Ilia Volkov, "A Part of Life, A Part of Me, and 'The Quality of Life'," *The Journal of Clinical Ethics* 17, no. 2 (Summer 2006): 191-2.

A Part of Life, A Part of Me, and "The Quality of Life"

Ilia Volkov

Ilia Volkov, MD, is a Primary Practitioner with Clalit Health Services in Beer-Sheva, Israel; and Student Clerkship Coordinator in the Department of Family Medicine, Faculty of Health Sciences, at Ben-Gurion University of the Negev in Beer-Sheva, *r0019@zahav.net.il.*

As physicians, we should not only take into account a specific life-threatening condition that is presented to us, but also the general well-being of the patient and his or her quality of life. This is true of health problems that the patient is not aware of, or chooses to ignore, and also decisions concerning considering the patient's feelings when a standard medical practice is used for a specific condition.

Very often all of us — doctors and patients alike — become accustomed to our annoying but tolerable health problems, and usually do not pay much attention to them in our everyday life. They tend to become an integral part of our life, our body, even our very being. As a rule this does not happen all at once, but as a result of prolonged or ineffective treatment of a condition, or possibly because, at the time that we tried to treat the condition, there was no effective treatment. Also, we shouldn't forget the common "dollars and cents" orientation, plus the bureaucratic structure of health services!

Why did I, a doctor with 20 years of medical experience, decide to address this problem now? We are all proud of the achievements we have made in medical practice, with the successes in treatment of life-threatening diseases and chronic medical conditions, increasing the duration of people's lives, but we often forget about the most important aspect, the quality of that life.

Once a young man visited me, complaining about pain in his shoulder. During our talk he frequently had to wipe his running nose with a tissue. I asked him, "Do you suffer from chronic rhinitis?" He looked at me wistfully and answered, "Let's leave it alone. I tried to take care of it, without any success many years ago. Now I have learned to live with it; it's become a part of me!" When I offered to try to treat it anyway and explained to him that today we have more possibilities for treating rhinorrhea successfully, he agreed hesitantly. After a few weeks he was surprised at the transformation in his condition and in his life; at last, he could breathe freely. He even came to the follow-up exam without his habitual tissues.

Reviewing our case studies in treating recurrent aphthous stomatitis (RAS — canker sore) with vitamin B_{12}, we were amazed by statistics that 10 to 50 percent of the general population suffers from RAS, and up to 60 percent of the medical staff! Why were we surprised? RAS is not considered a reason to pay a visit to the doctor. Patients rarely complain of RAS, except for how it influences their daily lives. When we started to elucidate the phenomenon, we understood that at some moment aphthae in one's mouth was accepted as "a part of life."

I look at two photos of a 25-year-old woman: the first one is before dental implantation, the second one, after. In the second photo, she is smiling, and I know that it is for the first time in her life. . . . What we consider to be a usual procedure changed her whole life around.

A 75-year-old patient with suspected prostate cancer was preparing himself for a biopsy. He was depressed at the very thought of the procedure. He asked my advice. After discussing the problem with him at length, we agreed to get a second opinion about whether a biopsy was necessary. In a week the pacified patient brought me a letter from a famous urologist with a confirmed clinical diagnosis of prostate cancer, in which he mentioned the problem of the quality of life for this particular person, and I can add, millions like him. The urologist recommended weighing the necessity of biopsy for this particular patient again, and instead to do careful follow-up exams for a while to monitor the progress of the cancer. Teaching students and young doctors, I use this letter as example of a thoughtful approach of an experienced doctor and the changing of values in modern life, when the quality of a relatively "shortened" life span becomes more important than sustaining life.

Not long ago I told my colleagues about unexpected improvement in the condition of an 83-year-old patient. She decreased her physical and social activity after two mild cerebral vascular strokes (CVAs). She was seriously depressed after these two incidents. Analyzing her blood test, I noticed an increase in the level of thyroid-stimulating hormone, with normal T3 and T4. I considered that it was subclinical hypothyroidism; I started treatment with low doses of thyroxine. In a few weeks I didn't recognize my patient — she again became an active, cheerful woman. I was glad for her sake. However, recently I read an interesting article in which it was mentioned that thyroxine treatment can hasten metabolic processes and even shorten life in older patients.[1] What should be our concern? Quality or duration of life? How much should a doctor help his patient decide, and how? Certainly it is no secret that our patients believe in and rely upon us, and that we can affect their decisions. What is the real answer considering the best interests of the patient?

Our life today is very dynamic. Often our patients ask us questions, and the answer we are looking for is not always in a textbook, but in that "other book," the one we are writing all the time together with each of our patients. Because of the changes in our lifestyle and the changing values of modern life, "little problems" are becoming more and more important. Maybe by solving them today, we will have the right to take part in the solution of "bigger problems" in critical periods of our patients' lives tomorrow.

NOTES

1. G.S. Meneilly, "Should subclinical hypothyroidism in elderly patients be treated?" *Canadian Medical Association Journal* 172, no. 5 (March 2005): 633.