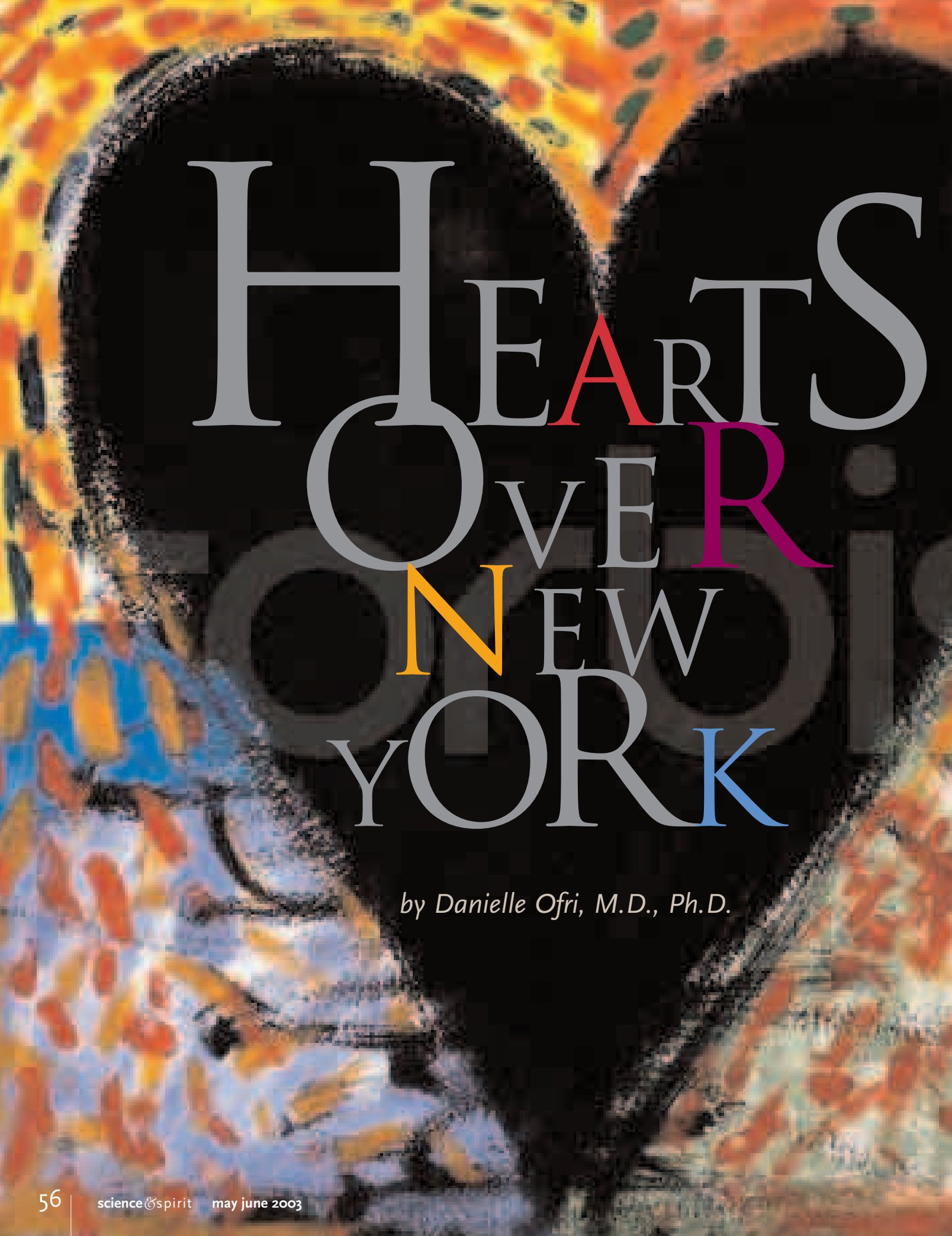
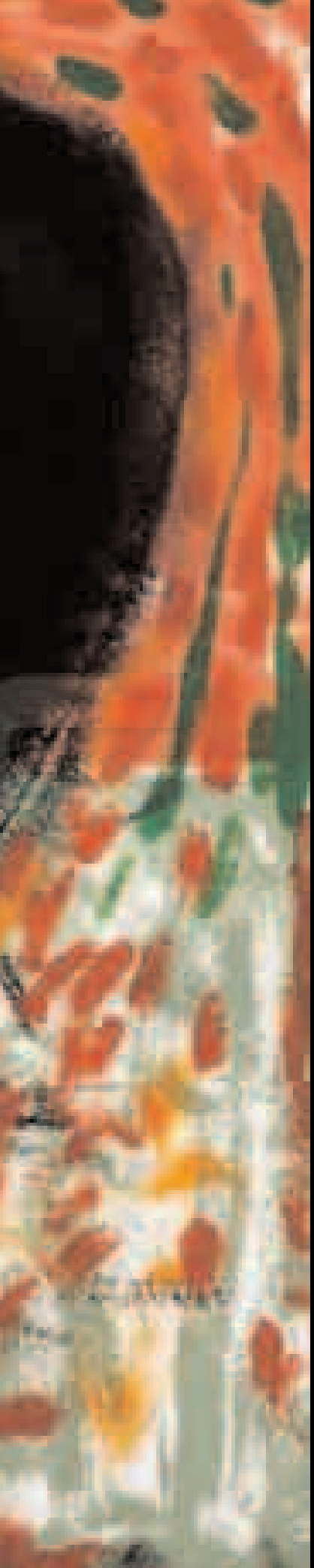


Hearts Over New York

by Danielle Ofri, M.D., Ph.D.



An army veteran and drug addict with HIV will die without heart surgery. Should doctors risk their own lives on a difficult operation to save a man who can't pay and will probably return to using drugs?

Herbert Ziff was my first real patient. I was a fourth-year medical student at NYU Medical School, finally getting to really play doctor. Mr. Ziff was a frequent patient at the Veteran's Administration hospital because of his continued IV drug use. His heart valves repeatedly became infected with endocarditis, each time necessitating up to six weeks in the hospital for antibiotics. On several occasions, fragments of bacteria-infested tissue escaped from his heart and sailed along to other body parts, lodging in his kidney, brain and legs. The CT scan of his head showed two golf-ball size scars where the infection had eaten away portions of the frontal lobe of his brain.

Mr. Ziff also had HIV. His T-cells, however, were only a bit below normal. So far he had not experienced any HIV-related infections. He wasn't even on any HIV medications.

Mr. Ziff lay asleep on his bed when I first approached him. He was a skinny black fellow who appeared much younger than his forty-three years. He awoke with a smile when I shook his shoulder.

"Mornin' to you," he said. "Pleasure to be here." There was a childlike sweetness to his smile.

"What brought you to the hospital today?" I asked him.

"This time I come by ambulance. Last time my wife brought me. Hey, you're going to be my Doc, right?"

I took a small step backward involuntarily. It was the first time anyone had referred to me as a doctor, as their doctor. "I...I guess so. I'm going to be your doctor," I said. I felt a soft flush warming inside my chest.

Mr. Ziff settled into the VA routine. He smoked regularly in the lounge with all the other veterans. He had somehow obtained a wheelchair and was forever zooming about the halls in his "Z-mobile," comfortably attired in his maroon and green VA-issued pajamas.

"Hey Doc," he would say with his goofy grin. "I need that morphine. This ol' body of mine aches all over." I was never sure if really had pain or was just seeking drugs.

One day I walked into his room and there were two women sitting by his bed as he slept. The older one wore a teal green suit with a floral scarf. "Hello, Dr. Ofri," she said. Her voice was rich and velvety. "I'm Mrs. Ziff and this is our daughter, Desiree."

I straightened up and held out my hand. "Nice to meet you."

Mrs. Ziff put her hand on her husband's shoulder and rubbed gentle circles. He started to awaken. Desiree took her father's hand. "Hi Daddy, it's me."

"How's my baby? How you doing in school? You passing all your classes?"

"Desiree just won a runner-up award at the science fair," Mrs. Ziff announced.

"You did that baby?" Mr. Ziff looked at me, beaming. "You hear that, Doc? My baby won a science award. My baby won an award!"

Mr. Ziff's biggest problem was his heart valve. It had been ravaged by so many infections that it now just billowed helplessly as his blood surged by. The resulting heart murmur was so loud that one almost did not need a stethoscope to hear it. His blood sloshed recklessly through his arteries and it was possible to run a hand down his calf and trace the pulse of blood as it moved. Mr. Ziff was so skinny, and his aortic valve so helpless, that one could actually see the ripples of blood coursing through his body, all the way down to his toes. Troops of medical students came by to observe the classic signs of aortic insufficiency.

Mr. Ziff needed a new valve. Indeed, he had been scheduled for a replacement twice in the past, but each time he returned to using IV drugs and the surgery was canceled. At some point, his valve would fail completely. Blood would flood his lungs and he would die instantly if he weren't fortunate enough to be in a hospital at that exact moment for emergency surgery. "But this time, Doc," he said, "I'm staying clean."

It was the first time anyone had referred to me as a doctor, as *their doctor*

"It's really important, Mr. Ziff," I said. "Your life is at stake."

"Yeah, I can do it. It's no problem. Say listen, my bones be aching real bad. Doc, you think you can give me something with a little more umph to it?"

The days and weeks went by. On bad days Mr. Ziff would be too short of breath to walk more than a few steps. I kept pestering the cardiac surgeons about a valve replacement. They were adamant in their refusal to operate. They felt he would return to IV drugs and destroy the new valve. They were also concerned about his HIV status. But I didn't give up. Mr. Ziff's story filtered its way through the hospital hierarchy. One day I was informed that an ethics committee was being convened to discuss his case.

A psychiatrist with a specialty in medical ethics chaired the meeting. He was in his seventies, tall and thin with heavily chiseled features. He wore a tweed jacket with leather patches at the elbows and one slender gold pen peeked out from the breast pocket.

"The ethics committee doesn't visit the VA too frequently," he began, "but it is an honor to be here. We'll begin with a brief review of the case by the doctor."

Once again I presented Mr. Ziff's case.

"Listen, I don't want to sound like the bad guy," the surgical resident cut in, "but let's be realistic. Mr. Ziff has never spent any significant time in his life off drugs. This is a long and complicated operation. It will probably cost ten thousand dollars, which he never can pay. And then he'll just shoot up again and ruin the valve. What is the point in putting in all our time and energy?"

"I know he's used drugs in the past, but this time is different," I insisted. "He truly feels the symptoms of his valve problem. He realizes now that his life is at stake."

The members of the ethics committee jumped into the discussion with gusto. Issues flew back and forth across the room as they argued whether a utilitarian model versus a beneficence model would be the better paradigm for this ethical dilemma. Some quoted Kant, others Locke.

"Not to mention his HIV," the surgical resident added.

"HIV presents a challenge to all of us," I said. "We, as physicians, cannot abandon our patients with HIV. Besides, Mr. Ziff's HIV is not very advanced." In those days, however, before protease inhibitors and multidrug therapy, we all knew that HIV could run a rapid course.

One of the senior surgeons, Dr. Reskin, spoke now. "It's very easy for you to say that he deserves a valve no matter what his HIV status it, but you're not the one who will be up to your elbows in his HIV-positive blood for five hours." He pushed back some hair that had slipped out from under his surgical cap. "I put myself and my entire team at great risk to do this operation. What if somebody gets cut during the procedure? What if some young resident contracts HIV from operating on this guy who doesn't even care about his own life? What am I supposed to tell him when he gets AIDS?"

Nobody spoke. The psychiatrist finally moved to close the meeting. He said the committee would meet again to continue the discussion.

As for me, a week later, I finished medical school. Graduation was sweet. A chamber orchestra played from on top of the famous Washington Square Arch at the foot of Fifth Avenue. In the afternoon a private medical school ceremony was held at Carnegie Hall. I quickly forgot about the VA hospital and Herbert Ziff during a whirlwind of ceremonies, parties, family events, and the framing of my diploma. Life was a blissful blur.

Five years and an entire residency later I was sitting at a party in the West Village. Somebody tossed off a flippant comment about medical ethics being just a bunch of "doctor and lawyer-types spouting off in the same room." The speaker's words faded as my mind drifted back to that very first ethics meeting. I wondered whatever happened to my patient, the first man who'd ever thought of me as his doctor. I was sud-

denly saddened that I'd dropped out of his life and medical care without ever looking back. A human being's future had been in limbo, but I'd been too wrapped up in my graduation.

On a lark, I walked into the medical records office of the VA hospital the following week. I asked about Mr. Ziff and the clerk's eyes scanned the screen as she read to herself. Then she reached over and touched my hand.

"Honey," she said, "he's been dead two years now."

I lowered my eyes and nodded my head. The clerk disappeared into a sea of manila charts and reappeared, triumphantly hauling five ungainly folders.

One could actually see the ripples of blood coursing through his body all the way down to his toes

I settled at a desk with the stack of charts. The manila was frayed and softened form the touch of hundreds of thumbs over the years. I placed my own thumb on the chart and slowly opened the cover.

I stumbled right upon my own handwriting. I saw my carefully printed progress notes. Mr. Ziff, zipping around in his wheelchair, sprang back to life.

The ethics committee had determined that Mr. Ziff should have the surgery if he could demonstrate his commitment to drug rehab. Six weeks later, he was the proud owner of a spanking new aortic valve. The surgeon's operative note was a half page long. The only comment was "blood loss limited to 500cc." I marveled at how such terseness could belie the agonizing decision that had preceded the operation.

Mr. Ziff was then transferred to the drug rehab floor. Initially he attended meetings and met with his counselor daily, but then his motivation flagged. One of the nurses' notes quoted Mr. Ziff saying, "I'm only in this rehab because the docs are making me do it." My heart faltered at that. I'd been hoping that MR. Ziff would turn his life around. I'd been sure that if I took care of him and went to battle for him and his valve like a strong, committed doctor should, he would grab the opportunity and begin to live again. I thought I could give him life.

I guess I was naïve.

The notes chronicled his increasing disinterest. He began to sleep through group meetings and miss individual appointments. He refused most of his medicines. One month later he left, against medical advice.

The next folder documented a brief admission a few months later for alcohol intoxication. There was nothing after that.

I returned the dog-eared manila folders to the clerk and wandered out onto 23rd Street. I remembered one time when Mr. Ziff was flying down the hall and screeched his wheelchair to a halt ten feet in front of me. "Doc. Hey Doc,' he hollered. "I never seen you wear no skirt before. You got great legs." He turned to one of his hallway cronies. "My doc's got legs."

I leaned against the low brick wall in front of the VA. How could we have given such a patient a new valve? How could we not?

I had no witness to the final two years of Herbert Ziff's life. Did he die in another hospital from infection of his new heart valve? Did he succumb to an AIDS-related illness? Did he get stabbed or shot during a drug deal? Did he end up in prison? Did he freeze to death on the street while passed out from heroin?

I hoped that Mr. Ziff didn't suffer too much. And I silently thanked him. He was the first person ever to consider me a doctor.

Ours is a dangerous profession, I've often thought. There is the constant assault of the physical and emotional challenges of patient care that is layered upon the already difficult task of conducting our own lives. We take histories from patients, write them down on paper, recite them on rounds, sometimes relate them to friends over a beer as good "war stories," but we rarely take time to contemplate this act of history-taking. We are holding the patients' stories—their words, their voices, their fears, their needs, their trust—cupped in our palms. We carry the weight of balancing so many patients' stories within us. And yet the human connections made with these patients, indeed inspired by them, is compelling. It is this that makes it possible, and even joyous, to continue being a doctor.