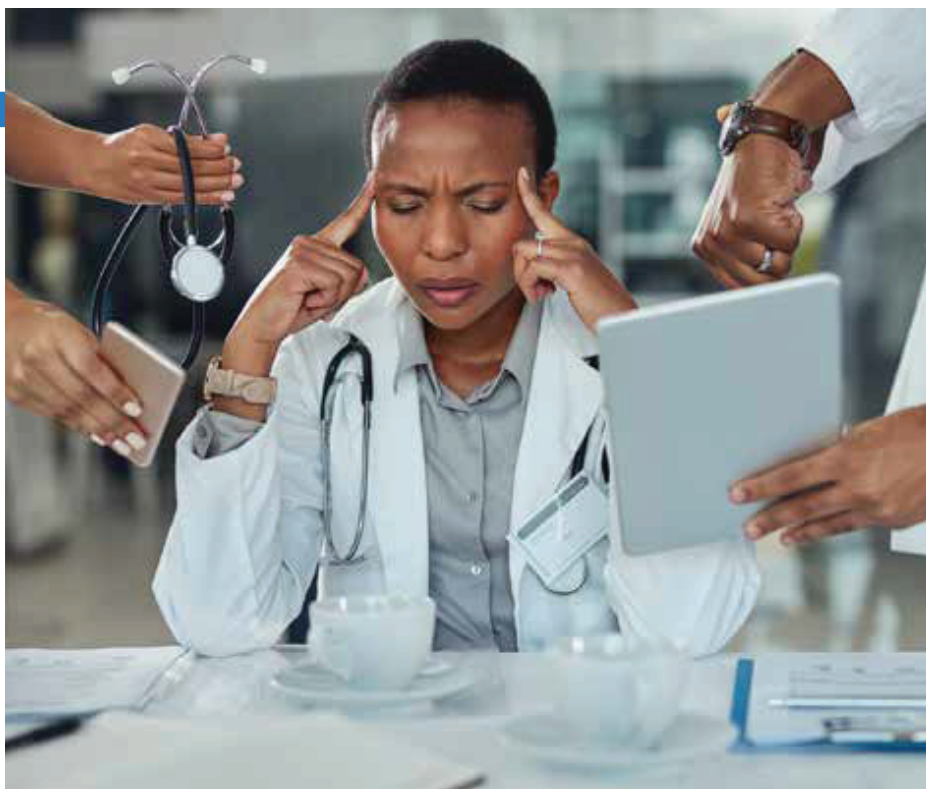


# Quixotic Medicine

Finding Inspiration in Dr. William Osler, The Bodhisattva, and the Man of La Mancha *By Daniel J. Bressler, MD, FACP*



## SOME DAYS IT FEELS LIKE NEITHER MY WIT

nor my willpower is up to it. I'll look back on the day and see it as a series of lost causes. The EHR was down for half an hour, which put me behind. The blood sugars on my patient with diabetes remained disturbingly high in spite of aggressive insulin adjustments. The gloom of my depressed patient continued to suck out any joy from their life. Despite the ablation and meds, the patient with paroxysmal atrial fibrillation kept reverting back to that irregularly irregular rhythm. The prior authorization bureaucrat at the other end of the line stonewalled as I sought permission to prescribe a new migraine medicine for a patient who has already failed

trials of multiple others. Et cetera, et cetera.

At such times I ask myself whether it's me that's a failure or whether, rather, I am trying to achieve things beyond the reach of any non-imaginary primary care doc. Are the goals that I set for myself (and thus, the goals I set for my patients) just too high? Are

the ideals of the textbooks, the consensus guidelines, or the published papers beyond the reach of real-world clinicians? If a drug or procedure helps half the patients, why is it that some days the other 50% all end up on my practice roster? And, at an even deeper dimension of pessimism, aren't all of my efforts doomed to failure anyway if I follow patients long enough? If one disease doesn't defy treatments now, won't another one come along on some tomorrow and do so?

In the face of such demoralizing reflections, who can I look to for inspiration? Who are the exemplars of bravely sailing on in the face of such clinical, practical, and existential headwinds?

In the pantheon of historical medical sages, one standout is the figure of Sir William Osler, the physician-philosopher who helped lay the foundations for modern, evidence-based medicine in the late 19th and early 20th century. Definitely a relic of a different era, he was already decidedly and quaintly "old school" when his proverbs were nostalgically recited by heart by sentimental senior professors at Harvard during my medical school and residency years in the '70s and '80s. And yet, even now four decades later, there is a certain calming timelessness to his wisdom.

His writing is rich with quotable nuggets. One of

them speaks to the notion of keeping an even keel when you seem to be getting nowhere in your clinical progress. As he famously advised a group of graduating medical students: *"Be calm and strong and patient. Meet failure and disappointment with courage. Rise superior to the trials of life, and never give in to hopelessness or despair. In danger, in adversity, cling to your principles and ideals. Aequanimitas!"*

How would Dr. Osler's famous equanimity fare in the face of EHR outages, prior authorization stonewalling, and COVID-19 misinformation? Probably just fine. The frustrations and failures of his era had to have been at least as demoralizing as those of ours. I find his steady confidence in continuing to strive in the face of setbacks to be inspiring, even in 2022 as I write these words.

In searching outside of medicine for other "champions of the endless to-do list," I think about a mythical exemplar from world religions. In Buddhism, a Bodhisattva is an idealized person who has placed herself/himself on a path toward enlightenment through seeking to help others. Like other religious saints in their goodness and purity, these figures aim above all else to be of service to others. One version of the first stanza of the famous "Vow of the Bodhisattva"

states, *"Suffering beings are numberless, I vow to liberate them all."* The vow goes on to list other similarly ridiculously impossible tasks as aspirational goals for those who would seek a spiritual awakening. Apparently, such a person finds inspiration rather than intimidation from having more to do than anyone can realistically expect to achieve.

For primary care, one of the main challenges is the sheer breadth of what we are tasked with handling, as the first responder or later adviser. The problems span from the relatively trivial to the life-threatening. Here, just for fun and in alphabetical order no less, are the conditions I managed over the past few months: angina, bronchitis, CHF, diabetic neuropathy, earwax, Factor V Leiden mutation, GERD, hypertension, irritable bowel syndrome, jitteriness, knee pain, loneliness, marital stress, nummular eczema, obesity, psoriasis, queasiness, rhabdomyolysis, sarcoidosis, tinnitus, ulcerative colitis, vertigo, Wilms Tumor, xeroderma, yeast infection, zoster. Obviously I am not a master of each of these problems, and very often (e.g. CHF, Wilms tumor) there will be at least one subspecialist involved in the patient's care. Nevertheless, these patients still come to me with questions or a request for my direct opinion. It's therefore

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## PHYSICIAN WELLNESS

incumbent on me to have at least passing familiarity with all these conditions. The availability of such online tools as UpToDate allow me efficient refresher courses as I dive into such a conversation. Sometimes looking back on the day I feel as much like a medical student as a veteran practitioner. That is one of the drawbacks to being a generalist.

Specialists, too, can draw up their own lists of frustratingly unsolvable clinical problems.

For the spine specialist it might be failed back syndrome. For the cardiologist it might be intractably progressive congestive heart failure. For pediatricians there's the struggle to treat kids who have misinformed and hostile parents. No specialty is without its clinical frustrations and its own demands for persistent effort in trying to cure the seemingly incurable or answering their own quixotic quest.

In *Man of La Mancha*, a modern musical adaptation of the 17th century novel *Don Quixote* by Miguel de Cervantes, the hero sings of his goal of correcting the wrongs of the world, regardless of how unlikely his chances of success: *To dream the impossible dream, to fight the unbeatable foe, the bear with unbearable sorrow...to right the unrightable wrongs.* Cervantes wants us to admire Quixote's ambition to do the right thing even while seeing the ultimate folly of its aims.

Somehow when you're following patients over the very long term you have to keep in mind simultaneously the idea of optimal therapy with the idea of ultimate failure. No matter what, except in rare cases, chronic diseases progress. That's why they're called "chronic." Sometimes when a patient faces a long-term problem and is overwhelmed, I remind them to shrink the timeframe of their concern. This is a technique used by psychotherapists ("one day at a time") and in nursery rhymes ("inch by inch, life is a cinch"). Osler, too, had advice in this vein, reminding us to *think not of the amount to be accomplished, the difficulties to be overcome, or the end to be attained, but set earnestly, at the little task at your elbow, letting that be sufficient for the day.*"

We physicians are everyday soldiers fighting what is, in the end, a futile battle against life's endless barrage of harms. We score temporary victories that we call cure or remission or repair in a war that our side will eventually lose. Yet, re-orienting the timeframe from "a lifetime" to "day-to-day" or even "year-to-year" we do win. We drive cancers



into remission, bypass otherwise fatal arterial narrowings, help fractures heal functionally, and infections resolve. Our management of chronic illnesses delays complications in such a way that patients receive years or decades more of vitality. The autoimmune dysfunction becomes less disruptive, the angina milder, the dyspnea less limiting. We reduce or lessen the sting of outrageous fortune and so allow some greater happiness in our patients' lives. We are pedestrian heroes, commemorated not in song or religious parable, but in the simple thank-you cards we get. We also can honestly and honorably congratulate ourselves knowing that we do make life better for others, sometimes a little and sometimes a lot. And that is how, after a day like the one I described above, I still manage to be grateful for my place in the world as someone whose calling and job is to relieve suffering and, in carrying out that task, to make the world a little better than it would have been without me. In that regard, I take my humble little place in the lineup that includes Sir William Osler, the Bodhisattva, and Don Quixote of La Mancha. +

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