Sawbones 554: Dr. Asher

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[theme music plays]

Justin: Hello, everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy. Justin, I'm excited because I know you really like it when we do episodes that sort of relate to previous episodes.

Justin: Ohh, yeah. A nice combo.

Sydnee: Yeah. And that's where this one came from.

Justin: Yeah. I love the connective tissue. I think of them as, like, mythology episodes and, like, monster of the week episodes. You know what I mean? So there's, like, some that are, like, core to the mythology, like in X-Files. That's the split that X-Files used to have. Monster of the week, and then there'd be, like, some that relate to the core mythology. Like, you'd have to watch those to get the whole picture. [crosstalk]

Sydnee: Yeah, like Buffy.

Justin: Yeah. Buffy. There's, like—

Sydnee: Buffy did that, too.

Justin: Yeah. You got your, like, Beer Bad that are—is a bad example, 'cause that's a bad episode. But, like—

Sydnee: That's just a bad episode.

Justin: You have that one-off that doesn't relate to anything.

Sydnee: Right. We don't talk about a lot of that season.

Justin: Yeah.

Sydnee: But there's also the, um... who are the men—the Gentlemen. That one's in that season, right?

Justin: Hush.

Sydnee: Hush.

Justin: Hush is in that season. There's some good ones.

Sydnee: There is that one. There is that one.

Justin: And Mark Blucas is in that season. And I saw Mark Blucas at Dragon Con recently. Not saw in that I spoke to Mark Blucas, but I walked past his table.

Sydnee: Mm-hmm.

Justin: And it struck—Travis mentioned this to me, and I think it's accurate. Do you think when Mark Blucas walks past his table, there's still a moment where he's like, "Dang it! They misspelled my—no. No, that's right. It is."

Sydnee: "No, that's my name."

Justin: "Mark Blucas. Dang it! Forgot again!"

Sydnee: [laughs quietly]

Justin: [wheezes]

Sydnee: I can't imagine, no matter how excited you would be to talk to the celebrities at those cons that you are ever going to do that.

Justin: What?

Sydnee: That it would be easy for you to walk up and be like, "Hello!"

Justin: No, I did it with—I've only done it twice. I did it with Starbuck and I did it with David Tennant, 'cause I knew that—

Sydnee: That was for me.

Justin: Katee Sackhoff and David Tennant. Yeah, for you I would do it.

Sydnee: I know. I know.

Justin: But never for myself. In 100 years, no.

Sydnee: [simultaneously] That's what I'm saying, for yourself. Yeah.

Justin: Never.

Sydnee: No. You did do that for me, and I appreciated it. It was nice. I now have two little videos from people that I greatly admire telling me they're sorry I'm stuck at home with my kids! [laughs]

Justin: Well, it's the least we could do.

Sydnee: Yeah.

Justin: Um, so, anyway, Sydnee, I do love it when we have episodes that relate to previous episodes.

Sydnee: Yes. We talked about a factitious disorder—or, as it has been named, Munchhausen's, which we're not gonna call it that anymore, right? We're just gonna call it factitious disorder. And in it, I talked about Dr. Richard Asher, who was the one who gave it that name. And it was really interesting, as I was reading about factitious disorder, and specifically

reading his paper describing it, I really enjoyed his style of medical writing. And it inspired me to go learn more about him.

Because here's the truth. I don't know how many medical journals you, listener, read in your life.

Justin: I thought you were about to be mean for a second, 'cause you know for a fact the answer to that.

Sydnee: Well, I know the answer for you. Now, I suspect that there are listeners who actually read many more than I do.

Justin: Oh yeah.

Sydnee: Because there are probably other, you know, people in healthcare listening.

Justin: Sure.

Sydnee: Um, and I could read more. I know I could read more. But some of our—

Justin: Who is that—who is that in response to? The voice in your head? You gotta shut that down, Sydnee.

Sydnee: [simultaneously] Yeah.

Justin: That's an agreement you don't need to honor.

Sydnee: The voice in my head. I don't know if any of you out there are like me, but you have this stack of aspirational medical journals sitting in your office.

Justin: I mean, take out medical journals and replace it with, like, Final Fantasy games I—[snorts] I haven't played yet, you know?

Sydnee: Where I'm like, "I really need to get—" like, I've read an article from them, or I scanned a few things. I read the abstracts. We all do it. Come on, you know you do it.

Justin: Yeah.

Sydnee: And then I didn't read the rest, but I was like, "But I'm saving it, 'cause I am gonna read the whole article. I just wanted to get the abstract in there real quick to get the—

Justin: Oh, listen. Listen, said. That's me and Vagrant Story. I've been saying for 25 years I'm gonna play it, but at what point am I gonna have an opportunity to sit down in front of my PlayStation and play for, you know, however many hours?

Sydnee: I just don't have time for all these New England journals and... family practice journals, and...

Justin: [simultaneously] I don't have time for all the Square games from the early 2000s.

Sydnee: I just don't have time.

Justin: They've got—I could do Final Fantasy IX, you know? As long as we're just sticking with PlayStation. Like, it's another one to knock off the bucket list.

Sydnee: So, I want to tell you about Dr. Asher.

Justin: Okay.

Sydnee: Okay. 'Cause I think—

Justin: [simultaneously] Give me [crosstalk] Asher.

Sydnee: I think he's an interesting figure in medicine. I hadn't heard much about him. We talk a lot about, like, doctors you've probably heard a ton about. Now, I want to talk about him because I think some of the points he

made about medical writing specifically are still valid, and probably we still could work on. Um, so he was born on April 3rd, 1912, in Brighton, England. Are you figuring out his astrological sign as I say that?

Justin: [laughs quietly] No, but I will. What—what's the birthday?

Sydnee: April 3rd.

Justin: What is that? You don't know?

Sydnee: I know.

Justin: Okay, hold on. April 3rd. Is that a Leo? Aries. Yours, right?

Sydnee: Mine.

Justin: Okay.

Sydnee: Yeah, I know! You asked me if I figured that out. So, this time when I looked up his birthday, I did figure that out, and I thought, "I wonder if I will feel, like, a kinship."

Justin: Oh, yeah. [crosstalk]

Sydnee: I wonder if that's why I was so inspired by him.

Justin: 'Cause your parents humped at similar times, maybe you guys would be spiritually kind of... tied.

Sydnee: Don't—now, see, you made it gross. He married a Margaret. He went on to have three children. And his children all—I think this is—like, this is an interesting side note. Um, so his children all kind of went into the entertainment industry.

Justin: That's great. I love that.

Sydnee: And I wondered about that, because, like, I went to medical school with a lot of people who had doctor parents. Like, it was very common.

Justin: Really?

Sydnee: Oh yeah.

Justin: Huh.

Sydnee: Like, it's—

Justin: That makes sense. That makes sense. That doesn't surprise me.

Justin: It is so common that our medical school I believe still has a legacy scholarship. Or, like, a legacy tuition rate. Like, you get reduced tuition for being a legacy there.

Justin: Hm.

Sydnee: Um, I am not. But many people were.

Justin: Yeah.

Sydnee: Uh, but I would not encourage my children to go into medicine. If they want to, that's fine, and I will do everything I can to support them. So I wonder if Dr. Asher felt similarly. Like, "Do something fun, kinds. Do anything but what I do."

Um, the eldest, Peter, was part of a pop group. Peter and Gordon. And he went on to become—yeah, that was their pop group. A music producer.

Justin: Oh my gosh. Peter—

Sydnee: And then Jane and Claire became actresses. And what's fa—so, on TV and radio. Jane on TV, Jane Asher, TV actress. And Claire on radio. Are you looking up against Peter and Gordon?

Justin: Go on, go on. I'll [crosstalk].

Sydnee: Oh, I'm gonna talk about Jane Asher. Because—

Justin: Yeah, please talk about Jane Asher!

Sydnee: Do you know what is notable about Jane Asher? She's an actress.

Justin: Okay.

Sydnee: And also dated Paul McCartney for quite a while.

Justin: Huh.

Sydnee: Back in 1963. They dated for five years, and McCartney actually lived at Asher's family townhouse.

Justin: Okay. That's fascinating.

Sydnee: So this doctor, Richard Asher, it just so happens that his daughter lived with Paul McCartney in their home. And McCartney wrote all these songs about Jane Asher. And I Love Her, We Can Work it Out, You Won't See Me, I'm Looking Through You. All these songs! That may have been composed right there, where Dr. Asher lived.

Justin: Looking here—

Sydnee: Isn't that interesting?

Justin: Yeah. It looks like Peter and Gordon actually recorded several—like, their big hits were McCartney songs that were credited to Lennon and McCartney. So they recorded a lot of McCartney's tracks as well. Fascinating.

Sydnee: Yeah. I know! Well, I mean, it was interesting, 'cause I was looking up stuff on Richard Asher, I kept finding Jane Asher, and then Beatles stuff. And so, I don't know. It's all connected. But I guess that when the Beatles went to India to start their TM journey...

Justin: Yeah.

Sydnee: Did you know that's what they were doing over there?

Justin: I did not. That's fascinating.

Sydnee: I thought you'd be into that.

Justin: Yeah.

Sydnee: You're into TM.

Justin: Yeah.

Sydnee: Yeah.

Justin: That's fascinating. I had no idea.

Sydnee: Yeah. And then, uh, she went for a while and then came back. And then I think maybe somebody—maybe there was some cheating. Allegedly, McCartney was cheating on her. Allegedly. I don't know.

Justin: Who knows?

Sydnee: And anyway—and then they broke up. Uh, also, Jane Asher did a part on a Doctor Who radio drama in 1994.

Justin: Fascinating! This is fascinating.

Sydnee: She was a companion.

Justin: Hey—

Sydnee: She was a companion!

Justin: Amazing. Hey, Sydnee?

Sydnee: I haven't even told you about the doctor yet. [laughs]

Justin: Doctor of what? Yeah, which doctor was it? Was it the seventh, eighth? Or the good ones?

Sydnee: No. Dr. Asher, the doctor of—the doctor of note.

Justin: [laughs quietly] Peter—Peter Asher managed Linda Ronstadt and James Taylor throughout the 1970s and 80s, Sydnee!

Sydnee: I think this is cool. I know this does not relate to his medical career. We're gonna get into that. But, like, this is all his legacy, so I think that's kind of cool.

Justin: [holding back laughter] In 2007 and '08, Peter and Gordon were featured performers in the Epcot Flower Power concert series at Walt Disney World. Excellent. Sorry. I could do this all day. Because the... do you remember... sorry. Snakes on a Plane, Bring It. The song, Snakes on a Plane, Bring It, by the band Cobra Starship. One of the members of that was the grandchild of Peter Asher. Wild.

Sydnee: We keep—I know.

Justin: Child of Peter Asher, yeah.

Sydnee: It's really interesting.

Justin: Anyway, sorry. I'm gonna stop going on about this. This is fascinating, Sydnee.

Sydnee: And not to get, like—I don't know. Now I'm just sort of, like, theorizing. But I will say that—so, Dr. Asher's—one of his biggest thing is that—things was that medical writing is boring, and that we should do better, and he was known for being kind of, like, evocative with the way he would phrase things in the titles of his articles and stuff like that. And obviously he had a creative flair.

Justin: Yeah.

Sydnee: You know. He must've. And then, now his kids. So he—while all this amazing stuff with the Beatles and all this cool stuff's happening, he is an eminent British endocrinologist, a hematologist, and he was responsible for the mental observation ward at the Central Middlesex Hospital.

He was known, though, for being a very out-of-the-box thinker for his time. The way that he approached medicine for that time period was different. Um, and he said that we—his big thing was we need to be critical of our own thinking. Like, the idea that just because we have these established practices, we should just continue to embrace them forever—he was very critical of that.

Justin: He thought that we should constantly be sort of, like, reassessing, reevaluating.

Sydnee: Mm-hmm.

Justin: Okay.

Sydnee: Um, he said that many clinical notions are accepted because they are comforting, rather than because there is any evidence to support them. Which doesn't sound revolutionary now, in an era where—well... up until very recently.

Justin: [laughs] Yeah.

Sydnee: We accept that you need evidence to support something. Um, but I mean, it hap—we still have that happen constantly, right? It wasn't—it was just in the last couple years that phenylephrine, which is an ingredient in a lot of over-the-counter cold medicines—if you look at—if you've got any sort of combo cold medicine at home, any of the Tylenol Cold and Sinus, DayQuil, generic things, right? If you look, a lot of them contain phenylephrine. There's no evidence that it does anything. [laughs quietly]

Justin: Yeah.

Sydnee: It's still in there, and it's been in there for a long time. But it's only been in the last few years that somebody finally, like, looked at all the

data and said, "I don't think that's helping. I don't think that we should do that. It's not doing anything. Like, we're not improving your symptoms with that."

Justin: "What are we doing with this stuff?"

Sydnee: "What are we doing?" [laughs quietly] But outside of that—which, those are good lessons in medicine, for sure. He also believed in writing in a way that people would enjoy. Basically, the idea that, like, if you are reading something incredibly boring, it's gonna be hard for your mind to engage with the material and take it in.

Justin: 100%.

Sydnee: Which, you know—and maybe this is why this spoke to me so much. On this show, what we try to do a lot of the time are tell stories, in order to illustrate, like, the history of something. You know, the concept behind something. And the reason that we do that—well, part of it is I just like telling stories. But the other part is that I think that we learn things through stories really well. I think it's a good way to contextualize information and absorb something.

A lot of the way that I taught myself medicine—I mean, I had professors. But a lot of the way that I would go home and put it in my brain to stay through was through creating stories out of it.

Justin: Look at things like, um, Magic School Bus, or Mr. Wizard's World.

Sydnee: Mm-hmm.

Justin: You know? You hook the kids with the science, but then you got Ms. Frizzle and Don Herbert for just the raw, sexual magnetism. You know what I mean? To bring in the parents. So you kind of have something for everybody.

Sydnee: I mean... who has the raw sexual magnetism there, exactly? Are you talking about Mr. Wizard?

Justin: Uh, and Ms. Frizzle, yeah. They're a—it's a combo deal.

Sydnee: I don't know. I mean, Ms. Frizzle, I guess I get that.

Justin: Yeah.

Sydnee: I don't know about—I mean, I love Mr. Wizard, but I don't think I was necessarily seeing him with the same eyes that you were.

Justin: You didn't see him back in the day. I mean, back when he was in his, like—when he was in, like, Mr. Wizard's Home, you know, he was a—a handsome dude. You know what I mean? He had a lot—look! I mean—like, here. Why don't I show you pictures of Mr. Wizard in his prime? Look at that. The obsession, you know? That's—

Sydnee: I mean, he's a nice-looking guy. That is not my memory of him.

Justin: Honey, I love you so much, but it was just a joke. And if you make me sit here and defend it any more, I am literally gonna freak out. I cannot—

Sydnee: I want to know—okay. After we're done recording, will you tell me more about how sexy Mr. Wizard is?

Justin: Yeah, I'll explain jokes to you. After the show, I will lovingly, lovingly explain how hilarious I am. [laughs quietly] Thank you. [wheezes]

Sydnee: [laughs] If I have a better understanding of that, that would probably improve our whole relationship.

Justin: Sorry, do you have any more notes, Dr. McElroy?

Sydnee: I'm joking, I love you. So, uh, one of the articles that Dr. Asher wrote that really—um, again, this is gonna sound silly. But you have to understand, this was groundbreaking for the time. He wrote an article titled—and this, again, evocative titles—Dangers of Going to Bed.

And this can sound really silly. Like, what? You're gonna tell people not to go to bed? But what he was trying to critique was at that time in medicine, a lot of the medical advice that a doctor would give would entail you laying in bed. Like, rest was—I mean, we know that if you go back a little further than Asher's time, the rest cure, especially for female patients, was a common thing. "Just go lay in bed for a long time, and you'll feel better."

Justin: Sexist, but also it had the advantage of being one of the few things that we are pretty sure works. [wheezes] Like, we have seen—a lot of these, if you just wait, they will improve.

Sydnee: Sure. But the waiting—it wasn't just wait. "Wait while laying in bed." That was key. "Lay in bed."

Justin: Right, stay in bed.

Sydnee: Stay in bed. And if you—it's interesting. Nowadays, we don't—I think that most of us, if you've had a hospital stay or if somebody you know has, most people don't stay in the hospital for super long periods of time. Unless—I mean, unless you're sick enough that it's necessary. Hospital stays have gotten shorter and shorter. Now, a lot of that has to do with our completely ridiculous way we pay for healthcare. Remember, health insurance is a giant scam that's been perpetuated on the American public for...

Justin: Literally the original sin of this system, and that's why it's all bad. And if you dig down to the roots, they're sick. [wheeze-laughs] They're poison.

Sydnee: We need an NHS. I'm jealous of you.

Justin: Enema is what we need.

Sydnee: Britain. Yeah. No, we need an NHS. Oh. What?

Justin: That was great!

Sydnee: An enema?

Justin: Yeah! Like the joker says in the hit film Batman? "This town needs an enema?"

Sydnee: Ahh. Ahh.

Justin: Like, the medical system needs and NH—you were saying it needs an NHS and I said we need an enema. [wheeze-laughs] This—after this show, we're gonna have to set aside so much time for me to explain.

Sydnee: Explain jokes to me. So, he—

Justin: How—no, well, just, like—not explain the jokes, but just, like, how... good they are. You know what I mean? Like... the quality of 'em. [wheezes]

Sydnee: So... he—so at the time, if you were sick, you would be told to go home and lay in bed, or if you were sick enough you would stay in the hospital. And we kept people in the hospital for a lot longer. Like, for their entire recovery period. And I'm not saying that that was completely false. I think we do probably discharge people too quickly now in the hospital, because of the financial pressures. I think that's probably a fair statement to make. But at the time it was like, "We're just gonna have you lay in this bed for days and days and days until you get better."

And there was an overkill to that, too. And that concept of the patient as the bed—I was thinking about this. We refer to patients in the hospital by bed. Bed one needs ice, bed five is headed to CT.

Justin: Yeah?

Sydnee: Bed 24 is coding, get over there. I mean, like, that's how we talk about patients! And not just me. I mean, that's very common wording in a hospital setting. We think of you as the bed. We put you in the bed, and then we gi—a lot of times we'll give you medicines to keep you from getting clots because you're laying in bed for so long.

So, like, we do tend to turn to the bed a lot. Now, sometimes that's necessary. But he wonders if maybe we aren't creating more problems with our dependence on bed rest than we are actually solving.

Justin: Okay. I mean, sounds—sounds sane.

Sydnee: I'm gonna get into, like, why this—I know it sounds silly, but this is solid medical advice. But first, we have to go to the billing department.

Justin: Let's go!

[ad break]

Justin: Alright, Syd.

Sydnee: So, he goes through, system by system to describe, if we just leave somebody in a bed for a long time, what happens?

And some of this stuff is really obvious, right? Like, you get skin breakdown. You can get bedsores. You can develop things like blood clots. You can get constipation. You can get depression. You can get something called atelectasis. It's when, like, the bottom pockets of your lungs kind of collapse, because you're not using them, 'cause you're not taking deep breaths, 'cause you're just laying in bed all day.

Justin: Hey, I bet it's bad for your sleep hygiene.

Sydnee: It's bad for sleep hygiene. It's bad for your muscle—muscle weakness, and your bone strength. It's bad for lots of things, so if somebody doesn't need to be in bed, it is good to get them up and moving. And that was his point. It sounds all very dramatic, but all he's trying to say is, why don't we get patients up and moving more? Why don't we—I mean, this is the, like, before physical therapy would be part of every hospitalization the way that it tends to be now. Why don't we get people out of bed? [laughs quietly]

And this was a revolutionary idea. A lot of doctors were like, "Whoa, whoa, whoa. This would change everything."

Justin: "They're already in bed. This is the ideal scenario."

Sydnee: But the way that he described it I think—this was the art to it. So, here's a paragraph from it.

"We look at patient lying long in bed. What a pathetic picture he makes. His blood clotting in his veins, the lime draining from his bones, the scybala stacking up in his colon." Hardened balls of stool. "The flesh rotting from his seat, the urine leaking from his distended bladder, and the spirit evaporating from his soul."

This is in a medical journal.

Justin: It's kind of wild, if you think—well, you've said, though, that he wanted to make it spicy, right? He likes that.

Sydnee: He did. I know!

Justin: It's kind of wild if you think about—this has never occurred to me until you said that about patients being beds and stuff. The idea that, like, everyone who needs to be in a hospital also should be laying down seems to be in service of, like, it's easier to keep tabs on where people are if you know where they are stopped. Like, where they are set. But, like, you don't really need to be in a bed. Like, it seems—it's weird to think, now that I think about it.

Sydnee: It is. And, like, some of it is very functional, right? Like, sometimes depending on what you have, if you're recuperating, you should rest to some degree, right? Like, it's good for you. Some of it is, um, practical, from a public health standpoint. Do you have something contagious? We'd rather you stay in this room. Please don't go wander around everyone, if you have something that could be spread from patient to patient.

Um, some of it, you're right, is very much convenience. "Stay in this room, in this bed, because I'm gonna come talk to you, and I'm gonna order tests on you, and I'm gonna give you medicines and whatever. And if you're just,

like, in this room in this bed—" there's safety issues, too. We treat everybody. We don't know what you're up to.

Justin: Sure, right.

Sydnee: We don't know if you're a... you know, whatever you are.

Justin: There's also, like, you're spreading, you know... illness around.

Sydnee: Right. So there's a lot of pragmatic reasons for this, but we do stress too much, like, "Stay in bed." I do think that's—that continues to be—I mean, less valid today than it was back at this time. But, like, it's still a valid criticism. Now, he does say, after this very disturbing picture, he says, "I've painted a gloomy and unfair picture. It's not as bad as all that."

But he does say, like—he shares a bunch of case histories then, and says "We need to get people up and moving. We need to do physical therapy, occupational therapy. We need to get people to move more during their recovery so that once they leave the hospital, they're not so weak and experiencing all of these other complications from being in bed so long."

Valid medical, like, standard, that needed to change. He says at the end, "Teach us to live, that we may dread unnecessary time in bed. Get people up, and we may save our patients from an early grave."

This is, again, in the article. In a—

Justin: I'll bet you love that little rhyme in there.

Sydnee: I love—I love that. I love putting poems in articles. I love that. He gave a lecture in 1948 where he named the seven sins of medicine. And again, I think that this is a very evocative title. Um, obviously capturing your attention. He says, "There's lots of sins in medicine. Lots of them. There's way more than seven."

But he felt like that seven were the worst. And these are often—I was not personally taught these in medical school, but I know that these are still, like, referenced in a lot of different medical educations as some of the

things. And I've seen, like, updated versions of this article in a lot of journals more recently. Like, "Here's what I think are the current seven sins," or "Here are the seven sins in this specific type of practice," you know.

But he talks about obscurity. Like, we use jargon too much. We gatekeep information from patients. If patients can't understand what we're talking about, then they can't—they're not gonna be able to take our advice.

Justin: Seems fair.

Sydnee: And so obscurity is a problem. And he levels that at medical journals, too. Medical journals are hard to read and understand. They are inaccessible for people outside of medicine, broadly speaking. I don't mean every single one.

He talks about cruelty, and he kind of breaks that into the mental and the physical. He says there's the cruelty of the way the system—like, we don't always answer our patients' questions or give them enough time, or help them, you know, work through, like, psychologically and emotionally what they're experiencing.

Justin: Right. [crosstalk]

Sydnee: But then also, like, the physical cruelty of some of the tests that we order, or the fact that we wake people up at 4 AM in the hospital to ask them a bunch of questions. Or not being as careful as we should with—like, he references putting a sticky dressing on a hairy arm. [laughs quietly] You know? Something like that.

I think about that a lot. It's funny, I think about—when I read that, I thought specifically that at one point in the practice that I now have, I switched from ordering gauze pads to ordering non-adherent pads. And the reason is that I undressed so many wounds from other facilities and hospitals and stuff where they put gauze over an open wound. And when I'm saying gauze, you're imaging those—imagine those little squares of, like, woven material. You know what I'm talking about?

Justin: Yeah.

Sydnee: The threads get stuck in there as it dries.

Justin: Hmm!

Sydnee: And that's very uncomfortable. It's very painful, in some cases. Non-adherent pads don't stick. They're, like, one solid piece, so I switched to that.

Justin: Yeah.

Sydnee: But I still find gauze in a lot of wounds. And so, I don't know. I was thinking, like, we don't always—we're using the thing that's practical, and we're not putting ourself in the patient's shoes enough. That's still true.

He talks about bad manners. This is mainly aimed at students. He says—I mean, and this is true to this day. "Do not be rude to the nurses. Do not be rude to your colleagues. Certainly don't be nude—don't be rude—" [laughs quietly] well, don't be nude!

Justin: Don't be nude! Pretty much in any context, like, in the system, yeah.

Sydnee: You'll get kicked out. "Don't be rude to your professors and attendings and residents. Um, don't be rude." Uh, he talked about overspecialization. And he jokes about, um—

Justin: Do you agree with that?

Sydnee: I think that—so, when he's talking about it, what he's saying is, whatever your—he's not saying we shouldn't have subspecialities. He's saying that, don't be so locked in whatever your specialty is that you refer out for anything that deviates slightly from it. Like, there's too much of that. And the joke he makes is that an ophthalmologist—so, an eye doctor sending a patient to a hand specialist to confirm that they do, indeed, have an extra digit on their right hand.

Justin: Right, okay.

Sydnee: Right?

Justin: I understand.

Sydnee: Like, that's the joke he's making. I think there's a lesson, there. Um, I try really hard as a family doctor to do everything I possibly can until it's like, "Okay. Now I—this is outside what is in your best—" as long as it's something that I know I can manage competently and you can get the best care from me, I'm gonna do my best to do it. Once that's not true, I'm gonna send you to somebody else. But that's a lot of stuff that I can do.

Justin: Right.

Sydnee: And then he talks about love of the rare. Love of the rare is the old adage, "When you think hoofbeats... "

Justin: Think horses, not zebras.

Sydnee: Yes.

Justin: Right.

Sydnee: And we like that. The final one—actually, that was only six. The final one is common stupidity. And I think this is the best. [laughs quietly]

Justin: [laughs quietly] I mean, yeah. Probably.

Sydnee: Because what he says is that this is—this is the opposite of common sense. And he talks about—I mean, what he's really talking about is algorithmic treatment.

Justin: Hm.

Sydnee: What he's saying is, "Don't put every patient into the same box." Like, "Oh, they have this? I'll treat it like this."

Individualize your care for the patient. And that is maybe the most valuable lesson, because so much of medicine today is algorithmically guided, because of insurance companies, and the way things get paid for, the way that they make us do certain tests to get other tests approved. Like, I have a—there's a whole subset of patients—I treat Hepatitis C.

I am forced by the West Virginia Medicaid to send any patients who already have liver damage to a gastroenterologist before I can treat their Hepatitis C. I'm forced to. It's not because they need that. It's not because—I'm not saying that there isn't value in them seeing a liver specialist, but that's not really necessary for me to treat their Hepatitis C. That's the insurance companies making me do that.

That's common stupidity.

Justin: Yeah.

Sydnee: I could cure those patients, but I'm not allowed to. And algorithms can drive that kind of thinking. I think that when—I think he would be really upset if he saw how much of our medical practice today is driven by that common stupidity. Like, as if every diabetic patient needs the exact same course of treatment and the exact same attention from their doctor. You know what I mean?

Justin: Yeah.

Sydnee: We have to individualize our care. Use the evidence, and then do what works for the patient. That's, like, at the core of a lot of the medicine I practice.

That was only six. The last was sloth.

Justin: Sloth.

Sydnee: I just can't count.

Justin: What?

Sydnee: I just can't count, apparently.

Justin: Is that one of them? [wheezes]

Sydnee: The last one was sloth.

Justin: [laughs]

Sydnee: And sloth is sloth. You know what sloth is.

Justin: Sloth. You know, Sloth! From the Goonies!

Sydnee: Well, no. Don't be lazy.

Justin: He's not allowed to be a physician! He lives in a pirate ship! In a cave!

Sydnee: He's just saying don't be lazy. You know. Um, but I think that this was all really revolutionary thinking at the time. It's still not something that we fully embraced, or that we have combated, especially in the American healthcare system, now.

Justin: Right.

Sydnee: You know. I don't know if some of these deadly sins of medicine are better addressed in, like, the UK, or in any other country, in any other of the, you know, many, many countries that have some sort of universal healthcare system, a single payer system. Perhaps it eliminates some of these issues. Maybe you are allowed to provide better care to your patient and, I don't know, maybe there aren't so many barriers.

But he wrote some other articles based on the things he observed. Because he was, like I said, in charge of that unit, he was able to write about and describe what we called myxedema madness.

Justin: Hm.

Sydnee: So, in severe cases of hypothyroidism, when you don't have enough thyroid hormone, a patient can begin to have some psychiatric symptoms as well. And those two things were being treated completely separately. People did not understand that by treating the thyroid, by replacing the thyroid hormone, it would help alleviate the psychiatric symptoms.

Justin: Oh!

Sydnee: And he was the first one to sort of pull that together. Which, again, the importance of understanding that for some psychiatric illness, there's some other—like, it's a secondary symptom to some other medical cause—is really critical. And it's why today, if I have a patient come in with symptoms of mania, I'm gonna check their thyroid. Or depression. I'm gonna check their thyroid a lot of times. Just in case, because that could be treatable.

Um, although just to make the point, depression and mania are treatable as well. Just, like, primarily. These are all things that are treatable, but we would need to treat them in a appropriate way.

Justin: Makes sense, right.

Sydnee: Right? Not use common stupidity. He did talk about how hypnosis is pretty cool. So I don't know about that one, Dr. Asher. He had a whole series on, like, why we need to investigate hypnosis more.

Justin: [laughs] This is settled.

Sydnee: And I thought you would appreciate, he wrote a whole series of articles on using your senses and practicing medicine. And in the first one, he misquoted Sherlock Holmes.

Justin: Oh no.

Sydnee: And he got—he immediate got a letter to the journal from somebody saying, like, "You know, actually... you misquoted Holmes."

To which he put out this huge public apology, because he was part of, like, a Sherlock Holmes historical society and was, like, a scholar on Holmes. And then he... [laughs quietly]

Justin: Listen, if you're gonna mess up on somebody, don't do it with Sherlock Holmes fans, man. That's the last group you should try to mess up with.

Sydnee: And he, uh—and—

Justin: Relentless.

Sydnee: Oh, absolutely. And then he finally—he wrote an entire article called "Why are medical journals so dull?"

And in it, he is so, like, completely—he is so thorough. He starts off with—like, the first section of this article is wrappers and cover. [laughs quietly] Like, the first thing he talks about is how drab the wrappers are. And nowadays they come in, like, plastic, like clear plastic.

Justin: [crosstalk] just cool cars. You know?

Sydnee: There's never pictures of cool cars.

Justin: Or cool, like, sports guys, or anybody. Like, nothing cool like that. No plans, nothing neat.

Sydnee: He talks about how many would come rolled up, and that they would be hard to read because they were rolled up.

Justin: [laughs]

Sydnee: And you'd have to keep on rolling them as you're reading. [laughs quietly] So he's, like—he's completely trashing, like, the wrappers and covers. The titles are terrible. Uh, they don't have color. So much of the journal is just words. They're just—no pictures. [laughs]

Justin: The one that any JM... covers that you used to get sometimes—they had—was that the journal that had the wild images on every single cover? It was like, an illustration that was wilder than the one before it. Like, that was trying to communicate something so abstract, it was just, like, illustrating an article that was in the magazine—

Sydnee: No.

Justin: —but, like, it would be just...

Sydnee: You're talking—no, any JM is just a list of article titles on the front.

Justin: Yeah, that's not—maybe it's the family journal that do that?

Sydnee: The American Academy of Family Practice Journal, that one, the AFP journal is, um—that has a picture. Yeah, and sometimes—those are drawings. Those are commonly drawings, not just picture-pictures, but yeah.

Um, but yeah, he talks about, there need to be more pictures, and they need to be color pictures. And then, like, the actual articles, that they don't... that the content of them doesn't have a point. And I think it's interesting, because the way that a journal article is supposed to be structured, you're often just sort of—like, there are big chunks of it where you're just saying what the data was.

Justin: Yeah.

Sydnee: "We found this. This was the number. This was the statistical analysis." There isn't a point, per se. It's just, like, listing the—now, there is a thing at the bottom where you have the discussion piece.

Justin: Right.

Sydnee: And the discussion you can get to a point. Like, you can say, "Okay, here was all the data. This is what we drew from it."

And, I mean, I think what he's trying to get to is, like, think about how you're going to use that to impact your audience?

Justin: Right.

Sydnee: Which, I mean, I can't say I was ever taught to do creative writing within a medical journal.

Justin: It's not practical—if it's not practically useful at some point, you... [quietly] you lose some of the purpose, I guess.

Sydnee: Anyway, he was—he was a really interesting character. He eventually, um, retired, and stopped working as much. And I think he had some, like, health complications.

Justin: You don't need to do this.

Sydnee: But he spent a lot of time—I know.

Justin: You don't need to do this with everybody, honey.

Sydnee: What I was gonna say is he spent a lot of time playing wind instruments and the piano at that point in his life.

Justin: There we go. Now we're talking.

Sydnee: Yeah. He was very musical, which obviously we've talked about was passed along to his children. Um, in his book, Richard Asher Talking Sense, it was actually published after he passed away. It was a lot of his papers and stuff like that. And I think that there are a lot of lessons there about the way we talk about medicine, the way we talk to our patients, the way we think about taking care of people, that we could really continue to, um, you know, to learn and benefit from today.

Um, but I just like him. He was eccentric, and he was a little irreverent to medicine, which I think is always a good thing. Don't get—don't get so steeped in the tradition and austerity of the ivory towers that you forget that you're just taking care of people.

Justin: Yeah.

Sydnee: It's the most human thing you can do. It's the—it's the—I think an instinct we all share, and it's what connects you to your patients, and don't ever lose that.

Justin: Thank you so much for listening to our podcast. It's called Sawbones. It's a marital tour of misguided medicine. We are your cohost, Justin and Sydnee McElroy.

I want to say thanks to The Taxpayers for the use of their song, Medicines, as the intro and outro of our program. They have some new merch on their Bandcamp page. If you search for it you'll find it, and then you can buy some shirts, or some vinyl records. Whatever you wanna do, you can get it there.

Thanks to the Max Fun Network as having us as a part of their extended podcasting family. And thanks to you, for listening. That's gonna do it for us for this week. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head.

[theme music plays]

[chord]

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