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Pensées

Thought is an intrinsic part of consciousness and an integral aspect of daily living. However, intrusive thinking, often arising out of problem circumstances, can be debilitating. Illness *per se* is often a cause of excess and worrisome thoughts. Here I describe five unconnected real situations that I encountered during different phases of my medical career to illustrate an always unasked and unanswered question during clinical encounters: namely, the “thought” arising out of the challenges and obstacles related to financial organization for the care. This is not meant to be an essay in the intricacies of health economics. Rather, I make a humble effort to highlight that we seldom endeavor to elicit the history of how the patient or her/his family is coping with the expenses related to seeking care. My aim of letting the world know of my knowledge in this perspective is to set out open discussions to seek therapeutic solution(s) to these significant and not-so-uncommon situations. No doubt, the answers are not easy, but in my opinion, necessary to be reflected upon and investigated, to facilitate a trainee like me to qualify from being a provider to a physician.

The “freaking” five dollar

It was a hot summer Arkansas afternoon and she came into the STI clinic, shivering. She appeared grumpy, and I deliberately took an approach of a warm handshake to break the ice. Prior to moving out of the examination room so that she shall undress to aid collection of specimen, I requested the nurse that she be advised to lower her trouser a bit and to cover her well with the available paper drape. As I walked back in after a minute, prior to starting the routine physical, I struck a discussion with her; “What is it that makes you feel cold on a day with the mercury at 100 Fahrenheit,” I asked her. I held her hand for a second prior to palpating the pulse and made sure that she was not running a fever. My question comforted her a bit. She let me know that she had undergone a trans-nasal surgery to remove a pituitary tumor, which was the cause of her Cushing’s syndrome some ten years ago. She explained to me that her shivering has persisted since the time after surgery. She went on to tell me that she is currently in the alcohol “rehab” facility, and she was curious why she had these foul smelling discharge despite abstinence since the last several months she was in the rehabilitation. She had gone to another public health clinic and paid the required five dollars, but they could not examine her the other day and gave her a carry-over note valid at all the public health clinics in town. Her main concern today was the “freaking five dollar”, and whether it was good today or not. I reassured her she would not have to pay her clinic consultation fee again and we shall take care of her based on the carry-over sheet. The rest of the examination went fast without any significant additional conversation. After a little while, we stepped back to convey to her the diagnosis of bacterial vaginosis and give her the required course of metronidazole. I patiently tried to explain her that under no circumstances she should consume any alcohol during the course of her regimen. I told her that I knew that she was in the rehab facility and appreciated her positive involvement, but still warned her that under no circumstances she should crave for any drink

from whatever source. While bidding her adieu, there was a strange calm and satisfaction on her face, and she parted by saying, "I am glad that the dollar has now been settled".

Chemotherapy in a friend's nursing home

Rajah (literally "king", not his real name) had been ignoring a large testicular mass for the last two years. The local doctor suggested that it could be hydrocele and he even sought homeopathy to avoid surgery. One day, in his newly established insurance office, he suddenly felt ill and vomited a large amount of blood. His wife rushed from his daughter's dancing school and immediately took him to a large hospital in south Kolkata. Things went on pretty fast after this, with aggressive detection of a large metastatic non-seminomatous germ cell tumor. There were cannon-ball metastasis throughout the lung fields and abdominal organs and retroperitoneum were also involved. Orchiectomy was performed at the earliest and the hospital team cautiously explained that despite the advanced stage of the tumor, this class of tumor was fairly responsive to chemotherapy agents, and that Rajah had a high chance of recovery. Rajah and his wife did not know what to expect and silently complied with all the orders. Everything was bad after the first cycle: the hair fell off, nausea all the time and he could not go out due to risk of infections. However, the worst thing was the hospital bill. Rajah, a young professional, was really apprehensive that with the impending four cycles of chemotherapy, the out-of-pocket expenses would render him bankrupt. With the business slowing down after the illness, something desperately needed to be done. He remembered a friend who ran a nursing home. The friend agreed to organize a newly minted radiation oncologist to administer the chemotherapy cocktail and the required supportive medications including the anti-emetic drug. It mattered less or none to Rajah that the small nursing home had no facility close to that of a standard chemotherapy suite. He remained deeply motivated to complete all the chemotherapy cycles and withstand the associated complications to the best of his ability without complaining, but refused all additional advice including travel to potential tertiary care centers to seek expert opinion and advanced therapy.

The costly smile

Amidst all the tears and fearful faces and unenthusiastic gaits of the primary school students during the seasonal flu clinic, I was particularly excited when a second grader, accompanied by her grandma, gave me a warm smile after receiving her shot. I could not refrain from telling her, "You have a beautiful smile". "Oh, ya," she replied promptly with a huge excitement, "I had been to the dentist last evening." "Sure she had been," asserted her grandmother, with a bit of sarcasm and discontent on her face, "The dentist made sure that he got his extra eighty dollars by ordering those unnecessary x-rays!"

Sleeping with the moles

Hariya (name changed) was so happy hailing from Chhapra district of north Bihar. He had all the good things he wished for. His forefathers were bonded laborers, but he had his own small zamin (land) to till. He was overjoyed when he learned that his wife was going to have their first baby. Things were all well until his wife started complaining excessive sickness and even to his untrained eyes, he could not miss his wife suddenly developing a yellowish appearance. The local health center doctors advised him to immediately transfer his wife to the government tertiary care hospital in New Delhi. They travelled; she was admitted upon arrival with a provisional diagnosis of hepatitis E infection. Hariya managed to take some loans prior to coming to Delhi. Three days after admitting his wife, he gathered his courage and asked one of the junior doctors, "How long it might take for his wife to recover?" It was early December and though the cold was not severe, it was also not easy to lie on the floor of the hospital premises at night. He surely needed a blanket to wrap himself completely, to avoid giving a false impression to one of the foraging moles that his toes were not a piece of food. The junior doctor had explained to him that it might take several months to recover and that with the possibility of an impending liver failure, his wife may need albumin infusion, which the hospital doesn't provide and are expensive. Hariya had started thinking whether he might need to go back to Chhapra for a short while and sell off his land to continue the treatment. Fortunately, this circumstance did not lead Hariya to revert back to the bonded agricultural laborer status of his forefathers, since the death of his wife the next day helped Hariya returned to Chhapra without any need to come back to Delhi again.

My father is proud of my entry to Boston Latin

It was a late autumn afternoon and though New England had not received the first snow of its season, the weather was rather gloomy. It was my first visit to a funeral home. I was greeted in the doorway by a well-dressed middle schooler Asha (literally "hope", name changed). She spoke with a strange composure. "Thanks for coming," she said, as I held her petite hand gently but firmly. "Are you dad's friend?" she asked me. I replied, "no", sincerely trying to steal the glance from her, but continued saying "I also work at Harvard and that's how I came to know you're your dad has" I could not finish, as she chipped in again with a striking poise, "My dad was proud, very proud that I made it to Boston Latin." I had not come for the viewing as we were both at the same institute, but rather after reading a note from the Bangali (Bengali) Association of New England that a certain 44 year old Dr. Shome (name changed), the art secretary of the Boston DurgaPuja Committee, had passed away the other day. He had been a research scientist at Dana Farber Institute for the last several years. As I melted in the crowd and tried to learn regarding the medical circumstances that might have led to the sudden demise of Asha's young father, I was informed of two things; the gentleman was a diabetic and hypertensive and the federal funding to his lab had stopped a year ago. Dr. Shome had stayed back in Boston with the hope of his daughter being accepted at a prestigious local high school. He desperately searched for another lab while waiting for medical insurance. In this while, he got his medicines shipped from India. It seems that recently, his medicines were late to come. I left

thinking, mesmerized at the calm of the unprepared Asha, carrying on his father's message like Giocante Casabianca, and what Dr. Shome's thoughts might have been in the evening prior to his passing away *peacefully* in his sleep.