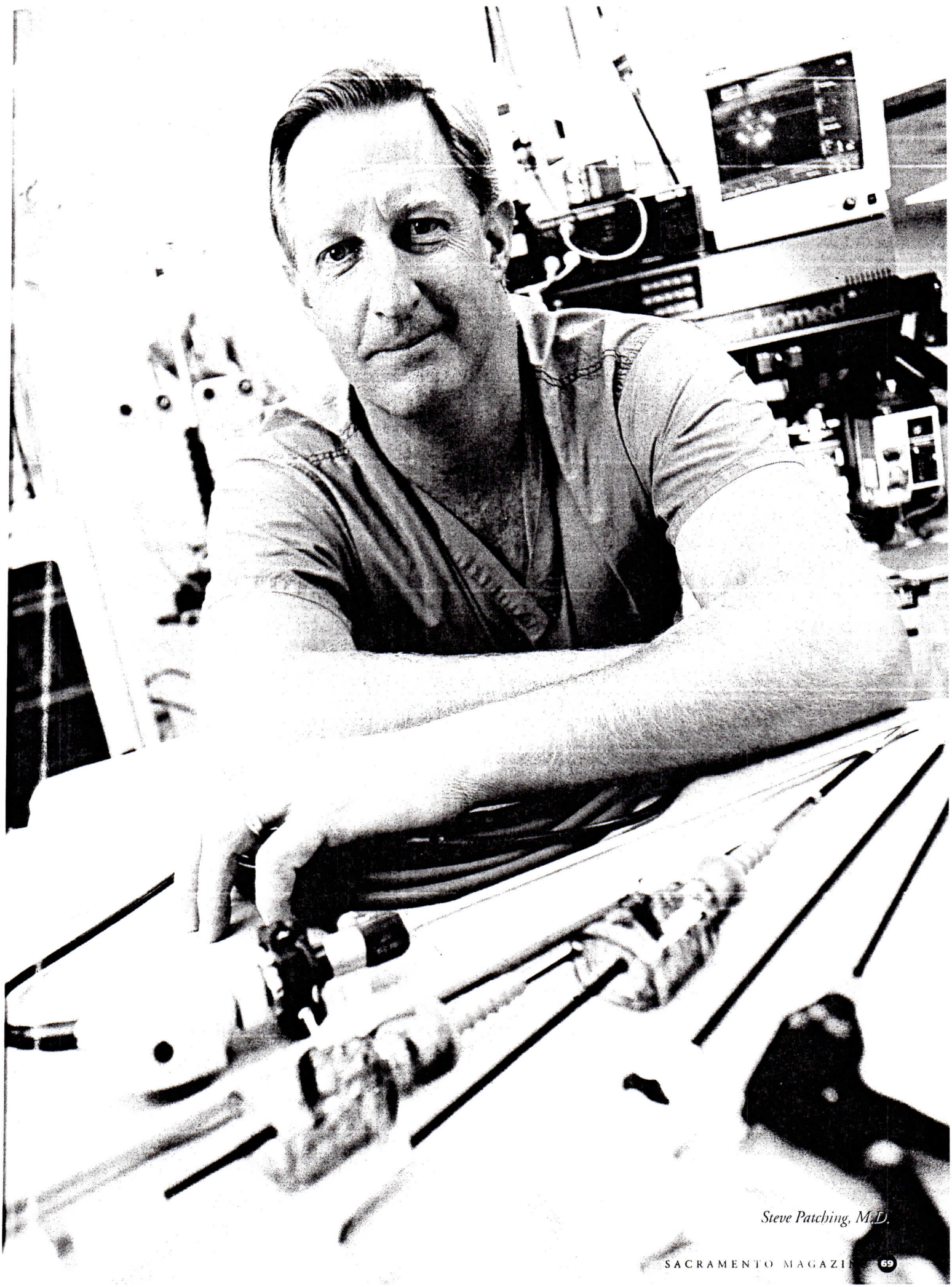
HERO DOCTORS

By Thea Marie Rood
Photography by Roy Wilcox

WHEN MY DAUGHTER ASKED ME WHAT I WAS WRITING about this month, I used the term my editor and I were throwing around: *hero doctors.* "Like Batman?" she asked. "Like Superman?" Well, generally no capes, but yeah, sort of like that, I said. In the sense that they have a tendency to come flying in when you need them most and save the day. Or at least make the day a lot better. • But when I started talking to physicians, every one of them balked at the term. "I'm no hero," said one, "and I'm pretty uncomfortable with that idea." Another said with a self-deprecating laugh, "Not only am I not a hero, I can't honestly think of one interesting thing about myself." A third said, "Look, every case is a team effort—and lots of people deserve credit, not just me. You don't go into medicine to get attention." The overall impression I was left with is that—in their opinion—they were simply doing their jobs. • On the other hand, we live in a society where every seventh-grader wants to be a rock star, where sports figures are paid millions of dollars a year. And while those professions have their place, I'd much prefer my daughter think heroes are people who deliver babies, save lives, hold dying patients' hands. • In fact, it is particularly impressive—in the midst of HMO madness—to find physicians who quietly go about their day providing immaculate service. Heroes or not, they without a doubt do outstanding work: whether it's using innovative techniques or simply feeling a personal attachment toward their patients. "You can't teach a physician to care," one doctor told me. The seven we profile here most certainly do.



Steve Patching, M.D.

Robert DeBruin, M.D., Internal Medicine, Private Practice

In 1993, while chief of staff at Mercy Hospital of Folsom, Robert DeBruin helped found White Rock Clinic in Rancho Cordova. "In the Bay Area, I was used to volunteering in free clinics," he says. "And when I got up here, I started talking to the chief of staff at Mercy San Juan—Jim Hansen—and he had the same dream."

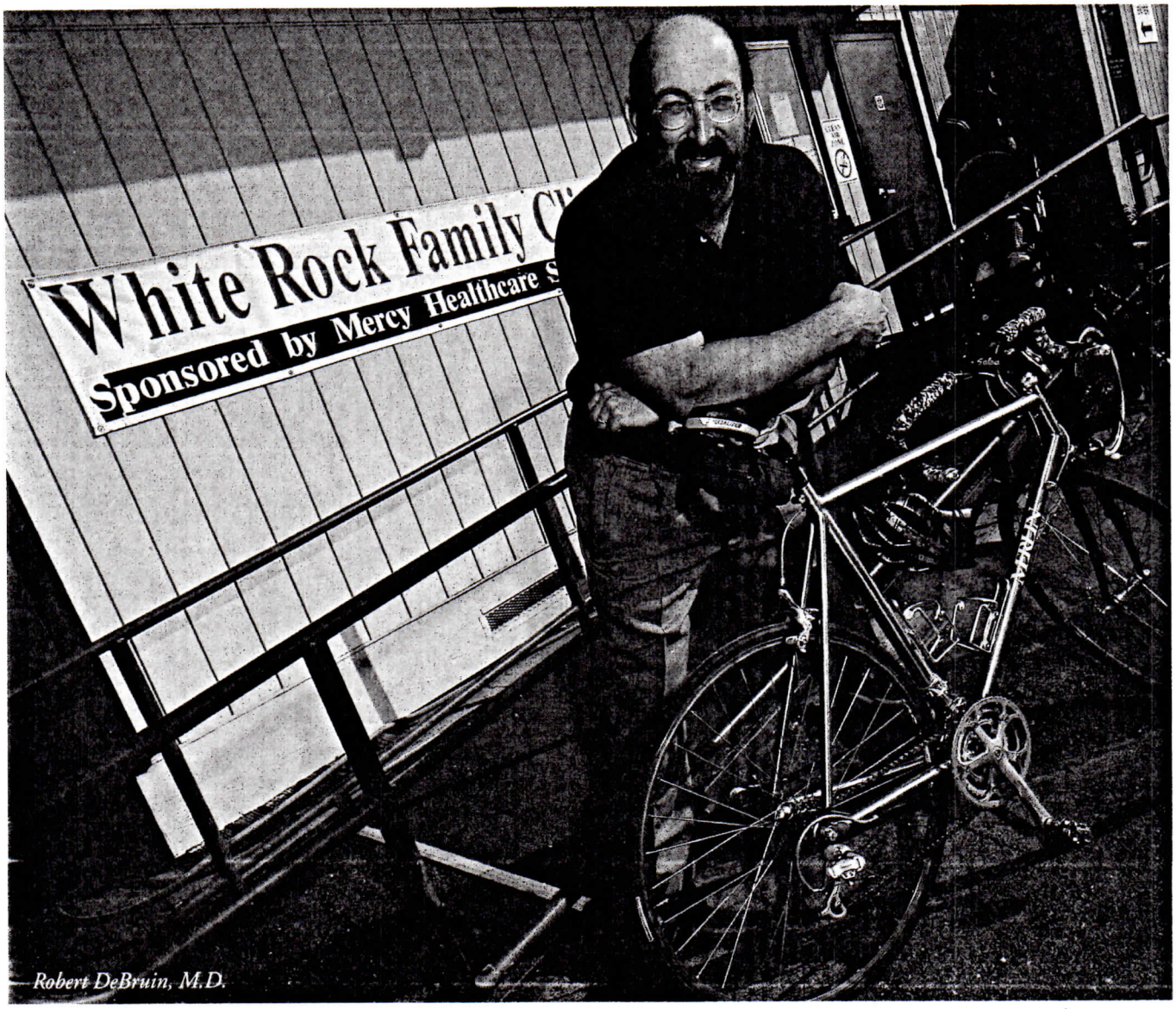
Connected to White Rock Elementary School, the clinic focuses on children during the day, but is open to anyone on Thursday nights, when it is staffed by volunteer physicians who never have to ask a financial question—the clinic doesn't accept private payments, insurance or Medi-Cal.

"Most physicians become doctors because they want to take care of people, to help," says DeBruin. "But in this age of HMOs, managed care, even doctors get overwhelmed. It's nice to come to a free clinic where you don't have to worry about money and can just get back to practicing medicine."

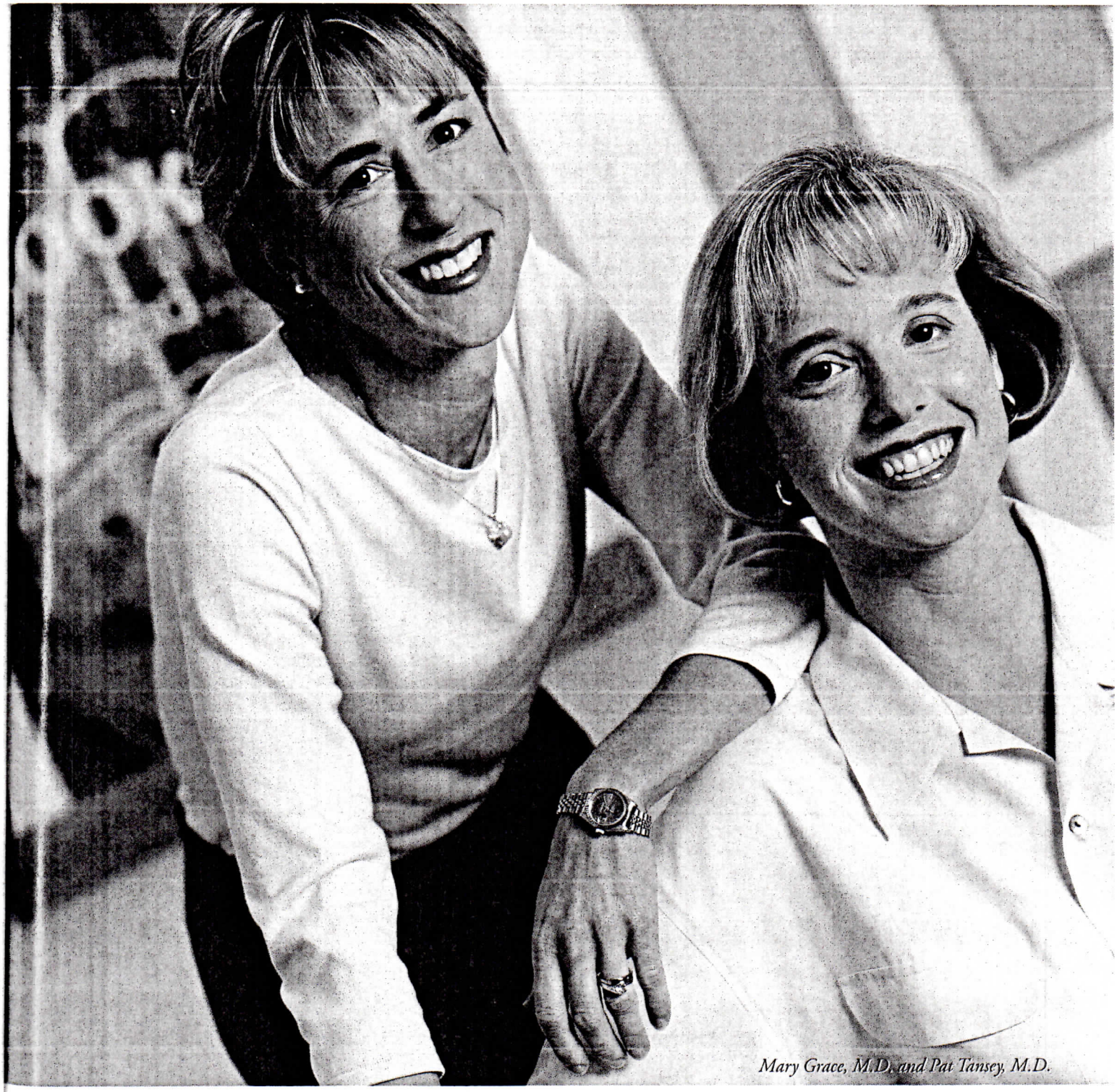
The clinic's founder also raised money in an unusual way: biking across the country. "I'm an avid rider and I knew I wanted to go on a cross-country ride," DeBruin says. "We had just launched the clinic, so I combined the two things." With several friends, DeBruin rode from Washington state to Delaware, and raised $10,000.

His private practice work is seen as unique, too. "He has the ability to be totally present and supportive in a personal way," says Jennifer Alpert, whose young husband, Kevin, had Lou Gherig's disease, which causes the loss of muscle and—eventually—respiratory function. "Kevin had the most magical eyes and this look that would just get you," says DeBruin. "It wasn't that you'd feel sorry for him, you'd just feel immediately attached."

A few weeks before Kevin died, DeBruin packed him and his wheelchair into a convertible BMW and drove him to an Italian restaurant in Healdsburg he loved. "It started raining and I had to stop and put the top up," says DeBruin. "Then coming out, it was really pouring, so I wheeled him across the street and parked him in a car wash so I could go get the car—the whole time he and I are cracking up." When Kevin died on April 1,



Robert DeBruin, M.D.



Mary Grace, M.D. and Pat Tansey, M.D.

DeBruin was there at the couple's home. "He really walked us through it," says Jennifer. "He's not afraid of death and dying like so many physicians are."

Pat Tansey, M.D. and Mary Grace, M.D., Pediatrics, Sutter Medical Group

Pat Tansey and Mary Grace spend their vacations in Jamaica, but not in some posh resort overlooking the ocean. Instead, they voluntarily provide health care to as many as 75 children per day—treating everything from scabies to malnutrition to congenital glaucoma—through a program called Medical Ministry International. The roads are rough, the showers are cold and the spiders are huge, but both women say that these conditions don't detract from the excitement of being forced to practice medicine in a creative way.

"It challenges me—I find out how much medicine I really know," says Tansey, who describes round-table discussions between doctors with no access to medical libraries. "It also reminds me of why I went into medicine—and how many things we take for granted in a developed country."

For instance, Grace says that their medical treatments are often innovative: "With asthmatic patients who are too young to use a pocket inhaler, we use a nebulizer machine in the states—it's kind of like a vaporizer—to get them the medication. But in Jamaica, we've put plastic baggies over the aerosol and pumped it into their faces."

Similarly, Tansey cites an incident

Carol Berry, M.D., with her daughters

in a remote mountainous area: "I remember Mary saw a girl with cerebral palsy who had to be carried everywhere. The next day we brought her up a walker. The grin on her face when she realized she could get around by herself—and of course she was so excited she kept bumping into things."

Although the Jamaican nurses are excellent and the government has improved the immunization programs—"their rate of immunizations is better than ours," says Grace—the country still faces a physician shortage, making access to medical care a challenge. "People walk two or three miles to see us, dressed in their Sunday best," says Tansey. "And the person you see at 4 p.m.—who's been waiting all day—is as gracious as the person you saw the first thing in the morning."

The trip in February will be Tansey's fifth and Grace's fourth—and both doctors say they continue to volunteer primarily because of this deep patient appreciation. "We definitely get more out of it than we give," says Grace.

Carol Berry, M.D., Infectious Disease, South Sacramento Kaiser Permanente

Carol Berry lives in two worlds: in one, she's a Fair Oaks soccer mom, driving her seventh and fourth grade daughters to 4-H events and Storybook Saturday at school. In the other, she's one of the finest infectious disease specialists in town. "I remember once I was called in to evaluate someone from Desert Storm who'd developed a parasitic infection," she says. "And I thought to myself, 'how many other women in Sacramento are trying to figure out Leishmania right now?'"

In fact, Berry says she's extremely lucky to be able to combine her two highest priorities. "I love being a doctor and I love being a mom," she says. "But it's always a process of asking myself if I'm doing the right thing."

Part of Berry's balancing act is a position at Kaiser, where she normally works three days a week and carries a beeper—"I'm a full-time mom and a part-time physician," she says. But in these three days or so, Berry brings a compassion and a humanity to her work that recently won her a "Hero in Healthcare" award, specifically for

providing sensitive care to a dying AIDS patient, Harold Watts, and his family.

"In Harold's case, he was so close to dying, yet he was struggling so hard," she says. "It was a matter of making him more comfortable for the time he had left—and you don't measure that with time really but in comfort." Modest about the award, she simply says she tries to be a "hands-on" doctor, which is very similar to being a hands-on parent.

"One of the things about this award that I didn't expect was to see how my daughters were proud of me," says Berry, which helps relieve her daily worry of being pulled in two directions. "I get concerned when I'm too distracted at home—the beeper going off, the phone ringing." But both Berry and her husband—an ER doc at Kaiser who often works seven days a week—make extraordinary effort to serve in positions at the girls' schools, to read books together, to do family chores and projects. And in the end, watching their parents work might be the best influence of all. "My oldest daughter—at this point—wants to be a veterinarian; she really loves horses," says Berry. "And my youngest—we think she'd make a good cancer specialist; she has this connectedness to people. She was with her dad in the ER one night and she ended up holding a person's hand while they were being sutured—and she was about 8."

Cecil Lynch, M.D., Obstetrics-Gynecology, Private Practice

"When I started medical school, there were two things I knew I would never be: a psychiatrist and an obstetrician," says Cecil Lynch. The irony is that Lynch is perhaps the busiest obstetrician in the Sacramento area, delivering more than 2,000 babies since he opened his practice in 1990. One reason his numbers are so high—as many as 485 deliveries in a single year—is that for much of his career, he has been solo, which is almost unheard-of in his specialty.

"It was wonderful for my patients

Cecil Lynch, M.D.

and nice for me because I enjoyed it," says Lynch, who finally took on a partner last year. "But it was very hard on my family."

Because he couldn't be more than a 15-minute drive from Mercy Folsom Hospital, he virtually never left the area. "For years, I never went to down-

"And it's not the money—he doesn't care about that—it's just that he develops this rapport with each and every patient and likes to see it through to the end."

town Sacramento, Arco Arena for games—I missed my son's first-grade singing performance, my daughter's gymnastics," he says. On holidays, his family would go to the Bay Area and he'd stay behind—eating Christmas dinner one year at the local fire station.

"He would still deliver every baby if he could," says Christine Cooper, R.N.P., Lynch's nurse practitioner. "And it's not the money—he doesn't care about that—it's just that he develops this rapport with each and every patient and likes to see it through to the end."

In fact, for a physician who thought he was too withdrawn to interact with patients, Lynch's bedside manner is often what people most appreciate. "He's a person you can talk to and confide in," says Karen Staab, who had two-hour labor and deliveries with both her children—particularly intense since there was no time for medication. "Things went so fast," she says. "And I remember being in the pushing stage, at the point of getting tired, when you want to give up. And he said my name sternly—I'll never forget his tone of voice—and told me to open my eyes. We made eye contact, and I knew what I had to do—two minutes later it was done and the baby was here."

Lynch is also known for frequently standing up to insurance companies, refusing to accept limitations on doing his own ultrasounds and insisting on fee-for-service payments. "We don't think capitation [where you're offered a lump sum to provide all of a patient's care] is ethical," he says. "It assumes there are costs you can cut, but if you're practicing high-quality medicine, there's nothing to cut." He gives the example of a 35-year-old obstetrics patient who should be offered the option of several genetic tests—including chorionic villus sampling (CVS), which costs more than an amniocentesis, but has other advantages, such as earlier results. "[With capitation] you may not offer the CVS," he says, "I don't think I would be tempted to do that, but I don't want to be put in the position of having to think about it."

Lastly, Lynch is the only area obstetrician—and one of the few in the country—who posts newborns' pictures on the Internet. "We've had comments from all around the world," he says. "If you can't get there to see the baby, you can at least look at the baby. We've tried to integrate technology to improve care and—on the human side—to improve the birth process."

Steve Patching, M.D., Surgery, Private Practice

To Steve Patching (pictured on page 69), laproscopic surgery is as revolutionary to the practice of medicine as the discovery of antibiotics or anesthesia. "It's a quantum leap for patients," he says. One of the few surgeons in the area using these new techniques—which make major surgeries nearly incisionless—Patching wants more patients and physicians to know about the option.

"In the late '80s, a French physician announced laproscopic gallbladder surgery," he says. "And when it came out, I laughed—I was one of the biggest naysayers. But I got some training and realized it's fabulously exciting stuff."

After doing a fellowship in Belgium, Patching returned to his practice and began doing complicated abdominal surgeries in a whole new way, often to the surprise of his colleagues. "In '93, a man in his 60s came into the emergency room hemorrhaging from the stomach and they discovered a very large tumor. The gastroenterologist asked us to see the patient and I said, 'I think we can do this endoscopically'—and he looked at me like, 'are you serious?'" Patching ran back to his office and in two hours, his team came up with the technology—and a system—to get at the tumor, which was particularly challenging because it was posterior (along the patient's back) rather than anterior. "We made a little incision and three days later, he left the hospital," says Patching. "The extra twist to this guy is that he was a remarkably fit 67-year-old who was into motorcross racing. Three weeks after he came into the ER hemorrhaging to death, he competed and won third place. With a traditional incision, he couldn't have done this type of activity for four to six months—it's a great example of where this surgery is."

Ernest Johnson, M.D., a local otolaryngologist who had a hiatus hernia repair performed laproscopically by Patching, agrees: "I was back to work in a week—with an open surgery, you're looking at a month post-op. It's really a marvelous surgery that's underutilized."

Patching says recent advancements are even more dramatic: micro-laproscopic surgeries with two millimeter incisions that are virtually invisible within two weeks; or heart bypass surgeries that use robotic arms and seat the surgeon at a computer that subtracts the motion of the heart beating, again so very small incisions can be made. "The single thing that drove me into this is looking at these patients, who are up and out and gone—they don't get beat up," says Patching. "It's the most fun I've ever had in surgery."

Ralph Delius, M.D., Associate Professor of Surgery, University of California, Davis

"He's extremely humble," says Deanne Webster about Ralph Delius. "He was so hard to say thank you to."

But he has her thanks—and her family's—for saving her husband's life. On May 25, Troy Webster—a 29-year-old farmer—fell into an irrigation ditch where he ingested an herbicide and nearly drowned: the result was severe lung damage and

respiratory failure. "He was the driving force behind Troy's treatment and the reason we kept going," says Deanne, "otherwise we would have turned off the machine."

In Troy's case, the machine was an Extra Corporeal Membrane Oxygenation (ECMO) system, an artificial heart and lung machine most often used to treat neonatal respiratory problems. (In fact, Delius—UCD's ECMO expert—normally works in pediatrics.) Rarely used on adults, in part because of its phenomenal cost—$12,000 a day—it is even rarer to have a patient on ECMO as long as Troy was: more than three weeks. While Delius was in Ann Arbor, Mich. for a medical conference—and Troy continued to languish—the staff and family made the decision to stop treatment. Approximately 18 family members were gathered in the SICU for the scheduled 9 a.m. shut-off, when Delius arrived and gave an impassioned plea to continue treatment. "The family believed the case was futile and they weren't emotionally prepared for what I said," recounts Delius in his understated way. "And it was probably sheer coincidence, but the next day he looked a little better. The week after that he was better still and finally, off ECMO altogether."

Characteristically, Delius credits the huge Adult ECMO team that was created at UC Davis for Troy's case. Maureen Ronk, B.S.N., R.N., an SICU nurse, agrees, but also says Delius provided important leadership. "He was such a positive influence in Troy's care," she says. "Things didn't always go smoothly, but he just kept saying, 'now we'll try this, now this' and forged ahead."

After Troy's recovery—he returned home in August to his wife and four children—Delius was besieged with thank-you letters from the SICU staff and the Webster family and attracted national media attention. "I'm a little embarrassed—I'm a pretty low-key guy," he says. As for the job itself? "I guess down deep there's a lot of gratification from this kind of work." ■

Ralph Delius, M.D.