Reflective Practice

Teaching Dr. Hiram Winfield how to practice

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When I hear about arrogant doctors, I remember my efforts to teach Dr. Hiram Winfield how to practice. Winfield was a family doc in Holbrook, a little town off Interstate 40 in northern Arizona. I couldn’t abide the man. I used to come home from the clinic in Lower Greasewood and complain to my wife, “That Winfield doesn’t know what he’s doing. One of these days he’s going to kill a patient. He probably already has.” On Thursdays when I drove the 60 miles over Ganado Mesa for meetings at Fort Defiance Hospital, I’d grouse about him to my colleagues. “My patients keep going back to Winfield,” I’d tell them. “I don’t understand it.” Of course, I had never met the man.

When the clinic was busy, I had no time to think about him. During the flu season we sometimes saw a hundred patients a day. At nine AM the waiting room burst into life, a chaos of sound and color and movement, babies, small children, Navajo women with their heavy silver and turquoise bracelets and necklaces, leathery old men, and sometimes Hosteen Clah, or another drunk, sleeping in the corner. We played catch-up until mid-afternoon, when the process began again. Boarding school children with notes from their teachers. A half dozen pick-ups full of families on their way to school and had seven mouths to feed, spent his good money, time and again, to visit Winfield, whom I imagined must be an old man, and smoking a Chesterfield cigarette. The most up-to-date lab coat, and smoking a Chesterfield cigarette. The most up-to-date book in his office was probably a 1930 edition of Osler’s Textbook of Medicine.

This irked me no end. Here I was, a graduate of an internship at an Ivy League hospital, bursting with the fruit of 1973 biomedical knowledge. Yet, Joe Yazzie, for example, who was a janitor at the boarding school and had seven mouths to feed, spent his good money, time and again, to visit Winfield, whom I imagined must be a disheveled, irascible man in his late 70s whose office consisted of two cluttered rooms on the second floor of a Chinese laundry. I envisioned Winfield as sitting at a roll-top desk, wearing a stained lab coat, and smoking a Chesterfield cigarette. The most up-to-date book in his office was probably a 1930 edition of Osler’s Textbook of Medicine. What made me so certain that Winfield was sloppy and behind-the-times? My superb training, of course. At my teaching hospital, community docs who sent us patients were often the butt of jokes. They were lower class citizens of the medical world, good-intentioned, perhaps, but no match for the in-house specialists who routinely corrected their mistakes. Moreover, why would a good doctor want to live in a desert town like Holbrook?

All this, of course, was hypothetical. One of the few things I knew for sure about Dr. Winfield was his love affair with chloramphenicol. Every week I’d come across patients whom he had treated for colds or flu with antibiotics, and frequently with chloramphenicol. “My God,” I thought. “He’s prescribing toxic broad spectrum antibiotics for simple viral infections!” Could it be...
that Dr. Winfield didn’t know about chloramphenicol’s serious
toxicity? In school I had learned that the relatively rare, but
potentially fatal, complication of bone marrow failure made this
antibiotic very risky to prescribe. Therefore, it was indicated only
for serious gram-negative infections, like typhoid fever. And here
he was, given chloramphenicol to children with runny noses.

Dr. Winfield had another trick that drove me up the wall: he
gave just about everybody a shot of penicillin, in addition to
whatever else he prescribed. My Navajo patients believed that
injections were stronger than pills. A shot was, after all, a discrete
event—a puncture, a pain, a dose beneath the skin. Pills, on the
other hand, were rather vague and open-ended. If pills were as
strong as shots, why was it necessary to take so many of them?
Thus, my patients were often disappointed when I tried to explain
that a shot only lasted a few hours, and they needed to take a
week’s worth of pills to kill all the germs. Sometimes, after a long
dialog with a mother in Navajo, Sallie would explain to me, “You’d
better give each of the kids a shot of penicillin. Otherwise, she’ll
take them to Holbrook.” I raged against Winfield’s penchant for
feeding into this Navajo belief, rather than educating his patients.

One day, after listening to me engage in a spate of self-righteous
anger against Dr. Winfield, my wife snapped back, “Well, then, why
don’t you talk to the man?”

So the next day I phoned my nemesis. Because I was nervous about
confronting him, I had prepared a written list of points that I began
reading as soon as he answered the phone. I didn’t try to conceal my
contempt. “Navajo people deserve first class treatment just like
everyone else.” I told him. “Chloramphenicol is poison.” At some
date, I had read somewhere that Dr. Winfield didn’t know about
chloramphenicol’s serious toxicity? In school I had learned that the relatively
rare, but...  

Arrogance is a tough nut to crack.