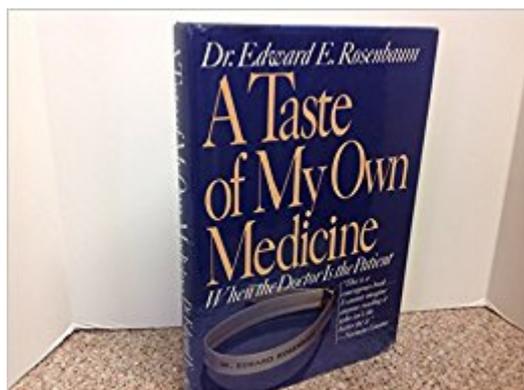


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# A Taste Of My Own Medicine: When The Doctor Is The Patient



## Book Information

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## Customer Reviews

Dr. Edward E. Rosenbaum was diagnosed with cancer of the larynx at age 70. This book is a memoir of both his experiences as a doctor and as a patient, caught in the inexorable, sometimes painful, often humiliating round of cancer treatment. His cancer remained misdiagnosed for several months by a physician-acquaintance of Dr. Rosenbaum's, who had not kept himself up-to-date on the latest diagnostic tools available to his specialty. When Dr. Rosenbaum finally gets a second opinion from a younger doctor, who knows how to use a fiberoptic nasopharyngoscope, he must decide on a method of treatment. As most of us cancer patients do, whether or not we are physicians ourselves, he let his doctor make the choice for him: radiation. Anyone who has ever undergone a course of radiation treatments will empathize with Dr. Rosenbaum's grimly humorous description of his own therapy: stripped of his civilian clothes; bound into an awkward position on the radiation god's altar, while its priests sprint out of the room. You are never more alone than in that treatment room. The radiation god manifests itself in a series of clunks and whirrs. You freeze into place, afraid that a single movement will cause the deadly beam to go astray and blind you or pierce your heart. After the exposure has taken place, you can never be certain if anything happened: if your cancerous flesh was actually attacked. Dr. Rosenbaum says: "They tell me that I am being treated by X ray. X means unknown. I can't see, hear, taste, feel, or smell the X rays. I have no way of knowing if anything is happening or if the machine is working... The radiologist assures me that something will happen and asks me to have faith. Is he a priest?"

I must identify myself so that my opinions may be put into proper context. I am a retired M.D. (Obs-Gyn) aged 84 retired 19 years. I retired when my malpractice insurance equaled all my other office expenses and consumed over one third of my gross income. I, just as Dr. Rosenbaum, did not fully realize the lack of competence of many of my colleagues until I became a patient. As a member of a Medicare HMO (which is the only way to go!) my designated hospital is Stanford University Hospital, which is the teaching hospital of Stanford University School of Medicine. I am a 1954 graduate of the University of California at San Francisco and interned at the San Francisco City & County Hospital alongside the Stanford graduates. I also had admitting privileges at Stanford. I knew that hospitals varied in their admitting routines but never realized how awful the admitting into a teaching hospital is for the patient. Take a book because you will be there several hours and be seen by many different personnel with no clue as to what their job or relationship to you is or is to be. With the politically correct, touchy-feely atmosphere permeating the institutions in California today, there are no uniforms, name tags or other identifying marks. Some of the doctors appear younger than my grandchildren and dress as though they are going to a rap concert. Some of the janitors have a more dignified mien than the residents. During my several admissions at Stanford I have never had what I considered a truly complete history and/or physical. As an aside, I have yet to have an examination as complete as we were expected to do as medical students.

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