



What's it All About?

by Adam Jacobs

As medical writers, most of us are involved with the cutting edge of medical research. We write reports on the latest findings with new drugs, or somehow disseminate those findings to various audiences. It is easy to fall into the trap of thinking that medicine is all about high-tech cures for diseases. For some, perhaps that is what medicine is about, but I take the view that medicine is about helping people, rather than curing diseases. (In any case, modern medicine is generally unsuccessful at curing disease: most drugs only treat symptoms.)

All this was brought home to me poignantly recently, when I watched my grandfather dying. At 83 years old, he had always enjoyed robust good health, until he was admitted to hospital feeling weak. At first, the reason for his weakness was not clear. He remained in hospital for some weeks, having various tests, and eventually, after his consultant suspected that he might be bleeding from his gastrointestinal tract, he was endoscoped. One reason for his poor health was then readily apparent: he had multiple erosions in his stomach, duodenum, and oesophagus, and although they were not causing him any pain, they were making him lose a lot of blood. There was some relief that a treatable contributor to his illness had been discovered, and he was started on lansoprazole.

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However, the bleeding was too severe to be stopped so easily, and his blood pressure continued to fall. He was then given blood transfusions and intravenous ranitidine, but just when he looked like he might be turning the corner, he suffered a severe stroke, leaving him completely paralysed down one side, and barely able to talk. From that point, it was clear that there was little chance of a meaningful recovery. After discussing the options with the consultant, my father took the difficult decision that there was no point in continuing medical treatment.

It was another five days before my grandfather died. For those five days, he was given no medical treatment in the sense that most of us normally think of. However, I believe that the care he received in that time was every bit as important as any other medical treatment. The medical and nursing staff looking after him did a splendid and admirable job in making sure that his last days were as comfortable as they could be. They may have given up trying to save his life, but they had not given up on him. They turned him regularly, attended conscientiously to his personal hygiene, and then, when he appeared to be in pain, gave him diamorphine.

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At one stage, he appeared to be saying he was thirsty and asking for water, although it was difficult to be sure, because the stroke had left his ability to communicate so badly impaired. It certainly seemed likely that he would be thirsty, because he was still losing blood, he was not able to take any fluids by mouth, and his drip had been removed once the decision had been made to stop treatment. This left another difficult decision: should they put his drip back in? He was clearly uncomfortably dehydrated, and putting the drip back in would help that. On the other hand, without the drip he would slip away relatively quickly, which, given that there was no chance of a meaningful recovery, was probably far kinder for him. The prospect of him lying there in the same condition for potentially several weeks did not seem a happy one. Again, my father had the support of the hospital staff in coming to his decision, and they decided that they would put the drip back in. It turned out to be the right choice, because he seemed a lot more comfortable afterwards, and the spectre of an unpleasantly protracted death did not materialise.

A few weeks after my grandfather had died, I saw his GP, who gave me more information than I had been aware of at the time. Apparently, some of my grandfather's haematology and biochemistry variables had been all over the place, in a way that made the GP think that the only sensible explanation was metastatic cancer (although they never found a primary). This put a different perspective on things. If he had metastatic cancer, then he was going to die whatever treatment he had. The best outcome that could have been hoped for was that the end be relatively quick and painless. It was a great comfort to know that the outcome had been the best possible.

Some might regard my grandfather's death as a failure of medicine. I do not. We all have to die sooner or later, and I sincerely hope that when my turn comes, it will be as dignified, comfortable, and painless as it was for him. Medicine should be about looking after the well-being of patients in more ways than just giving them a drug to control their symptoms, and helping to make the process of dying as peaceful as it can be is as worthy as any other medical care.

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So what has all this got to do with medical writing? Well, I hope this experience will make me a better medical writer, in that it has reminded me what medicine is really for. When I write about medical treatments, I hope I will remember that there are real people, who, with a bit of luck,

are being helped by the treatments. Of course, there are good reasons why we have to write about whether drugs have demonstrated better ratings than placebo on validated efficacy scores, using appropriate statistical methods and generating sufficiently small p values. But we should never forget that that is not really what it's all about.

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