



North Coast Physician

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Cover Photo

"ELK PREVENTING COVID"

Stephen Kamelgarn, M.D.

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The Other Side of the Knife

Luther F. Cobb, M.D., FACS



As we greet the New Year, hopefully a much better one than the one just past, I've had a substantial bit of time to contemplate the "Meaning of Life." I am once more non-ambulatory, with my fifth effort at making my right foot and ankle functional.

On Pearl Harbor Day of the past year, I was back under general anesthesia at Stanford for the third attempt at reconstruction of my right mid-foot. I have been having foot troubles for around 15 years, which gradually have grown more vexing over time. I think it started, mostly, from the long hours standing on hard surfaces in the OR and ER. Before we moved to Humboldt County, I was actively directing a Level One trauma service in San Jose. The small traumas continued to accumulate.

When one is young, there is a tendency to just push through the discomforts and long hours. The pain got to the point that, even with custom fitted shoes, I couldn't tolerate standing for long. Both feet were fused circa 2006, at Stanford, in separate procedures. That required my first experience with a long recovery period.

That seemed to be quite helpful for a while. Unfortunately, a couple of years ago, it got worse again. Additionally, my right ankle was becoming unstable from a football injury in high school (well, touch football in a friend's backyard, but it did indeed involve a football). I saw a hyper-specialist at Stanford, an Orthopedist who does only foot and ankle surgery; I had a good impression of him as he had fixed a few patients of mine, and he planned a total ankle replacement. However,

he said the anatomy of the foot below the ankle joint was so unstable that replacing the joint without fixing the undercarriage, if you will, would be doomed to failure. So, he re-did the foot fusion, then a couple of months later, the ankle replacement.

The good news is that the ankle replacement is doing great, but the repeat fusion failed. So I was back at Stanford this past December for the aforementioned third go-round on the foot. This time, we are both committed to success if at all possible. Therefore, upon his advice, I am not to put my foot on the ground for 12 weeks.

Twelve weeks I guess doesn't seem like that long a time, but in the midst of it, it seems very long.

This, in addition to the other six procedures under general anesthesia I have had over the years, has led me thinking a bit more about being the recipient, rather than the provider, of medical services. If you think about it, at some point, nearly all of us are going to be patients, and often that will involve surgical procedures.

My dear wife of course, has had a much more involved surgical history than me, having had a total of around 20 lifetime surgical procedures, with a lot more complications. I have learned more than a few lessons from her bravery in the face of all that.

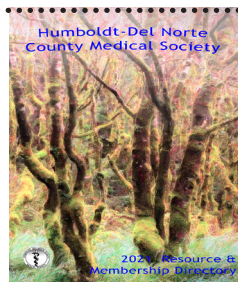
One thing I have come to appreciate is the asymmetric relationship of this interaction. I know, from years and years of making hospital rounds, that what, to the physician is just one interaction in a long day, is a

very important, even vital, encounter to the patient. Even as a physician, I try to not be my own doctor (it is said that if one tries to treat himself, he has a fool for both a doctor and a patient), but I have been impressed at how much of the time is spent sitting in a hospital bed waiting for "the team" to make rounds, which is the highlight, the crucial moment, of the hospital day.

We ask a lot of our patients, in that we hold ourselves out to be experts in what we do, and expect our advice and treatment to be heeded and followed; but having been on the other side, it really does mean a great deal. A good patient does depend on the wisdom and expertise of his/her treating clinicians. And at least to me, even in view of my training and background in medicine and surgery, and medical advocacy, hearing the advice from my treating doctors and their teams as to what I need to do to get better just means a great deal more. The lesson I derive from this is that even though I think we are pretty sensitive to the physical, medical, and emotional needs of our patients, the emotional content of the doctor-patient relationship is truly dear, and I have learned to take it even more into account by my experiences of being a patient.

I wish all of you a happy, healthy, and prosperous New Year.

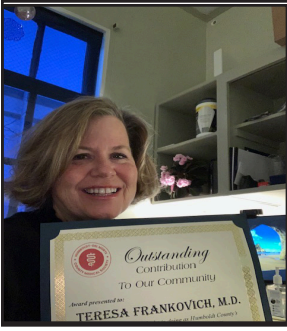
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