

Whatever Happened to Lenny?

BY: PAUL MCLEOD MD

Lenny was twenty-six when we met. His first visit to my family practice was typical for a “healthy” young man. Four days of low grade fever with cough and congestion had been enough and he was ready for a quick cure. For Lenny, the need for health care service was simply an annoying detour from his normal routine, nothing to be taken too seriously. During the visit, I noticed both his elevated blood pressure and the pack of cigarettes in his shirt pocket. While writing a prescription (the cure), I cautioned him about the dangers of both. Lenny went about his life apparently unimpressed and unchanged. I went to the next room to focus on another of my patients with symptomatic heart disease. This was the patient that really needed me—the one for which I had been trained.

The next several years provided a plethora of missed opportunities for both Lenny and me. Monday morning “flu” from his weekends of binge drinking required a note from “the doctor.” His weight soared and his activity level spiraled downward. Episodes of marital discord waxed and waned with his beer can count and, despite three medications, his blood pressure was never under control. The physical and psychosocial deterioration was slow but progressive. By his mid-thirties Lenny had become victim to the onslaught of chronic, uncontrolled disease. He looked tired. He looked defeated. He looked as if he had vaulted into old age. With each visit my concern for him grew.

The reality of what I witnessed over ten years with this one patient left its mark. Lenny methodically exhausted the amazing reserves his young and healthy body had provided. The lengthy insidious period of organ failure led to an unconscious acceptance by both Lenny and me. His fate had become veiled in the deception that all was well. There were few if any symptoms or abnormal findings. Visits to my of-

fice were sporadic at best and driven by acute symptoms. The interventions that Lenny needed did not occur.

Whatever happened to Lenny? The answer came one evening with a call from the Emergency Room. Lenny had collapsed in the kitchen just before dinner as his wife and two young children looked on. Instantly, an artery in his brain and the rest of his life were torn apart. Lenny survived the bleed but not the disability that would follow. Permanent loss of left-sided function. Permanent loss of employment. Permanent dependence on others. Permanent loss of self esteem.

LENNY AND I ARE BOTH VICTIMS OF A HAUNTING QUESTION, WHAT MIGHT HAVE HAPPENED IF...?

I often reflect on the fate of Lenny, as well as others in my practice who did not change their behavior or get the services that would prevent complications and lead to better outcomes. Services like early intervention and control for chronic disease, preventive care, cancer screening, or immunizations. Lenny and I are both victims of a haunting question, What might have happened if...?

Oh well, Mrs. Westerman is in room 2. She has diabetic nephropathy and ischemic cardiomyopathy. She has come to the right place. I am just the one who can help her.

