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### **Life, Solitaire and Healthcare**

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**Your Life Your Health**

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Life is like Solitaire; I wish it weren't but it is. You may wonder, "How is life like the card game?" Several things come to mind. You can win, or lose. That is true; but, it isn't a similarity which is significant to us. In both, you have choices to make. That is true, and it gets closer to what we can learn about life from the game but it is not precisely the issue.

Have you ever played an electronic version of Solitaire and come to a point where you have to make a choice between two different moves? Have you ever wondered how the game would have ended if you had made a different choice than the one you did? I have. I have always wished that someone would design an electronic version of the game which would allow you to mark a point in the game where you had to make a choice and then, if the game doesn't work out, you could go back and make a different choice.

With Solitaire, I have always tried to determine if one pattern of play consistently makes a difference in the outcome. For instance, if you have two cards which can be played do you play them in order from left to right; do you play them according to which card has the most cards beneath it; or, do you play them randomly, guessing each time? I don't know if one pattern of play works better than another but have always been inclined to play from left to right and to play the biggest stack first.

Ok, you're tired of talking about a senseless game and still think the declaration, "Life is like Solitaire" is senseless; but, is it? As Solitaire is presently design, once you make a choice, you have to live with it; you can't go back and change your choice. Life is like that. You don't get to go back to a point of decision in life and try another option. In this way, life and Solitaire are exactly alike; I wish they weren't. I wish you could "try" a choice in life and, if it doesn't work out, go back and make a different choice.

Healthcare also like Solitaire

Health care decisions are just like Solitaire. You have to make choices and if you make the wrong choice, you can't go back to the point of decision and without consequences make a different choice. In reality, medical science and research are chiefly about trying to give you as much information about how to make a right healthcare choice and are about trying to give you as much power to change the consequences of a wrong decision as possible. Unfortunately, because of the nature of life, there will never be a perfect health science solution to correcting the consequences of wrong choices.

Your choices can also affect others' healthcare

Of course, in healthcare many consequences are not the result of the choice an individual makes. The consequence may be the results of heredity, or the act of another in an accident. It may be the result of a decision, or of decisions, which a large number of people made. That is why health science and health research often focus upon large groups because individual health, particularly with infectious diseases is not strictly based on individual choices. The infectivity of an organism is dictated by its nature and addresses the ability of the organism to cause disease. The spread of any particular infectious organism is also affected by "herd immunity," which is the percentage of the population which has to be immune in order to prevent the disease from spreading through the community.

If the infectivity of a particular disease is great, it may require a very high percentage of people to be immune in order to prevent its spreading; if the infectivity is low, a smaller percentage of immune people may prevent the spread of the disease. Sometimes as many as 80% of the population must be immune or must be inoculated before the spread of the disease can be stopped. It is in this case that a decision by individuals, if a high enough percentage of people make the decision not to be immunized, can affect the ability of the group to protect itself. It is in this case that the decision of one, multiplied many times, can have a negative effect upon the whole. It is in this case that we need others to make a positive health decision for our personal benefit.

Unlike with Solitaire where all choices, except the failure to recognize an opportunity to make a move that might help win the game, are random; in life, there are choices which are predictably good or bad. For instance, have you every heard someone say, "I can't afford the medication to help me stop smoking," while continuing every month to spend on tobacco 150% of the cost of the medication which would help them stop smoking? Seems ridiculous, but it happens every day. The individual makes a choice, which is predictably a bad one, but will not change his or her mind and make a good choice because of the cost either in dollars or effort, even when a higher cost is being borne to support the bad choice. Furthermore, because these people have transferred the responsibility for their health to someone else, they are often angry when they get emphysema or cancer.

Society should not remove personal responsibility

There is another choice which is predictably bad when it comes to health care. It is both a societal and an individual choice. That is the choice to make someone else responsible for my health. Have you every heard someone say, "Well, my insurance will not pay for the medication I need, so I am not going to take it." Without doubt there are expensive medications and there are people who have no financial reserves with which to reallocate resources in order to afford a particular medication; but, that is not always the case. There are people who have the resources and who, although in every other part of their life are self-sufficient and independent, expect someone else to pay for their healthcare needs. And, even those who have limited resources are unwilling to stop expensive bad habits in order to contribute to the support of their own health.

The societal contribution to this particular bad healthcare decision takes place when any society determines to assume total, complete and permanent responsibility for the healthcare for any individual, or for any group. It also takes place when members of a group are told by the group that they are not responsible for their wrong choices. Once assumed by society, healthcare responsibility will never be relinquished because once an individual or group becomes dependent; they will rarely ever re-assume the responsibilities associated with independence.

Too late and before they recognize their dependency and the character weaknesses which have developed in association with it, the individual doesn't care any more. They just "want theirs" and it is someone else's responsibility to provide it to and for them. The steps of this dependency are not much different from the steps of addiction to substances or to behaviors.

Charity is an expression of love not of condescension

For those who genuinely are needy, charity is a good choice. This charity is not the condescending attitude of *noblesse oblige* but it is the loving desire to give to others out of gratitude for all of those who have given directly and/or indirectly to us. The faith and the song declare, "Faith, hope and charity, that's the way to live successfully..." With the modern negative connotation often attached to the word "charity," we forget that the root of the word "charity" and that the root of a true act of charity is "love."

The root of love is humility on the part of the one who gives love and it is an act of humility on the part of the one who accepts love. The problem is that out of pride we often want to replace charity, which is received as an act of love and which incurs a "debt of love," with a right which can be demanded without the incurring of a "debt of love." I once had a friend who did not want that which others lovingly and delightfully gave, but only wanted that which could be expected as a legal right and which could be demanded. The problem is that while most people are willing to give out of love, they are not willing to assume a "debt of love" based on a demand.

Here too, the choices of groups often contribute to the problem, as those organizations, which were founded upon charity and giving as an act of love, yield their responsibility to the government, failing to realize they are giving away more than they are getting. Often the things we dislike most about government exist because of the failure of other social institutions to fulfill their mission or responsibilities.

Healthcare is no different. Many who would give sacrificially to the welfare of others resent and resist demands made upon them through government to provide the same thing they would gladly give. Because of the deterioration of our society, the positive dynamic of charity has been replaced with the negative demand of government. In this latter circumstance, both the giver and the receiver lose. My father deeply resented taxation all of his life. Once in a small and insignificant act of defiance and before bank checks were electronically encoded, he wrote his check to the IRS on a brown paper sack. Nevertheless, as much as he hated taxes; he loved to give. When I was 12, he and my mother, took an infant child whom my mother had only found that day, signed her into the hospital and obligated themselves for the full cost

of her care. Fifty- four years later, that child is still emotionally and personally involved with my mother.

Have it and not need it than need it and not have it

Boy Scouts have a motto which is, “Be Prepared.” That motto has morphed into a saying, “I would rather have it and not need it, than need it and not have it.” If you have ever been on a camping trip when the weather turned freezing you would understand this as well. As with most situations, if you have not made preparations, once you recognize that you need something, it is too late to get it.

Many of us have felt that the H1N1 flu epidemic was going to be very mild in our community. The problem is that even though we think we will not need it, if we choose not to take it, and if we discover at some point in the future that we do need it; it is too late to take it. That is the way with healthcare choices; you have to plan for the worst; expect the best, and be grateful when your preparations are found not to have been needed. Just like the Boy Scouts, “we would rather discover that we didn’t need the preventive healthcare, than after neglecting to get it, discover that we really did need it, only to realize that it is too late to get it.

Predictability is the only safe choice; variability is an invitation to disaster

There is another element of choice which creates bad outcomes in medicine. That is variability. When care changes from patient to patient, particularly in the case of preventive health; the quality of outcomes change for the worse. Except when evidence-based medicine recommends a change in care from one group of patients to another, making changes, or allowing the making of changes, decreases the quality of care.

I think this is like Solitaire. While Solitaire is always random, I suspect the outcome is better if you play the same way every time. I know that that is the case with healthcare. Basing decisions on science and research; making certain that every patient is treated the same way every time, until or unless science discovers a better way, will always result in the best results.

### Principles of Healthcare

1. Follow the best evidence available. Many choose not to get their flu shot because “Aunt \_\_\_” got really sick after taking the shot. The flu vaccine is a dead virus; you can’t get the flu from a flu shot. You can have a reaction if you’re allergic to eggs; you can get sore muscles because of the therapeutic benefit of the immunization; you can coincidentally get the flu before your immunity becomes active, but you can’t get the flu from the flu shot Follow the science, not a rumor, personal opinion or some else’s misunderstood experience.
2. Get your preventive health and screening procedures . A colonoscopy is uncomfortable; colon cancer hurts a great deal more.
3. Take the time to invest in your health. Exercise, get your check up and take your medicine.
4. Take the time to invest in someone else’s health. Of course, we can always

expect the government to supply transportation to a clinic for everyone but when the government supplies the resources, government is going to dictate the terms. Government is not evil by nature, but does follow certain principles; one is, “He that has the gold makes the rules.” Give yourself a gift; do something for someone else, particularly if you do it for someone who can never benefit you.

5. Discover the power of love. A dear lady who is now deceased came to the clinic depressed and forlorn because she had lost her son. She was despondent and without hope. The solution for her was not a pill; it was a non-medical prescription. She was told to find a little boy who needed love and to love him. She returned two months later and declared, “I have found him.” The rest of her life was filled with meaning. She missed her son but in love she found her health.
6. Give to others in proportion to what you have been given. Interestingly, some who have a great deal give very little, as they do not recognize their “debt of love.” Others, who have little give greatly as they have a deep sense of their own “debt of love.”
7. Get involved. There are three ways to survive a hospital stay: “eat up,” get up” and “get out.” All of these are imperative sentences using understood subjects. They mean, “You get up.” “You eat up;” “You get out.” Take charge of your own health and of your own healthcare. Don’t be passive; be active.

Remember, it is your life and it is your health