

## Medicine: A Learning Experience

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PIKE PLACE MARKET CLINIC

Now that I've been out of residency for a few years, I understand, better than ever, why they call it "practicing" medicine. Doctoring is an ever evolving, learning experience, and this year has been no exception. While I have made an honest attempt to keep up with the latest studies published in my medical journals, it seems a few unique sources have provided me with some influential lessons this year. Here are a few highlights:



My television-less decade ended abruptly when my mother came to visit from St. Paul. I returned home from work one evening to find her smiling next to a glittering new TV set. Once I figured out how to work the remote, I clicked the set on, only to be greeted by a salt-and-pepper-haired, manly man explaining how Viagra revolutionized his life and marriage. Then, I flipped the channel to a smiling model standing at an easel with paintbrush in hand, extolling the praises of her new antidepressant. Both commercials concluded with the same words: "Ask your doctor if (this miracle drug) is right for you."

I shouldn't have been shocked—but I was. I had no idea the pharmaceutical industry had taken over the airwaves while I was away. I didn't know that drugs like Lipitor, Epogen, and Celexa were now being touted along with Coca-Cola and Ruffles potato chips. So *that* explained how patients often seemed to know about new drugs on the market, even before I did.

Then came Vioxx. I admit, I prescribed it. It seemed like—well—a miracle drug. It was a once-a-day medication, effective in managing pain without the gastrointestinal side effects and risk of stomach ulcers caused by other anti-inflammatories. In reality Vioxx proved deadly. It caused heart attacks, and there is evidence that the manufacturer knew this, but downplayed the facts to sell the drug. And sell they did—Vioxx reached \$2.5 BILLION in annual sales before it was pulled from the market.

And finally there's my patient Richard\*. He was a sixty-five year old man with a huge list of medical problems. On disability because of a back injury, Richard spent most of his time, depressed, and in pain, sitting in front of the television set, smoking cigarettes and eating, while his weight increased and his medical problems spiraled out of control. He already took over ten different medications, and the list only seemed to grow longer, as I struggled to control his diabetes, blood pressure, and cholesterol. Over the course of a few years, I had made several suggestions—that he join a gym, see the nutritionist, quit smoking, but he seemed unreachable. So I stopped trying, and when he came in for his

monthly visit, I spent most of the time adjusting his medications.

Then Richard disappeared. He stopped coming in to see me. I hoped he had just switched doctors, but I was worried.

Nine months later, his name appeared on my schedule. I knocked on the exam room door and stepped into the room, but it was a stranger sitting in the chair.

"Oops, sorry," I said, as I backed out, thinking I had accidentally gone into the wrong room. But upon second glance, something about him seemed familiar. "Richard? Is that you?" I asked.

It was—a thinner, clean-shaven, and happier version. Richard detailed how he had hit rock bottom. He felt physically and mentally horrible. He knew he was only getting worse. He quoted Stephen King's "The Shawshank Redemption" when he described the choice he had to make: "to get busy living, or get busy dying." He chose to live, and, much to my concern, he had weaned himself off all of his pills. He started walking, quit smoking, and completely changed his diet. It was a stunning and dramatic transformation—the kind you would expect to see on Oprah, not at the Pike Market Clinic.

What Richard did was impressive, but it also was dangerous. Stopping all of his medications could have been fatal, and he knew he needed to restart some of them. His blood pressure remained too high; he needed his inhalers for his emphysema and his sleeping pill for insomnia that just wouldn't abate, and, despite his lifestyle change, he still needed his lipid-lowering drug. But, in

the end, Richard was able to successfully slash his medication list in half.

I am grateful for our armamentarium of effective and life-saving drugs. Depression is no joke, and I have seen countless patients return to themselves with the help of an antidepressant. Cholesterol-lowering drugs prevent heart attacks in at-risk people, and pain medications can make life bearable for some in chronic pain. I believe even the most dangerous drugs can have benefits for certain individuals. But as doctors, we must not give up on our patients. We must encourage lifestyle changes even in those who seem like lost causes, because, as Richard showed me, one never knows. We must also do a better job of scrutinizing for drugs' adverse effects, weeding out unneeded medications from a patient's list, and providing education rather than prescriptions whenever it is possible to do so.

And finally, as patients, and as a culture, we must remember that no drug is harmless and without side effects. Good health usually takes commitment and work. All medications, including over the counter drugs and herbal supplements, should be respected and used judiciously, because, despite what they tell you on the TV, there is no such thing as a miracle drug.

Remember spring is around the corner, take care of yourself so you can get out and enjoy it. Remember your body is your own best Valentine.

\* Patient's name and identifying details changed to respect confidentiality.

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