

Book: *MAYDAY! A Physician as Patient*

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Publisher: Synergy Books, Austin, TX, © 2006

ISBN: 0-9755922-9-7

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Book Review:

It is probably natural to assume that most professionals would receive the best of everything when seeking the services of others in their profession and have much better experiences than the average person, but this book tells a surprisingly different story. This book takes the reader first hand through the experiences and thoughts of a physician during a prolonged illness several years earlier. The author is admitted to a local rural hospital for a routine procedure – performed by a close physician friend – and encounters a seemingly endless series of misfortunes, mistakes and complications over the ensuing year. In the book's initial chapters, his shock at the quality of care is a dominant theme ("If I weren't a physician, how would my care be managed? Being a physician is a curse.", and "I pray I will live until transferred" are two of the more memorable quotes). This surprise element declines as he increasingly accepts that he must serve as his own "case manager" and advocate to obtain proper treatment and recovery, and his exasperation and motivation for a return to a normal life become the underlying theme for the remainder of the book.

The book is written in the style of a daily journal, with short chapters chronicling the author's medical treatment, administrative issues (i.e. interfacility transfers), physical pain, personal feelings and reflections on his life before "the illness". This format is very effective in helping the reader visualize the experiences from the author's perspective as he transitions from being a doctor who happens to be a patient to being a patient who happens to be a doctor. As interesting as the role reversal aspect of the book is, it is also interesting to read about the role that religion and family support play as he deals with the events, emotions and uncertainties throughout the book. He avoids talking about several things that surely were aggravating his prolonged and emotional situation, such as medical bills, insurance, family finances and the daily impact on his family. Though he could have written on these factors as well, it would have taken away from the physical, emotional and personal experiences he was focusing on. The reader should remember to put on their administrator "hat" and imagine how these issues must have made his experience all the more frustrating.

Many issues not mentioned in the book should also enter the mind of any healthcare leader and prompt them to review their own facilities' practices. Staffing, equipment, poor response times, medication problems, general respect for patient dignity and quality of ancillary support problems are just a few of the areas that the book touches on that administrators should make note of before their patients experience them. One could also view the author's story as a Joint Commission for the Accreditation for Healthcare Organizations (JCAHO) surveyor would if they conducted a tracer or took a complaint directly from a patient.

This book is quick and easy to read compared to academic, policy centered or more instructionally oriented books, but can be almost as valuable in reminding us that our jobs are some of the most people centered jobs there are, and as we design and implement our systems we should never lose sight of what those we serve and their families have to encounter.

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