Choices

In early April 2006 after a relatively short time of feeling tired and short of breath, I was diagnosed with acute myeloid leukemia. After 2 courses of chemotherapy and several bone marrow biopsies, the disease was in remission. However, since remission is not equivalent to cure, further therapy will be required. As I write this editorial, I am currently receiving consolidation chemotherapy with the intent of undergoing a bone marrow transplantation some time later this year. I am doing well, remain optimistic and frankly looking forward to getting back to full-time work.

I have had many ideas since my illness about the subject of this editorial with the thought of expressing some of my opinions and observations as a patient rather than as a treating physician. Some of the ideas are related to experiences while being hospitalized, outpatient visits, relationships with various physicians and general interactions with third-party payers. However I thought what would be of most interest related to the choices one has to make when confronted with a serious illness. Although I remain pleased with the care I received at University Hospitals Case Medical Center, the medical oncologists caring for me suggested that I visit 2 other institutions that also had significant experience treating patients with my disease. Their outcomes and protocols were somewhat different, and their experience with patient groups varied as well. I traveled to both institutions and met with the directors of the respective bone marrow transplant programs. The directors reviewed my current status and were receptive to questions related to outcomes, complications and other issues, which many of us deal with when patients are consulting us. Based on my impressions and also the advice I received at my home institution, a decision was made about where I would have my transplant.

While I consider myself an educated, sophisticated patient, I still found it difficult and perplexing as to what choice I should make. When reviewing the data presented to me at the time of my consultation as well as what’s been published, I was struck that most of them were from single institutions, were anecdotal and often, if randomized studies such as those performed for breast cancer. When data are available that may help the patient choose his therapy, these data are limited (single institutions) and anecdotal, and based on few large randomized studies such as those performed for breast cancer.

In summary, how does a patient choose? Those who are sophisticated and are data based can obtain all the information they want from the internet and as I tell them, they will become more knowledgeable but they will not find “the answer.” Other patients are not as inquisitive and often say, “Doc, what do you think is best?” or “Doc, how would you want to be treated if I were you?” In fact, this is what my decision came down to and I followed my physicians’ advice as to how best they thought I should be treated. I believe in the final analysis most patients do the same when they have a trusting association with their physician. I can only emphasize that the personal relationships we have with our patients are most important and hopefully will not be lost in the current changing health care environment.

I am sure other physicians reading this editorial have been patients and also had to make similar choices. I’d be interested (as I believe would be others) of their experience and if possible some will be published in the Letters to the Editor section of this Journal. I look forward to hearing from you.

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Editor