

October 28, 2016  
(August Letter)

Dear Samantha,

As promised, here is my follow-up letter to tell you about the process I am going through for my treatment.

Last Tuesday, I went to the hospital for a standard blood test. They also gave me a bone marrow biopsy. This refers to a process whereby they take a bit of my bone marrow for analysis. A biopsy refers to taking a small bit of tissue.

I was escorted to a very clean looking room down a long hall at the clinic – and was introduced to a pleasant young woman who was organizing the bed, medical tray, and other serious-looking paraphernalia around the room. She invited me to take off my shoes, undo my belt, loosen my pants and lie face down on the freshly prepared operating table. It was sort of like the one in the photo – but without all the screens and dials.



By the time I was shoeless and belt-free I was sitting on the edge of the bed in the middle of an interesting conversation with her about training and work. “Make sure you are lying down and ready to go,” she added, “this doctor is fussy about being ready when he arrives. If you’re not ready he will find something else to do.”

“Are we ready?” the doctor asked as he strode into the room. I whirled around and flopped down on the bed – while making sure my pants weren’t left around my ankles. By the time my face was planted into the pillow I heard the doctor back in the hall engrossed in an animated conversation with someone at the other end of his phone. The assistant certainly knew her doctors!

It took about five minutes before the doctor returned, introduced himself, then proceeded to put on his gloves and open the kit of needles and vials that the assistant had prepared. He was not my usual doctor, but he explained his presence by informing me that he and Dr. Sebag worked together in the clinic and sometimes stepped in for one another when necessary.

He exposed my left hip and buttocks, wiped a section with antiseptic, and gave me an injection of freezing in the area near my hip bone. While waiting, we had a nice chat about the procedure, my job, and other pleasantries. When he discovered I taught sociology, he informed me that he had taken a sociology class as an undergraduate and first got a 68% grade on a paper regarding the book entitled “Street Corner Society” by William Whyte – a famous sociologist. He said that he was annoyed by the grade since he had done some field research relating to the topic and felt that it was much too low. Since he had received the grade from the teaching assistant he took the paper to the professor and asked for a reread. After the professor read it, he changed the grade to a 90%! That certainly paid off.

Once the area on my hip was frozen, the doctor picked up a bigger needle and proceeded to insert it through the flesh in the numb area. I didn’t feel a thing until he got to the tissue around the hip bone. He warned me that there are not many nerves in the bone itself, but the surrounding tissue has nerves and I might feel something as the needle went through this area. He was right.

It was strange feeling – not a sharp pain like a needle, but a dull pain like I have felt with a mild toothache. Then he began to wiggle the needle and push harder as he went through the bone and into the marrow.

The needle is like a small tube and as he inserted it through the bone and marrow, a small bit of the substance ended up in the tube. This is what they use for analysis. While he had the needle in my hip he passed some of the substance to the assistant (“2 ccs” he said) and waited for her to verify that this was enough for the first analysis. When she confirmed that it was, he passed her another 4 ccs and waited again for her approval. Then it was all over.

He withdrew the needle, put on a bandage, and asked me to roll over so that there was pressure on the bandage and wound. He wished me a good day and headed off to his next patient while the assistant tidied up the equipment and invited me to relax for a while until she returned to check that all was okay. She said she would be back in the room after about 10 minutes.

This was the part I loved, since I could have a short nap while the wound healed.

After about 15 minutes she woke me up to check the bandage, announced it was fine, and invited me to get dressed, then sit in the clinic waiting area for my visit with the doctor and treatment assistants.

It took about 20 minutes, but I was finally invited into a consultation room with the doctor and the two young women who were responsible for managing the clinical trial in which I was involved. They got me to fill out some forms, sign the trial contract, answered a few questions, and gave me a couple of sheets for the next set of appointments.

The first was a visit to the x-ray department for a full body scan. They wanted to get a look at all the bones in my body to see if there were any lesions and as a baseline for identifying future changes. After scanning my hospital and medical card, the receptionist handed me a blue hospital gown and directed me to the change room. “Take everything off except your underwear and shoes,” she said. “The technician will be in to get you in a minute.”



The room was a big one – dominated by a huge machine like the one in the picture. There were two technicians in this room – both of them young and efficient. I learned that they were both graduates from a 3-year training program at Dawson college here in Montréal. The young woman confirmed that she knew the names of all the bones in my body.

They put me through an elaborate series of postures as my bones were x-rayed – “from my head bone to my toe bone” as the song goes. To get the right angles, they got me to stand, lie down, twist my arm, stick out my chin, flex my leg, and curl up on the table before we were finished. It was sort of like a one-person Twister game. I found it to be quite

engaging to watch as they went about their business ensuring that all my bones were recorded in sufficient detail. I was impressed with how detailed and technical their work was – and how pleasant they were in the process.

Next stop was the EKG clinic for an electro-cardiogram. This is the machine that measures the electrical pulses of the heart. "Pick a number" read the sign as I entered the clinic. Once again I was waiting my turn.

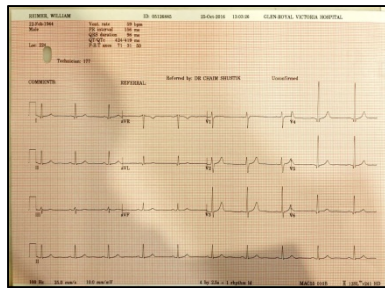
This time, the technician invited me into a room with a medical table, asked me to undo my shirt, and lie down. She set about sticking small patches on my chest, side, and ankles, then attached wires to them leading from a small machine like the one in the photo. "Breathe normally." She instructed as she pushed a button on the machine. After about a minute of humming from the machine she said "All done!" and began disconnecting wires and pulling off the patches – ouch.



"Should I send this on or would you like to take it yourself?" she asked, as she pulled a page of

squiggles from

out of the machine (you can see a picture of it to the left. "If you take it yourself it will get there much quicker." She said.



I took the page of readings from her and headed back to the cancer clinic to deliver the results. The assistant took the page and promised to add it to my file, then turned to the secretary to arrange my next appointment. My hospital day was through.

This back and forth from one clinic to another is a far cry from the model of medicine that was part of my growing up. At that time, the focus was on a single "family doctor" who was expected to deal with whatever health issues occurred. As I grew older and started to manage my own health it had already begun to change. The field had become more and more specialized as we learned more about each part of the body and specialists emerged along with their own technically-specific equipment.

The explosion in knowledge, equipment, and research has made exciting advances in health over the last 50 years. It is wonderful to see these examples in cancer, brain, and genetic spheres, but it has made the delivery of those advances more difficult. We can no longer rely on the expertise of one or even two or three experts in the diagnosis and treatment of illnesses. The problem is coordinating all these experts in a way that they can all inform one another and share insights from their respective domains. I expect that your studies in recreation administration face similar issues.

Most of our health care institutions do this by getting the patients to do the work of visiting various experts and co-ordinating the various sources of information. That is why my history of health care has meant me setting up appointments with a cardiologist, gastroenterologist, then a haematologist, and finally an oncologist. In each case I had to ensure that they sent their reports to the doctor in my clinic that started the process – and is responsible for integrating the results from these various sources.

In order to manage this, I make sure I get copies of all the reports from the various doctors so that I can make them available to my clinic doctor. It is also a good idea since it ensures I will have a record of my health history wherever I may move – and provides baseline comparisons for any new tests that may emerge. According to the law, we own all records regarding our health so it is relatively easy to ask for these records as they are generated. You might consider doing the same.

This seems like a reasonable way to organize the complex system of experts that are a necessary part of medicine. However, it places a much greater demand on the patients and their associated support network since they are responsible for organizing the various appointments, getting to them on time, and reorganizing their lives so that they can sit around waiting for the expert or technician to finish with the previous patient. I always assume this add an extra 30 to 60 minute on each appointment.

Working with my Father, Mother, and Dorothy in this system makes it clear how difficult it is to manage – especially for someone who is not familiar with how bureaucracies and organizations work. Most people will be in this type of situation so we need to figure out a way to support them as they proceed through the system. What we need is a system of social workers or brokers who can take on the role of arranging appointments, accompanying patients, making sure that the results are understood, and verifying that the appropriate information gets passed to the appropriate people. This is a time-consuming and costly process so it is unlikely that it will be supported in a massive way but perhaps there is a niche for someone to take on this role.

Perhaps your colleagues and teachers in recreation studies can think about this problem as part of your work. It is not directly related to recreation although most of the larger recreation organizations probably create similar challenges when they involve a variety of experts and skills. A community centre, for example, would be one place – and a retirement home or nursing care facility like your internship might be another. What services are offered in the home, for example, to ensure that the residents meet with the proper health care professionals, understand the process, and get their records back to their doctor?

I will keep thinking about this as I go through the next steps in my medical adventure – and let you know if I come up with anything interesting.

Love,