Doctors as patients

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At the beginning of the year (in this case, also the millennium), one is tempted either to look back or to look forward, even perhaps to make resolutions for the future. The unpredictability of the future and the uselessness of resolutions (re-solutions?) lead me to look back. The year 2000 was a good one for the Canadian Respiratory Journal, with increases in the number, quality and sources of submitted papers. Inevitably, there was also an increase in the number of rejected submissions; I offer to the authors the consolation that their papers went through a review process that I feel is truly ‘peer review’ and the hope that the quality of the work is thereby enhanced. In the face of many criticisms of peer review, I am especially concerned that the review process remains fair, and, as Editor-in-Chief, I believe that my main function is to provide a judgment that is as unbiased as I can make it. Obviously, I am deeply indebted to my reviewers, and I take this opportunity to thank them for their generous and unrewarded work. The names of the reviewers for 2000 were listed in the November/December issue of the Journal; almost without exception, they provided reviews that were timely, intelligent and constructively critical. Because of the time involved, I do not usually acknowledge them or send revised manuscripts back for their opinion; I apologize for both of these sins of omission but hope that any reader who feels that we have fallen down in this regard will blow a whistle.

A sad event in June 2000 for the group in Hamilton, Ontario, was the death of a respected colleague – Dr Leo Kahana. I first knew of Dr Kahana before I arrived in Canada through an important study that he carried out in Montreal, Quebec (1). More than 25 years ago, he went to Hamilton as director of the local chest clinic and became the main consultant for tuberculosis. Later, when the provincial chest clinic was phased out, he also played a major role in the organization of the undergraduate teaching program at McMaster University, Hamilton. After the finding of a radiological abnormality in the autumn of 1999, Dr Kahana bore the investigation and treatment of a nonsmall cell lung carcinoma with quiet fortitude, and wrote an affecting short paper on his experiences as a patient (2). The paper should be required reading for everyone who looks after patients with lung cancer; less than a half-hour spent reading – followed by at least an equal amount of time spent reading between the lines – will provide the reader with invaluable insights. I will not list the insights that came to my mind as I read Dr Kahana’s paper, for this may detract from its value. There are few conditions other than cancer in which, from the patient’s viewpoint, experience falls short of expectation. Too seldom, patients tell us directly when their expectations have not been met or where we have fallen short in our professionalism. Who else but doctors as patients are capable of doing this?

Through the years, a small number of papers have appeared in the literature that are written by doctors relating their experiences as patients. Usually, editors accept the papers without peer review, realizing that when it comes to personal experiences, with the pain, disability and anxiety that go with them, there can be no appropriate peer review. It is the clear and authentic expression of these experiences that makes such papers so valuable and, of course, so sad. One can only hope that readers learn the important lessons that our brave colleagues have spent their scarce time trying to impart to us. However, maybe we have to go through such experiences ourselves before we can appreciate fully what the person ‘on the other side of the desk’ is going through – another sad thought.

Dr Leo Kahana has left us a valuable legacy, one that I hope will be widely read and internally digested.

REFERENCES