



Can We Better the *Better* Health Care Concept?
(Commentary by Kenneth V. Dodgson MD)

Part 7

This is the last segment of the seven-part series on personal responsibility as a part of churches' response to the health care crisis. Kenneth V. Dodgson MD is a retired general surgeon, who spent 24 years with the Board of International Ministries, American Baptist Churches USA, serving at the Jorhat Christian Medical Centre, Jorhat, Assam, India. Dr. Dodgson is a graduate of Franklin College of Indiana, Colgate Rochester Crozer Divinity School, and Temple University School of Medicine. Upon returning from India, he became the Director and Staff Surgeon of the Occupational Medicine Program of the University of Rochester Medical Center. He and his wife, Sally, reside in Rochester, New York.

7. We Can Do Better Than BETTER!

What can doctors do to promote good health habits that have the potential to reduce disease incidence? Already there is considerable research in process and more and more discussion going on within the medical establishment and reported in the press. Public awareness is a good beginning. The present Dean of my medical school is convinced our society will control weight and abolish smoking. Hopefully, he is correct.

Condemnation of patients has rarely helped doctor-patient relationships. Highly critical doctors simply lose patients to less demanding doctors. Doctors have to learn to cajole patients to do the right thing—in essence, to practice the art of medicine. Dr. Gawande records a wonderful example of this in this chapter **Piecework**. Dr. Warwick is an aging seventy year old. Janelle is a body-pierced, 17-year-old, high school senior who suffers from cystic fibrosis.

Dr. Warwick is concerned because Janelle's pulmonary function is diminishing. Although Janelle first assures him that she is taking her medication and continuing her chest poundings, Dr. Warwick patiently persists until Janelle admits she is "cheating." He does not chastise Janelle but insists she must be hospitalized until she regains her lost lung function.

Dr. Gawande's narrative leaves her crying. I find myself needing to hug Janelle, shed a few tears with her, and go on with the conversation—something like this:

Look, Janelle, there is nothing that says life is fair. It's called genetics. Some of us are born with the tendency for allergies, some have the genes that can lead to diabetes, some for cystic fibrosis. Some of us have heavier bones and larger bodies. We don't ask for it. It's not what our parents want for us. It's what life gives us, and it's up to us to live by the rules of the game that life has given us. The rules are not the same for everyone and, from time to time, the rules change for each of us. But there is more satisfaction in winning by playing by the rules than there is in trying to win by cheating. Ten years ago you could have been dead for three years. Today you can live to be 62. By the time you are 62, patients with cystic fibrosis may be able to live to be 82. Nothing says it's easy. Nothing says it's fair. My job is to lay out the rules of the game. Your job is to try to live by the rules. Our job together is to keep you living a full and meaningful life as long as we can.

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I think that that is the kind of physician Dr. Gawande would seek to make of all physicians. I think that is the kind of conversation our doctors need to have with each of us about our eating and exercise habits or whatever else it is for which we take medicine that could be eliminated by living by the rules of the game that life has given us.

We can have this kind of conversation with ourselves. We know enough about eating and exercise that we can improve our own health habits. The time may come when church bulletins will not only include a report of the weekly offerings and year-to-date financial records, but will also report the congregation's pounds lost weekly and year-to-date, and the miles covered by walking, running, or cycling.

Some years ago there were a series of "How many...?" jokes circulating. Recalling one: "How many men does it take to change a roll of toilet tissue?" One answer: "No one knows. It's never been tried." Can small groups—like a congregation—doing nothing more than accomplishing weight loss and increasing exercise reduce the incidence of preventable illnesses and have any impact on a nation's trillion dollar health care budget? We don't know. It needs to be tried. In the final analysis it is not, "Yes, We Can" but **"Yes, We Must!"**



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