

## Contemplation: When Enough is Enough **Awad Magbri\* and Eussera El-Magbri**

**Received:** June 29, 2017; **Accepted:** July 14, 2017; **Published:** July 21, 2017

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We all aware of the rising health care costs and the astronomical premiums that insurance companies charge every day, even though, we as a society may be partly to blame for most of the mischief behind the chaos. A few weeks ago, I was rounding on a 92 year old kindred spirit who was diagnosed with intractable heart failure. As he expressed his wishes for no interventions, no heroic measures, I subconsciously knew this might be his last visit ever to a hospital. "It was a meaningful life," he said smiling, "that's why I have lived so long."

Later that night, unfortunately, he had taken a turn for the worse. His heart failure exacerbation had left him gasping for air, challenging his ability to breathe. Given that he had several comorbid conditions with unsalvageable underlying heart failure, it was decided to proceed in accordance of his wishes of comfort care only. I forced myself to strongly resist the temptation of putting him on the ventilator, knowing that it wouldn't change his hospital course prediction. Our ability to predict what would happen next succumbed to the acknowledgement of uncertainty. Letting nature takes its course may be the best certitude of action.

However, his Primary Care Physician (PCP), who had hardly seen him in the usual late night rounds, had been briefed on the patient state that night. To my astonishment, the PCP had decided to intubate and ventilate the poor man against his suppressed wishes—not only increasing the patient and his family's agony, but also ultimately adding to the financial burdens of health care costs.

Because of lack of diligent and honest conversation with the family, the decision of the PCP incurred 10 days on ventilation with \$70K to \$100K of extra-expenses to tax payers' dollars. Ten grueling days on the artificial ventilator also came with multiple futile blood draws for fancy investigations and unavailing medications. Although the patient was no longer on my service, I eventually found out that the patient had been discharged from the hospital with home hospice care.

The United States is unsuccessful in controlling medical care expenditure compared to other nations who spend less on medical care while attaining better health outcome [1-3]. If the private insurers and Medicare impose little effective control on the health care providers, health care costs would never be controlled [4-8].

Knowing the limitations of today's advanced medicine and how much we can offer to our patients is undeniably a virtue not everyone knows. Adopting policies to explicitly ration beneficial

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**Citation:** Magbri A, El-Magbri E (2017) Contemplation: When Enough is Enough. Acta Psychopathol. Vol. 3 No. 4:45

medical services are steps need to be taken [9-11]. We as doctors undertake decisions every day on the premises of defensive medicine. But, my question is, Why do we inflict trauma, pain, and suffering on our patients who do not ask for it, only to satisfy our complicated high-achieving egos that we did "something" to our patients and their families? What happened to the dictum "First, do no harm". The very same moral principles of medical mankind that brought us here [12]. Why are we overestimating our capacity to heal? The fact is changes have occurred in our health care over the last half-century, and therefore we must evolve and adapt those changes which benefit us all. It is our responsibility to go forth and educate our new generation of physicians on the harms they might inadvertently inflict by over treating the inevitable. We, as health care providers, must know when to stop futile measures, and contest drastic measures because they are not good choice for our patients. The consequences of overtreatment may do more harm than good. The United States does have a comparatively high level of imaging units and patient surgeries than other industrialized nations [13,14]. Government regulations are known to be effective strategy to control health care spending and curtail useless measures [15-17].

Furthermore, the lack of effective counseling to our patients feeds into the health care costs related to repercussions from undisciplined lifestyle choices such as smoking, drinking, unhealthy eating habits, overuse of drugs (prescription and non-prescription), in addition to partially unmasked patient safety concerns such as domestic and community violence, reckless driving, etc. [17]. The best-practice guidelines based on scientific

medical evidence can help cut unjustifiable costs by avoiding care not based on demonstrable, value-added, cost-effective principles. This will challenge the existing, traditional art of medicine and may limit the endless increase in health care. It will certainly stimulate our thorough broad-based input and decision-making skills.

In conclusion, it is you and me who are going to emotionally and financially pay for this madness, not the insurance companies. Reasoning and rationalization for health care delivery has been a long part of humanity, however, it must be re-evaluated because the respect for human dignity, honesty, end of life decisions are what is going to save us from our self-destruction.

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