

President's Page

Spring/Summer 1995-2009

By Linda B. Hertzberg, M.D.

"To everything there is a season, and a time to every purpose under the heavens."

Ecclesiastes 3:1



Each of us has a certain season that holds a special meaning in some way. Spring and summer generally hold the connotations of times of growth and renewal.

Unfortunately, in my life, this has frequently come at a price. The following is my story of a few of those seasons, including this past summer as CSA president.

Summer 1995: I was working in the operating room and serving as the weekly OR manager. One of my partners needed someone to cover his first call. When we could not find anyone to take the call, it fell to me as the OR manager by default. I worked most of the night and the next day until 4 p.m. I arrived home exhausted and went to bed almost immediately. The next morning I woke up with a high fever, shaking chills and a bad headache, all of which I attributed to sinusitis. I stayed home that day and the next. By the following week, I was in the hospital with a diagnosis of meningitis. Fortunately, it was viral in nature and I made a full recovery. I spent most of the rest of the summer either at home or at the coast, taking long naps every day. That same summer, I was the defendant in a malpractice litigation. The patient's primary care physician encouraged him to sue me for what was later shown by that same physician's own old office chart to be a pre-existing condition. It became clear to me that one's own colleagues in other specialties cannot inherently be considered benevolent or trustworthy. Ultimately, the case was dismissed. After that summer, I started to become more aware of when I was becoming overtired at work so that I could pace myself.

Summer 1999-2000: I agree to become the president of the Medical Staff at my hospital. This previously had been a generally undemanding and largely ceremonial job. Unfortunately, the hospital, cardiologists, and cardiac surgeons chose this time period to wage an economic war in the medical staff arena of credentialing and quality. Everybody lost; the hospital and medical staff are paying the price to this day. My family life and my physical and mental health suffered. Our new dog, a Boxer named Boomer, sleeps all day; I sleep very little until my term as president is over at the end of 2000.

President's Page (cont'd)

Summer 2001: My father is 80 years old and in frail health after open-heart surgery. Despite active discouragement by his physicians, my sister, and me, he goes to Israel for a conference during the height of the Intifadeh. Three bus bombings take place in Jerusalem the week he leaves for Israel. He survives and returns home to witness the tragedy of 9/11, which personally affects him quite profoundly. The next year we cancel a family trip to Israel due to the continued violence.

Spring/Summer 2005: My cousin's son, age 18, is diagnosed with a brain-stem tumor. While waiting in the hospital for his surgery, he dies suddenly. My father, aunt and his parents are devastated. That same month, Jan, my best friend from medical school, has her 12-year-old daughter hospitalized with severe and life threatening anorexia nervosa. My son, Michael, is Bar Mitzvah at the end of that summer. My parents make the trip, even though my father is quite weak. I tell my sister that he will not survive another year. Katrina hits New Orleans the weekend of the Bar-Mitzvah, and Jan volunteers as a medical relief worker in Baton Rouge. Her stories are dreadful, but I believe she finds some comfort in knowing that she is helping others while she can do very little for her daughter.

Spring/Summer 2006: My father dies that spring during Passover. I had spent most of the previous 12 months shuttling to the East Coast for his numerous medical emergencies. I had just returned to California on a Sunday when he dies Monday afternoon. I catch the night flight back to Newark in time for the funeral at noon on Tuesday. A few weeks later, it is my 25th medical school class reunion. I go because I can feel time slipping away, and I want to see the people I care about. In June, my 17-year-old daughter Rachel is told that she has arthritis in her knee from one gymnastics injury too many. She is devastated about leaving the sport to which she has given much of her time and heart since the age of five. At the end of June, Rachel travels to Israel for a five-week student fellowship program, leaving gymnastics behind her. The second Lebanon war starts the week her group is river rafting in the north near the Lebanese border. They return abruptly to Jerusalem after seeing artillery fire from the rooftops in Safed. She is in Israel for nearly the entire war, an eerie and surreal experience. This was not quite the education we had envisioned when she went to Israel.

Summer 2007: We go as a family to Germany and Israel. In Germany, we visit my husband's uncle, aunt and cousin in Munich. David's Uncle Leon was 94 at the time and quite spry for his age. He accompanies us on the train and bus out to Dachau. We can't quite understand why an Auschwitz Holocaust survivor would want to visit a concentration camp. Leon becomes bored and

President's Page (cont'd)

wanders off. After a while we regroup, but Uncle Leon is nowhere to be found. After several frantic hours of searching, Leon turns up at his apartment, having traveled home alone.

Spring/Summer 2008: Boomer the Boxer is not right, but we can't quite figure out what is going on. Before we leave for our annual July 4th trip to the coast, his calcium comes back elevated. We go anyway. Boomer sleeps most of the time and eats very little. He is quite tachypneic and tachycardic. He dies several weeks later of a mediastinal lymphoma. I cry every night for a month. In late August, we move Rachel back east to college at Wesleyan in Connecticut. When we return to California, I start missing her when I realize that she is not coming home for a while.

Spring/Summer 2009: I am taking a train from Washington, D.C., to New Jersey after the ASA Legislative Conference when Rachel calls me. She is telling me not to worry, that everything is all right and she is safe. I have no idea what she is talking about or what is going on. A student at her school had been shot and killed in public at the bookstore café where she worked. The shooter turns out to be an acquaintance who had been stalking her for several years. In his diary, later found by the police, it appears that he is also targeting Jewish students at Wesleyan. The University is on lockdown for two days until the shooter turns himself in to the police. A few weeks later, a neo-Nazi attacks the Holocaust Museum in Washington, D.C., killing a guard who was protecting many others, preventing worse tragedy. It seems to me that Israel during the 2006 war may have been a safer place than May 2009 in the U.S. Uncle Leon in Germany dies after a short illness at the end of May. In early June my friend's husband is involved in a horrific motorcycle accident. He dies three days later. The rest of June remains a blur to me.

I become president of the CSA in the midst of all this. I feel prepared for the task, having been involved in organized medicine with the CSA and ASA for many years. The issue of health care reform is looming on the national horizon, but there do not appear to be any pressing issues on the state level. I am hopeful that we can move forward as a society in working on issues of internal and external communication, streamlining our CME programming, and improving our practice resources for our members. This plan is disrupted in mid-July when the Governor opts out of the CMS requirement for physician supervision of CRNAs with no warning or consultation. I spend an incredibly busy six-week period working on issues surrounding the Governor's opt-out (and health care reform and the initial agenda for the year) on behalf of the CSA. As I write, it is now the beginning of September and the situation with the California opt-out is still in flux. (The Barnabys' update on this can be found on pages 16-19.)

September 5, 2009: It is Labor Day weekend and we are back at the coast again. There is a large school of fish in the water across the street from our home. The seagulls are swarming and the pelicans are diving ferociously. Next door the neighbors drive up and set themselves up on the front porch with mimosas in hand at ten in the morning. It is a beautiful cool sunny day, minimal breeze, and people are out walking the street and the beach, a precious true Cayucos vacation day, where there is no schedule and there are no demands. It is days like these that have taught me how to meet and manage the physical, intellectual, and emotional demands of all those other days of spring and summer. As I sit here and re-charge, it reminds me to take the time to pace myself, slow down, and master my emotions. This enables me to perform best when the unexpected and difficult situations arise, whether they are personal or professional. It is a little bit like being an anesthesiologist; one must remain self-aware but detached from the crisis, so that one gives the most professional care to the patient.

The tragedies and crises of the past seasons have served their purpose. I take things less personally now, and try to view situations a bit more dispassionately and objectively. I take time to stop and slow down along the way. I let go of many things that I might have previously obsessed over and try to focus on the things in the big picture that truly matter.

The opt-out does matter a great deal to me, and not only because it occurred on my watch. Anesthesiology is the practice of medicine and this cannot and should not be changed by the Governor's stroke of the pen. Optimal patient care must ensure physician supervision and involvement, not just in anesthesiology. Otherwise, the day will come when primary and specialty care will both be delivered solely by advanced practice nurses and physician assistants with minimal or no supervision, by predetermined protocols. The breadth of knowledge and training to make the intuitive leaps when one encounters the complex or unexpected will be lost to patients in this paradigm. The art and practice of medicine is much more than policies, procedures and protocols. We know that daily when we encounter a patient with a problem we have never seen before, but remember the small relevant details from something learned long ago. The opt-out, although arguably illegal, has the effect of creating confusion in the minds of hospitals, medical staffs and patients about who should be providing anesthesia care. If the CSA allows California to go down this path, it is only a matter of time before other specialties follow. So while I cannot allow emotion to rule how I behave now on the opt-out or in any other given moment, my beliefs and passions must carry me through to respond to the events of this and all those other seasons and summers yet to come.