 60 years. His wife regularly attends his relatively infrequent consultations and listens and cares for him. He never complains and might best be described as reserved and laconic. If I didn't know him better I might think that he was depressed, but I think that he is more like a survivor in a life raft adrift in a sea over which he has no control. He rides with the waves and accepts that this is how it is.

It was when he was in hospital with his MI that a tumour was found in his lung on a routine chest x-ray. He waited for several months for a CT, in the interim undergoing another femoral angioplasty. It was while he was waiting for the CT that he told me that he had decided to have his cataracts treated privately as he was unable to read and, as he couldn't do much else, he would spend what remained of his savings rather than continue to wait for public hospital treatment. It didn't take long for him to have the cataract extraction but, unfortunately, his vision didn't improve as he also had a choroidal vascular membrane.

Following his eye surgery he finally had his CT, which was highly suggestive of bronchial carcinoma with probable mediastinal and adrenal metastases. I told him the results, with his wife present, and he, once again, had little to say. Neither the oncologists nor the respiratory physicians really wanted to know about him but he was eventually seen by the respiratory physicians who decided to keep him under observation. He wasn't particularly keen on bronchoscopy anyway. We had a quiet chuckle (he, his wife and I) a short time after this consultation as the respiratory registrar phoned one of our nurses and said that he had a markedly raised BNP and that his shortness of breath must be due to heart failure. He wasn't ever particularly short of breath even with his COPD and clinically there was no evidence of heart failure. In fact his cancer is still asymptomatic and a quick search on the Internet reveals that small cell lung cancer cells produce brain natriuretic peptide. I don't know why they requested this or the other plethora of laboratory investigations.

At about this time he was contacted by his (private) eye specialist who said that the treatment for his eye condition was either photodynamic therapy or transpupillary thermotherapy and that these might prevent further deterioration but would not improve his vision. I asked him what he thought about this and he looked at me with a twinkle in his eye and said that as the Cadillac operation hadn't worked he really didn't think that it was worth spending more on the Rolls Royce.

I thought that, in the midst of debilitating and terminal illness, acceptance and a sense of humour are more important than anything that medicine has to offer.

This is a column written from the swamp. The term is taken from the book by Donald Schon[1] where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.