

# Word for Word

STORIES OF HOPE, HEALTH & HEALING



Reprinted articles about Mayo Clinic

No. *3*

**PLEASE TAKE**  
*with our compliments*

*In this issue:* How to save billions on Medicare • Open heart surgery at 17 • Walking while you work • The ultimate gift from husband to wife • Successful heart surgery at 95 years young • Blogging on cancer



## Telling Mayo's Story

The newspaper and magazine articles, the blog posts and book excerpts reprinted here tell the Mayo Clinic story best — through our patients' eyes. We invite you to enjoy these stories and take a copy of *Word for Word* home to share with family and friends.

In a 1910 speech, Dr. William J. Mayo summed up his philosophy of patient care in the phrase, "The best interest of the patient is the only interest to be considered." No other words so powerfully capture Mayo Clinic.

The principles that guided the practice of the Mayo brothers in the early days of Mayo Clinic have been refined over more than a century of caring. They are alive today in the way we care for each patient who comes to Mayo Clinic in search of the best that medicine has to offer.

*To learn how to share your own Mayo Clinic story, turn to page 32.*



# Word for Word

Word for Word is a collection of magazine articles, newspaper stories, book excerpts and blog posts that have appeared throughout the nation. These stories are by journalists and patients who have chosen to write about Mayo Clinic. They are reprinted here with permission, word for word.

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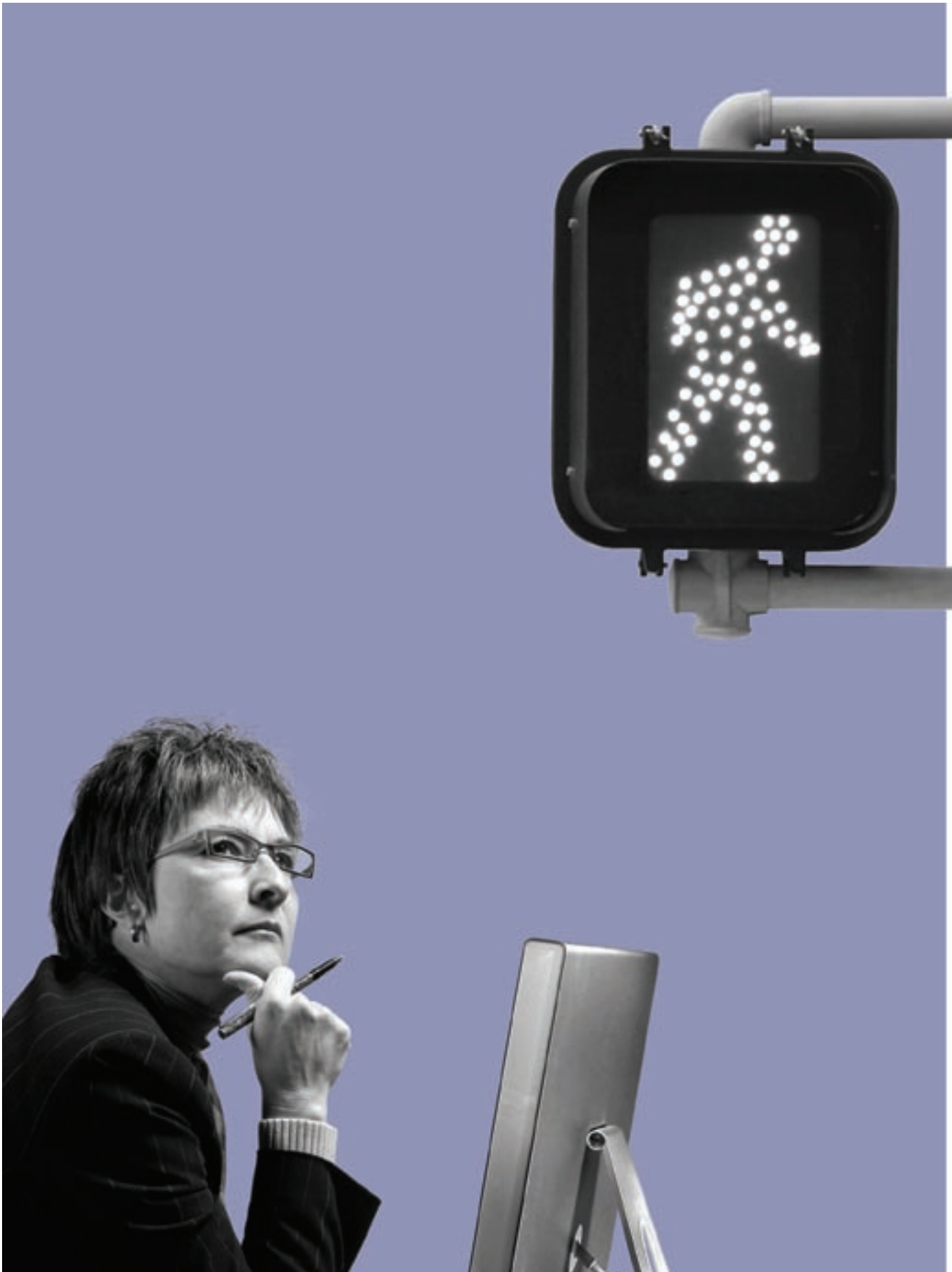
*back cover - the last word:*

**My Biggest Contribution**  
*Remembering a long night • from Mayo Today*

Address correspondence to Word for Word, Mayo Clinic Division of Public Affairs, 200 1st Street SW, Rochester, MN 55905

[www.mayoclinic.org](http://www.mayoclinic.org)

Mayo Clinic Arizona 480-301-8000 • Florida 904-953-2000 • Minnesota 507-284-2511



# Fidget? No! Walk? Yes!

By Katherine Hobson  
Edited by Marc Silver

*U.S. News & World Report*  
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**F**idgeting is not enough. That's the message from the author of the much-buzzed-about recent study that threatened to turn us into a nation of obsessive toe tappers and knuckle crackers, all with the aim of burning calories. "Nonexercise activity thermogenesis," a fancy term for exercise accumulated as part of your daily routine, actually involves a bit more. Standing up. Putting one foot in front of the other. In other words, walking (the "wiggling" in the press release got people focused on fidgeting their way to skinniness).

James Levine, the Mayo Clinic endocrinologist who conducted the study, is the poster child for NEAT. He hates the gym. "I walk in and immediately walk out," he says, speaking by phone from his office. There is a slight whirring on the line. It's his treadmill. Levine so believes in the power of NEAT that he has mounted his computer over his inexpensive treadmill. He ambulates at about 0.7 mph all day. He types. He drinks coffee. He has meetings (there's another treadmill in the office for guests). He does step off to write letters by hand. At 5 foot 9 and 155 pounds, he says he doesn't watch what he eats.

The point is not that you have to walk for 10 hours a day, as Levine estimates he does. It's that exercise you do while doing something else can add up. In their study, he and colleagues found that lean people spend a daily average of 150 fewer minutes sitting than obese ones do. That adds up to 350 extra calories

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*The point is not that you have to walk for 10 hours a day ...  
It's that exercise you do while doing something else can add up.*

burned every day (allowing you a guilt-free Caramel Kreme Crunch Krispy Kreme). And the sedentary weren't that way just because they were carrying extra pounds; later in the experiment, researchers bulked up the lean people, controlled the calories of the obese ones, and discovered the shift in weight didn't affect NEAT levels. Some people are just wired to enjoy sitting more than others.

But, Levine says, you can wean yourself from your chair in a few weeks. It takes a wholesale re-evaluation



*Dr. James Levine strolling the halls of Mayo Clinic.*

of how (and in what position) you spend your time. Try to make walking the default rather than the exception. Here's how a typical NEAT-friendly day might go, according to Levine and other fitness experts (there are more tips at [americaonthemove.org](http://americaonthemove.org)):

7:00 a.m. If you can't walk to work, take a 10-minute stroll before you hop in the car. Park as far away from your office as you can. If you're on public transportation, standing won't burn many more calories than sitting. But getting off a couple of stops early and

walking the rest of the way to work . . . that will!

10:00 a.m. At break time, use the coffee machine farthest from your workstation. Then use the farthest restroom, too.

10:30 a.m. Instead of sending E-mail or interoffice mail to colleagues, visit them—it gets you moving (and also cuts down on E-mail miscommunication).

Noon. Sit down to have lunch. Please. Even Levine does. For the rest of the hour, window-shop at the mall instead of shopping online. Alternatively, take your lunch to a local park. Or stroll around the industrial park where you work. You get the idea.

2:00 p.m. In office space, no one can see you look silly. During conference calls, pace your office with a headset phone.

4:00 p.m. Instead of meeting a colleague to talk over coffee, take a walk.

6:00 p.m. Even if you aren't one of those soccer parents who yell at the ref, stalk the sidelines at your kid's game.

*If you can't walk to work, take a 10-minute stroll before you hop in the car. Park as far away from your office as you can.*

7:30 p.m. Shadowbox or dance around (about 5 calories a minute for a 150-pounder) while you wait for the pasta water to boil or the microwave to finish heating up leftovers.

9:00 p.m. Hide the TV remote. When you want to change the channel, you'll have to get up and walk across the room. This is an entertaining way to make your spouse more NEAT, too.

11:00 p.m. Don't brush your teeth on the sofa in front of the news; walk around or stand on one foot to improve balance.

Of course, there is a fine line between dedication and madness, and not every occasion calls for movement. "I can imagine telling someone to start marching in place when they're in line for the grocery store," says Scott Danberg, director of spa and fitness for the Pritikin Longevity Institute & Spa in Florida. "They wouldn't do it." Heel raises are more subtle.

And remember, if your goal is cardiovascular fitness, you should also have 30 minutes or so of purposeful exercise a day—even if it's just a brisk afterdinner walk. Neat, eh?

## A World-class Asset

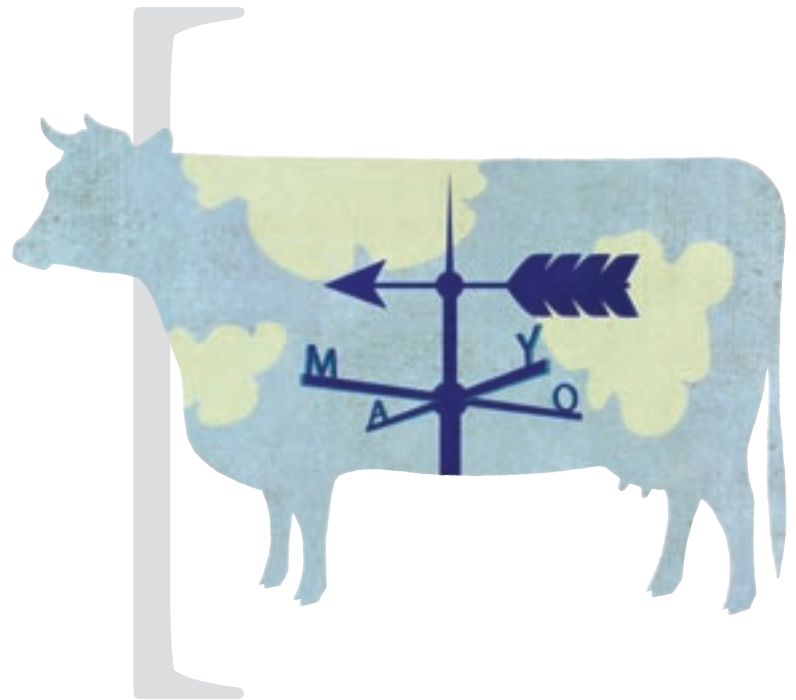
*When an unusual situation occurs, how comforting it is to know that the world's best care really is "just up the road."*

By Margaret L. Dorr

*Reprinted with permission from the Chronicle Times, Cherokee, Iowa and Margaret L. Dorr*

It's always interesting to see the ideas used to promote our rural area as a great place to live, which it certainly is! As we watch country homes being built, remodeled or restored, we know that folks are paying attention. In recent weeks I've come to realize that there is an additional asset to our location which is sometimes overlooked. I am referring to the fact that we live only a half-day's drive from one of the top-ranking medical institutions in the entire world—the Mayo Clinic, Rochester, Minn.

Mayo connections, for both my husband's family and mine, go back a long way. His father took a younger brother there in 1919, on the advice of a Cherokee [County] doctor. They diagnosed tuberculosis of the spine, and the lad became one of the first patients on which pioneering surgeons performed a successful bone fusion. Years later, I worked briefly in their editorial department. But let me assure you there are many reasons beyond these personal associations which color my opinion. For one example, a young friend of ours recently developed a painful hip condition diagnosed locally as a common arthritic problem requiring routine hip replacement. For several reasons, her age in particular, she sought a second opinion at Mayo. There, through the combined efforts and extensive experience of their orthopedic specialists, it was determined that her problem actually stemmed from what amounted to a birthdefect. As the ball component of her hip joint met the socket at an improper angle, it had prematurely worn away the protective cartilage. At that point, a member of the Mayo staff, who does nothing but



correct hip joints malformed from birth, performed the proper repair. The results have been remarkable.

In addition to the expert medical attention, there is still another aspect of the clinic to recommend it. I have heard it described as "the caring work ethic of the upper midwest" and I think we "upper-midwesterners" appreciate that. From the moment you step up to the Admissions Desk to your last stop at the Business Office, you always feel that they care. In addition to the doctors, nurses, secretaries and social workers, there is an incredible cadre of volunteers who assist the patients in every conceivable way.

Please understand, I am not recommending the Mayo Clinic for everyone; it is not that kind of place. But when an unusual situation occurs, how comforting it is to know that the world's best care really is "just up the road." Over the years, our favorite family doctor has referred us to Mayo when he thought it advisable. Several times I have heard him say, "I always learn something from my patient's experience there." So you see, in addition to its being beneficial for a patient, the proximity of this world-famed institution is an advantage for area physicians, as well. This, to me, is a sort of double-barreled advantage of our location which should not be overlooked.





## Of Love and Sharing Kidneys

By Charlie Patton

*Copyright June 4, 2007, Charlie Patton. Used with permission of The Florida Times-Union. Originally published as "Of love, a kid, and sharing kidneys."*

Janice Lowe, who at the time was Janice Goin, got her first kiss from Charlie Lowe. The year was 1975 and they were fifth-grade sweethearts in Bethany, W. Va. But then her father left little Bethany College to take a job at West Virginia University, which broke up the budding romance.

For the next 15 years, Janice and Charlie didn't see each other. But by 1990 her dad, Bob Goin, was athletic director at Florida State University. On Oct. 27, 1990, the Lowe family attended the FSU-Louisiana State University game at his invitation.

Charlie brought a date along, but that didn't stop him from promising Janice that night that he was going to marry her.

"There might have been a few drinks involved," he said.

Still, it was love at second sight, and Charlie and Janice Lowe have been together since that day. They've been married



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*When his elementary school sweetheart, and now his wife, became ill with a life-threatening disease that left her needing a transplant, this husband knew exactly what he could do for her.*

”

for 15 years and have a son, 11-year-old Zachary.

As close as they’ve been over the years, in a way they’ve never been closer than they are today.

For the last two weeks, Janice has been carrying a piece of Charlie inside of her. On May 23, each underwent surgery at the Mayo Clinic. Doctors removed one of Charlie’s kidneys and transplanted it into Janice.

“Charlie has big kidneys,” Janice said, patting the spot where the kidney was implanted.

“I think I may have to wear maternity clothes.”

Janice, 42, who has worked at The Jacksonville Landing since 1996, as marketing director and then as general manager, was in perfect health until 1999.

Then she developed a rare disease called Goodpasture’s syndrome, an autoimmune disorder in which antibodies attack the victim’s lungs or kidneys.

Doctors were able to successfully treat the disorder. But by the time her body was disease free, Janice’s kidneys had been severely damaged.

Late last year her doctor told her she needed a kidney transplant.

That prospect didn’t thrill her.

She remembers thinking, “I don’t have time for this. Of course, I don’t have time to be dead, either.”

Once the decision was made, the question became where to find a kidney.

A kidney harvested from someone who has unexpectedly died was one possibility.

But cadaver kidneys on average function effectively for only about 10 years, Charlie said, while a kidney from a living donor lasts 25 years on average.

With kidneys, unlike with other organs, it’s possible to get one from a healthy, living person, since almost everybody is born with two kidneys but can survive with one, he noted.

Janice has three brothers, including Brian Goin, executive director of The Players Championship, and blood relatives are often good matches.

But Charlie, 42, volunteered to be tested first.

Although the odds weren’t particularly good, doctors decided, after a series of tests, he would be an appropriate donor.

“They were pretty surprised,” he said.

Once Charlie was approved, the question became when Janice, who was undergoing dialysis three times a week, would be physically ready for the surgery.

“It was like sitting on the launch pad waiting to go,” he said.

They got the word Tuesday, May 22. Surgery would be the next day.

Even then, Charlie said, doctors offered him the chance to back out.

Throughout the process, he said, the medical team was constantly questioning and testing him to make sure he was doing this of his own free will, not because of any pressure from Janice, their families or their friends.

Once the surgery was successfully completed, Janice and Charlie, who live on Jacksonville’s Southside, moved in with her parents, who live at Sawgrass, for post-op care.

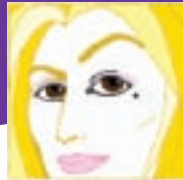
Charlie, who works as a claims manager for an insurance company, expects to be back at work in a couple of weeks.

Janice expects to spend a longer time recovering. She’s taking lots of medications to help her body adapt to a new organ and visiting the Mayo Clinic four times a week for tests and consultations.

But already, she said, “I feel so much better ... I’ve been kind of sick for eight years. My little boy has never been around me when I’ve been completely right.”



# CANCER VIXEN



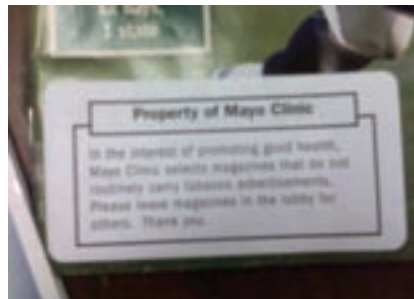
## Guess Where I Am

By Marisa Acocella Marchetto

*Reprinted with permission from Marisa Acocella Marchetto, author of the graphic memoir Cancer Vixen (Knopf), marisamarchetto.com*

I'm blogging live from The Mayo Clinic in Rochester, Minnesota, a place that Geraldo Rivera calls its own universe...

Most of the magazines at the Mayo Clinic have this sticker on them:



In case the image from my cell phone is blurry, the sticker says, "In the interest of promoting good health, Mayo Clinic selects magazines that do not routinely carry tobacco advertisements."

A nurse comes in to change the pillowcase on the exam table.

Here it is, a REAL pillow in an exam room. (For you skeptics out there.)



This is endocrinologist Dr. Richard Emslander.



He is overseeing our cases. (My Speedy Hubster Silvano and mine). Dr. Emslander will celebrate 50 years here at Mayo on April 1. He has a

Marisa Acocella Marchetto is a cartoonist, blogger, breast cancer advocate and author of the graphic memoir *Cancer Vixen* (Knopf)



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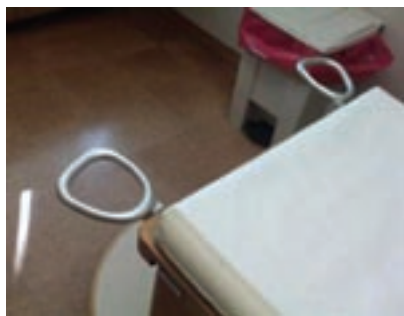
*Herein lies the beauty of Mayo: everything is on computer so ALL THE Doctors can dialogue with each other and the Head Doctor will know what the Foot Doctor is doing...*

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plaque in his office that honors him as a “Distinguished Mayo Physician.”

One of the things I’m being checked for is endometrial cancer. It’s a side effect of the d@mn drug I’m taking—tamoxifen. (Don’t you just love that? Fight breast cancer with a drug that can lead to cancer somewhere else in the body! Btw, more on tamoxifen in my next illustrated post.) Back to Mayo, I’ve noticed that it is the gold standard for hospitals—everything is geared to make the patient healthy and comfortable. They do things like heat the gel they put on the roller so it isn’t cold on your body when they give you a sonogram.

And a nurse escorts you to the exam room. Another nurse will escort you to the dressing room. People stop you if you look lost. It’s like the concierge service here! Except for this:



I totally busted them on... METAL STIRRUPS?????????

Tomorrow...a tour of the Mayo Clinic. For instance, this is totally different than what you would expect.



It’s The Mayo underground, and there are shops and restaurants, and oh yeah, it’s the passageway to all the buildings in The Clinic...and there isn’t any subway!

### Live from The Mayo Clinic DAY 2: Cancer Vixen Gets a “Skullshot” and a Nasal Endoscopy

It’s Day 2. Live from The Mayo Clinic in Rochester Minnesota. Geraldo Rivera told me that Mayo is “its own universe.” I would describe it as THE center of the medical universe because of its exemplary treatment of patients and its futuristic medical advancements. (That is, once you discount the metal stirrups from the dark ages as previously witnessed in yesterday’s post.) Come with me

and I’ll show you why I found it to be so special, and a great model for other hospitals.

Let’s go down to the Subway Level... which, as I’ve already told you, doesn’t have a subway. It’s the underground that connects the clinic buildings...

The non-subway subway level is like its own city. It’s has shops and stops to eat. You’ll find...



at the Chocolate Oasis. Plus... She’s playing ragtime, serenading the Mayo-ees.



“

*... the doctor knows everything about a patient before they've walked into the exam room.*

Yesterday there was a string quartet complete with a harp.

Here's the drill for appointments. You go to the building and the floor of your appointment. You show up at the desk and wait at this sign ...



... until it's your turn to register. This is a pretty civil way to keep your medical issues private from people like me.

At each reception desk there is an Instant Hand Antiseptic with MOISTURIZERS, a box of Kleenex and a sign with the Mayo Clinic logo that says "Coughing? Sneezing? Respiratory infections may be easily spread to others...please cover... when sneezing or coughing...wear a mask...clean your hands frequently and use a hand sanitizer..."



Other reception desks will have pamphlets like these entitled "Cover your Cough" and "Hand Hygiene: A Healthy Habit"...



... along with aforementioned usual box of kleenexes, hand sanitizer and "Coughing? Sneezing" signage. I've even spotted face masks at the desk.

At the desk I'm given a beeper. I sit in reception, waiting to see the doctor. About 10 minutes later, my beeper lights up like a Christmas tree and sounds off like a car alarm, and now I see...



This is Kristine R. She's a Clinical Assistant on the E.N.T. (Ear, nose and throat) floor. She's waiting for me at the reception desk to take me to the exam room. Her job is to "room a patient". A process most departments do here at Mayo. Her other job when she's not "rooming" is booking follow-up appointments.

Caroll F. Poppen walks into the exam room.

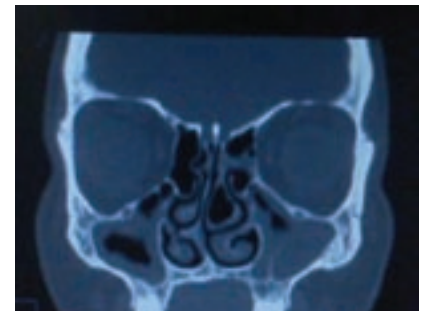


This is a Flexible fiberoptic Nasal Scope.



Dr. Poppen did an endoscopy with it. The scope is 14 inches LONG, and about 8 inches went through each nasal passage to my larynx. Yum!!!!

Poppen thinks this is "a pretty neat picture."



I don't have the heart to tell him skulls are soooooo 2 seasons ago. He does have the heart to tell me, just as I thought, I have chronic sinusitis. Now, I know you're thinking: "Mareese—you had

”

worse!” And you’re right. So why am I telling you this?

When Poppen shows me the CT scan of my skull (see skullshot above) he shows me where the Chronic Sinusitis is. I’ve been complaining about this to my New York doctors, who pretty much ignored it FOR YEARS. He also tells me I’ve had a deviated septum.

Poppen starts treatment immediately...



Herein lies the beauty of Mayo: everything is on computer so ALL THE Doctors can dialogue with each other and the Head Doctor will know what the Foot Doctor is doing and they all work together (ideally) because they are all on network.

Speaking of beauty, when I tell my (s)mother over the phone about the Deviated Septum (which Poppen thinks he will, if the meds don’t work, recommend surgery) she says a little too gleefully something she’s said to me all my life: “Maybe you can get your nose done” and then adds “that is, WHEN you come back to New York!”

### Live From The Mayo Clinic

#### **DAY 3: Cancer Vixen Loves Electronic Medical Records**

Day 3. Live from The Mayo Clinic. The first thing I wanted to do was give you a mini Mayo tour. So, The Hubster Silvano and I stopped off here...



...and asked the woman at this desk (who preferred not to be photographed), “Do you know how many buildings are connected in The Mayo Clinic?”

Her response: “Heavens, no!” Then she gave me a brochure, and tells us there’s a tour of the clinic that starts every morning at 10 a.m. At which point I decide forget about building-gazing! So, off we go to the heart of the Mayo Clinic...

Here is the living, breathing beautiful aorta of Mayo:



Yeah, the computer looks nice, but what’s INSIDE the computer is phenomenal. It’s The Electronic Medical Record.

It’s the Mayo in-house system that connects the entire medical team together.

I know I went on about it yesterday, but I got more info and besides, I’m obsessed.

It’s amazing! Each patient has their own electronic file, or record.

Here’s how it works: a patient is given a Mayo number and a file is

created. The patient sees a doctor, who writes down their notes, orders tests, and that gets added to the patient’s file. And so on, and so on...

This enables doctors to see all the test results and know everyone on the medical team who’s seen a patient (because they’ve recorded it) and what everyone’s said about that patient (because they’ve written it down and put it in the patient’s electronic file.) So the doctor knows everything about a patient before they’ve walked into the exam room.

They tell me that General Electric is developing something like this for other hospitals. It’s the future. And it’s beautiful.

Speaking of aortas, this is Cardiologist Thomas Behrenbeck, M.D., Ph.D.



I tell him that The Electronic Medical Record is the most thorough system I’ve seen to examine a patient. (By the way, the endometrial biopsy I had was all clear – phew! That was my big concern. And Hubster Silvano, the real reason we’re here at Mayo, thankfully is A-OK, too.)

“We are The Mayo Clinic,” Dr Behrenbeck says. “That’s why you came here. You didn’t come to Minnesota for the ice-fishing. Although, ice-fishing can be quite nice.”



# M u s i n g s

on a Wintry Afternoon

Dr. Rowena F. Asuncion

*Letter to colleagues at Mayo Clinic.*

*Reprinted with permission.*

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*The six-month visit to Mayo Clinic*

The sun was still aglow when my plane touched down at Rochester airport. I had crossed the Pacific from my native country, the Philippines and finally reached my final destination after almost 24 hours of travel.

My visit to Mayo Clinic was a result of burnout syndrome, inspiration, and luck. I have been in practice as a general surgeon since 1996. I found myself in a suspended state. Burned out with life's monotony: doing the same type of surgeries, meeting the same kind of people, encountering the same clinical and administrative problems, attending the same conferences. I needed a change. I wanted to see more, discover more, learn more, and hopefully, reinvent myself.

I was accepted into the Visiting Clinician Scholarship program of Mayo Foundation. I never imagined myself setting a foot in the grounds of Mayo Clinic. Long before I attended medical school, I had learned about the Mayo Clinic through a book excerpt from Reader's Digest when I was in premed.

I stood awestruck to see first-world surgery at the operating rooms of Saint Marys and Rochester Methodist. Computers filled with all sorts of data and images, video monitors, state-of-the-art operating beds and anesthesia machines, complete arrays of surgical instruments, instruments I have not seen or even held in my six years of general surgery practice, and sutures, sutures, sutures! In my country where the cost of medical care is sky-high, every single strand of suture must be put in good use. A prolene suture costs 150–180 pesos (roughly 3 dollars), almost equivalent to the daily minimum wage of the low-key urban government employee. I would go into a wishful state every time I entered the operating suites at Saint Marys and saw surgeons with all the armaments of modern science and technology at their disposal. Even cross-matched blood is available all of the time! Where it would take 30 minutes to read a frozen section in the hospitals where I serve, at Mayo, it will only take five minutes. Ahh, such ease! Such expertise!

But I believe what struck me the most about Mayo Clinic is its dedication to caring and curing through teamwork. In every personnel I have met, whether

doctors, nurses, administrator, shuttle bus driver, or cafeteria worker, I could sense their efficiency in their work, of their willingness to lend an extra hand, and their pride of being a part of Mayo Clinic.

Perhaps this is what we lack in our third-world existence. When one sees a lot of poverty and inequality and you become aware of the limitations on your capacity to give, even though you wish you could give more or do more, you become exasperated, and sometimes resigned. I have seen this state in the eyes of the doctors whom I supervise in the government hospital where I am connected. And in the queues of the patients waiting for their turn to be examined by the overworked and undercompensated physician. There were times I felt the same way, too.

The six-month visit to Mayo Clinic provided an avenue for me to see myself in a different perspective. Alone on a foreign land and not in my usual safe surroundings, I became a passionate observer, reader, listener. True, I missed doing my surgeries. I missed seeing my set of patients with their ills and aches. I even missed my bachelorette's pad and my occasional bursts of temper! But these are just little things. I think what I learned most is the rediscovery of my sense of awe and wonder, which I have lost somewhere along the way before I came here. I rediscovered my passion for life again.

To all of you, to the Mayo Clinic and to my sponsor, Ardeshir and family, a zillion thanks!

*Editor's Note. Dr. Asuncion returned to general surgery practice in Manila after her time at Mayo Clinic. She overhauled the training program at Mary Johnston Hospital, bearing in mind the lessons she learned at Mayo, particularly the way Mayo doctors treat and manage their patients.*

*Dr. Asuncion returned to the United States in June 2006 to join her husband. They live in San Diego. Dr. Asuncion plans to get her U.S. medical license and return to the practice of general surgery.*



*provided an avenue for me to see myself in a different perspective.*





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*If the U.S. health care system mirrored the practice patterns of gold standard health care systems such as the Mayo Clinic in Minnesota, Medicare could save tens of billions of dollars annually.*

## How to save billions on Medicare? Ask Mayo Clinic.

The Dartmouth Atlas Project



*Copyright 2008 Robert Wood Johnson Foundation. Used with permission from the Robert Wood Johnson Foundation in Princeton, New Jersey. Originally titled "Chronically Ill Patients Get More Care, Less Quality."*

**M**edicare pays many hospitals and their doctors more than the most efficient and effective health care institutions to treat chronically ill people, yet gets worse results, according to a new report from the Dartmouth Institute for Health Policy and Clinical Practice.

If the U.S. health care system mirrored the practice patterns of gold standard health care systems such as the Mayo Clinic in Minnesota, Medicare could save tens of billions of dollars annually. Those savings would come just when Medicare needs that money most, as baby boomers prepare to retire in droves, putting unprecedented pressure on the health care system.

"This report demonstrates the need to overhaul the ways in which we care for Americans with chronic illness," said Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation. "The extent of variation in Medicare spending, and the evidence that more care does not result in better outcomes, should lead us to ask if some chronically ill Americans are getting more care than they or their families actually want or need."

The new edition of the Dartmouth Atlas of Health Care, "Tracking the Care of Patients with Severe Chronic Illness," shows that **institutions that give better care can do it at a lower cost because they don't overtreat patients.** However, the Atlas documents that Medicare and most other payers encourage the overuse of acute care hospital services and the proliferation of medical specialists thanks to misplaced financial incentives, especially for treating chronically ill people.

This is a serious problem. Caring for people with chronic disease now accounts for more than 75 percent of all health care spending. And overuse

and overspending is not just a Medicare problem—the health care system as a whole lacks efficient, effective ways of caring for people with severe chronic illnesses.

Lead author John E. Wennberg, M.D., and colleagues Elliott S. Fisher, M.D., M.P.H.; David C. Goodman, M.D., M.S.; and Jonathan S. Skinner, M.A., Ph.D., studied chronically ill patients because a third of Medicare dollars each year are spent on them during the last two years of life. Two-thirds of the people in the study were diagnosed with cancer, congestive heart failure and/or chronic lung disease.

The newest Atlas is an important policy guide as the government struggles to rein in Medicare spending which, like health care spending overall, is expected to double over the next decade. Latest estimates predict health care spending will reach \$4 trillion annually by 2017.

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*Spending on hospitalization actually was higher in regions with more alternatives to hospitals—such as rehabilitation hospitals and skilled nursing facilities.*

Wennberg called for a crash program to learn how leading organizations such as Mayo use fewer resources and spend less per capita than their peers while receiving high marks on quality measures. “Medicare policy, including reimbursement, should support ‘organized’ systems of effective care management, with a strong primary care component,” said Wennberg. “The federal government should also support better research into clinical practices for managing chronically ill patients.”

It isn’t so much what each medical service costs, the report says; it is how many services doctors prescribe. So getting usage under control is the most critical factor in controlling costs.

The researchers, for instance, discovered staggering variations in the number of services that patients with severe chronic disease receive at the end of life, depending on the hospital, region or state and not on how sick they are.

For example, an elderly person spent an average 10.6 days in the hospital during the last two years of life in Bend, Ore., but 34.9 days in Manhattan.

The variation is even more striking in the last six months of life, when chronically ill patients visited the doctor an average of 14.5 times in Ogden, Utah,

compared to 59.2 times in Los Angeles, Calif.

That creates wild variations in how much Medicare spends on these patients. The U.S. average was \$46,412. The highest spending was in New Jersey at \$59,379 per patient, or a quarter more than the average. The lowest was in North Dakota at \$32,523 per patient, or a quarter less than the average.

“We need to benchmark the best systems and use policy to drive providers toward the benchmark by holding them accountable for the volume of services they deliver,” said study co-author, Elliott S. Fisher, director of the Center for Health Policy Research at the Dartmouth Institute for Health Policy and Clinical Practice.

What’s more, the Atlas research shows that hospitals, regions and states that use more services per patient do not necessarily have higher quality care. In

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fact, it is slightly worse.

The Dartmouth Atlas Project studied the records of millions of Medicare enrollees who died from 2001 to 2005 and had at least one of nine severe chronic illnesses. Using those records, researchers benchmarked care nationally to the care provided in the region where Mayo has its flagship clinics and is far and away the dominant health care provider. **Total spending for the population in this study was \$289 billion over the five years. If the spending per patient everywhere mirrored that in Mayo’s home region of Rochester, Minn., Medicare could have saved \$50.1 billion, or 17.3 percent of all spending on these patients alone.** A benchmark to a higher cost but efficient region such as Sacramento, Calif., where labor costs are the 26th highest of the 306 regions, shows Medicare would still have saved \$28.9 billion.

The study paints a picture of a system in disarray over the treatment of these illnesses. There are no good, clear guidelines for when to hospitalize these patients, admit them to intensive care, refer them to medical specialists or—for most conditions—when to order diagnostic or imaging tests.

Lacking these guidelines, two factors drive decisions about care:

Both doctors and patients generally believe that more services—that is, using every available resource such as specialists, hospital and ICU beds, diagnostic tests, imaging and the like—mean healthier patients.

Based on this assumption, it is the supply of beds and treatments and specialists—not how sick people are—that determines how much they get used. The supply of services creates its own demand, so regions with more resources have more usage and thus higher costs.

The wide variations among academic medical centers clearly show the lack of scientific consensus on how to manage chronically ill patients.

Consider this comparison between the Mayo Clinic's flagship St. Mary's Hospital and UCLA Medical Center.

**Spending: UCLA spent more than \$93,000 per patient over the last two years of life. The Mayo Clinic, by contrast, spent \$53,432—a little more than half the amount of UCLA on similar patients over the same period of time.**

**Utilization:** Chronically ill patients in their last six months of life had more than twice as many physician visits at UCLA compared with Mayo, and they spent almost 50 percent more days in the hospital.

**Resource Use:** Compared to the Mayo Clinic, UCLA uses one-and-a-half times the number of

beds, almost twice as many physician FTEs (full-time equivalent) in managing similar patients.

The report says academic medical institutions and federal agencies devoted to health research must begin producing studies on when to hospitalize chronically ill people, how often they should visit a doctor and the like.

The report also found that, contrary to conventional wisdom, adding alternatives to hospitals is not slowing down costs. Spending on hospitalization actually was higher in regions with more alternatives to hospitals—such as rehabilitation hospitals and skilled nursing facilities. Spending for hospice care was the only exception, and it had only a marginal effect.

The Dartmouth Atlas Project is run by the Institute for Health Policy and Clinical Practice at Dartmouth Medical School. The principal funding for the project comes from the Robert Wood Johnson Foundation. The entire Medicare claims data are available at [www.dartmouthatlas.org](http://www.dartmouthatlas.org).

With the release of this report, the Dartmouth Atlas Project introduced a new Web feature, the Hospital Care Intensity Index. It enables anyone to compare the intensity with which hospitals treat patients at the end of life—how many days they spend in the hospital and how often they see medical specialists. This is increasingly important to people who are in their last days of life and do not want to die in a hospital bed.

### **About the Dartmouth Atlas Project**

The Dartmouth Atlas Project (DAP) began in 1993 as a study of health care markets in the United States, measuring variations in health care resources and their utilization by geographic areas. More recently, the research agenda has expanded to reporting on the resources and utilization among patients at specific hospitals. DAP research uses very large claims databases from the Medicare program and other sources to define where Americans seek care, what kind of care they receive, and to determine whether increasing investments in health care resources and their use result in better health outcomes for Americans.

The study was funded by the Robert Wood Johnson Foundation, in partnership with a funding consortium including the WellPoint Foundation, the Aetna Foundation, the United Health Foundation and the California HealthCare Foundation.

### **About The Robert Wood Johnson Foundation**

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful, and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.



*Brent Warren, second from left, reacts to a play with his teammates at a basketball game after his surgery. Photo: Mark Tade/Gazette Commercial Photography*

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*Warren's only symptoms were feelings that his heart had skipped a beat. He never felt dizzy or light-headed. ... How could someone so talented be so sick?*

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# The Game of His Life

By John Riehl

*Reprinted with permission © 2008 The Gazette,  
Cedar Rapids, Iowa.*

**B**rent Warren is a 17-year-old all-state baseball player with an impressive stack of recruiting letters from major Division I schools.



Boston College, Iowa, Oklahoma and UCLA want the Cedar Rapids Xavier junior pitcher/outfielder.

Warren was born with a bicuspid aortic valve—a condition that affects 1 to 2 percent of the population—and a narrowing of the aorta. He had two cusps or flaps, instead of the normal three, in the aorta.

Warren's aorta was so narrow no blood could flow from it. His other arteries pitched in and supplied blood to his lower extremities. To make matters worse, the two birth defects accelerated the development of an aneurysm in the aorta's root.

Warren had successful open-heart surgery Dec. 21 at Mayo Clinic in Rochester, Minn., to fix the constriction of the aorta and the aneurysm. If left untreated, the aneurysm could have ruptured or he could have had an aortic dissection. Both conditions can be fatal.

"The doctor told me if I would have played basketball this year that there was a really high possibility that if they wouldn't have

caught this, I would have died on the basketball court," Warren said.

Warren's only symptoms were feelings that his heart had skipped a beat. He never felt dizzy or light-headed and didn't have a heart murmur.

How could someone so talented be so sick?

Dr. Thoralf M. Sundt, professor of cardiovascular surgery at Mayo Clinic who performed Warren's four-hour surgery, is puzzled by that question.

"The prospect of him running line drills with a (narrowing) of the aorta is really remarkable," Sundt said. "It's a tribute to him and his determination and his spirit to do things.

"The important thing is this is something treatable and you can go on leading a normal life. People shouldn't be afraid if they have a bicuspid valve. It's good to discover it, because you can fix it."

Life definitely threw Warren, who is projected to have a future in professional baseball, a sharp, breaking curveball low and away. But Warren has never asked, "Why me?"



*Brent Warren surrounded by baseball memorabilia.*

Instead, he says, "Why not me?"

"Everything happens for a reason. If this was going to happen to anyone, I am the best person," Warren said. "I feel like I can handle something like this. I have to stay positive for my friends and show them that I'm not going to curl up in a corner, yell at God and blame the world."

Actually, Warren thanks God for keeping him alive.

Even though he was devastated when he first learned his baseball career might be over, Warren said he's never looked at his condition negatively and wasn't frightened by major surgery.

"I had to stay positive through the whole thing and show people around me that it's not going to affect me a lot," said Warren, who helped Xavier win the Class 3A state baseball title last summer. "I feel like I had to stay strong for my mom and my dad to help them get through it."

His family, including parents Chris and Tracy, returned the favor with their strength and support.

Megan Warren, 21, a senior at Arizona State University, stayed up late talking and watching television/movies with her brother.

She also stepped in for her father, Chris, and slept a few nights in a cot by Brent's bedside.

"I knew he wouldn't be taken away from me. I never, ever had a bad feeling about it," Megan said. "It is just a bump in the road. I told myself God wouldn't take him away. I knew God would not give him this talent and take it away from him."

Warren isn't having any setbacks and shouldn't need another surgery until late in life. His next appointment at the Mayo Clinic is March 20, when he finds out if he can play baseball again.

Los Angeles Lakers player Ronny Turiaf had the same heart surgery in 2005 and is now competing in the NBA. Warren, however, is prepared if the answer is no. "Finding people around me who said, 'You don't have to play baseball to still have a future in it' really made it easier for me to get through it," Warren said. "I found a good peace in my life."

In Chris Warren's words, "This baseball thing is a game. The game is not bigger than life."

It is Chris Warren's goal to encourage student-athletes to get tested before something tragic happens.

"I'd rather see a kid go through what Brent went through surgically and not be able to play again and have a long, healthy life than die on a basketball court or die on a football field," Chris Warren said.

## More Mayo Clinics, Please

*"I spent yesterday, from 6:30 a.m. to 4:30 p.m., being poked, probed, bled, drained and scanned at the Mayo Clinic ... I loved every minute."*

By Richard Karlgaard

[http://blogs.forbes.com/ditigalrules/  
2007/06/more\\_mayo\\_clinic.html](http://blogs.forbes.com/ditigalrules/2007/06/more_mayo_clinic.html)

Richard Karlgaard

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I spent yesterday, from 6:30 a.m. to 4:30 p.m., being poked, probed, bled, drained and scanned at the Mayo Clinic's Scottsdale, Ariz., branch.

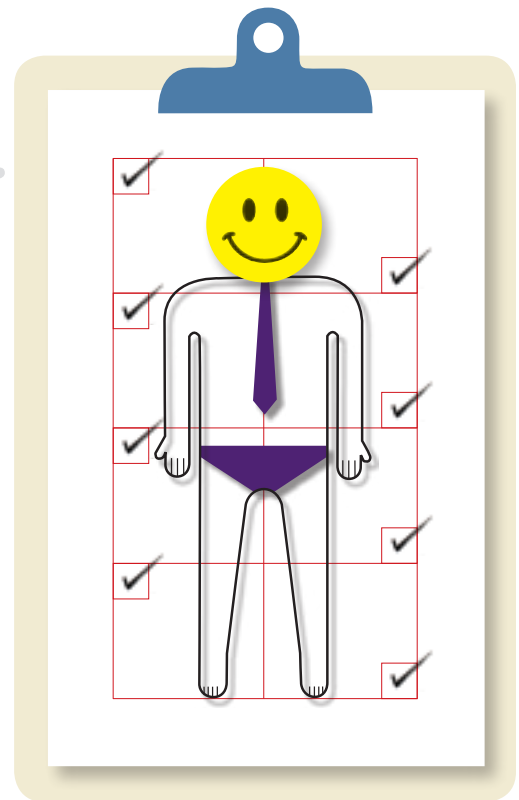
I was marched to within an inch of my ticker's life on a treadmill, made to sit in a claustrophobic "body pod" while wearing only a Euro-weeny Speedo and a shower cap, and held hostage in a small room while a fat lady lectured us on nutrition.

I loved every minute.

What brought me to Mayo was its Executive Health Program. I hadn't had a thorough physical exam since turning 50. Mayo Clinic enjoys the best reputation in the world for delivering this sort of service, so why not try it?

I was told that the Scottsdale branch is minor-league compared with the Rochester, Minn., headquarters, but after spending a day there, I cannot believe this is true. The quality of the docs and staff, the cool diagnostic equipment—but most of all, the incredible IT system that keeps the docs and staff up-to-the-minute and working in concert—is first-rate.

One small carp: Mayo, like all other institutions, has been cowed by its lawyers. I had planned to be in Scottsdale for two days, Day 2 having been set aside for the ever-popular colonoscopy. That had to be canceled. Why? Because Mayo's lawyers don't want patients to be alone for 24 hours following the procedure. It isn't enough to have a cab take you to your hotel. You need a chaperone, too. Since I didn't think to bring a babysitter—dumb me!—I had to cancel my plug-and-probe.



Still, I recommend Mayo highly.

I'd love to hear your experiences, good and bad, with physical examinations. Why is IT so good at Mayo and so crappy at most other clinics and hospitals? (A weird tragedy, if you ask me.)

*Richard Karlgaard is the publisher of Forbes — the world's most popular business and financial magazine, read by 4.5 million people per issue.*





## Another Chance at Life

By Sandra Frederick

*Reprinted with permission from the  
Daytona Beach News-Journal.*



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*It's amazing to feel and hear my new*



JACKSONVILLE—Branding her youngest son’s face into her memory was the only thing Jackie Rouse could think about as a vise-like pressure gripped her chest.

It was the Friday night before Thanksgiving and she knew something was terribly wrong. She would lie in bed only to be forced to stand up to ease the sharp pains that assaulted her. But she was so weak she couldn’t remain standing for more than a few moments before she would lie down again, only to repeat the process.

“Something told me I had to remember his little face because I wasn’t ever going to see it again,” Rouse said Friday as tears streamed down her frail face, four days after undergoing a heart transplant at Mayo Clinic at St. Luke’s Hospital in Jacksonville. “I knew I was knocking on death’s door at that moment.”

Rouse is expected to be released from the transplant center today pending results of a biopsy, where five pinhead-sized snippets of heart tissue were extracted through a tube woven to the organ through a vein in her neck.

If results show none of the heart tissue is dying, she will settle into a private rehabilitation center near the hospital where she will have to get the same procedure performed weekly for several months. The tests will tell her doctor if her body is rejecting the new heart. Rouse also will have to take about \$6,000 a month in medications to suppress her immune system so her body won’t attack the new organ.

The 44-year-old single mother from New Smyrna Beach is still amazed just how close she came to dying. A week before she was told she had cardiomyopathy—severe scarring around the heart caused by a bout with Lyme disease during the mid-1990s—and needed a pacemaker. She was no longer pumping blood and oxygen through her body efficiently.

But what the doctors didn’t know was only about 20 percent of her heart was actually working.

“Her blood pressure was really low when she came in,” Bert Fish Medical Center cardiologist Dr. Eric Lo said. “Her heart failed suddenly and she couldn’t

maintain blood pressure. If she hadn’t come in when she did, she would have died.”

However, the medicine Lo put her on was dangerously strong and could only be taken for a few weeks. The only option was to get her a transplant or get her to Hospice to help her during her final weeks of life.

Thankfully, Rouse had some “miracles” on her side, too. Her other vital organs were still in good shape and hadn’t started to shut down. And, Dr. Jeffrey Hosenpud, a cardiologist with Mayo Clinic, said because of her small stature, age and blood type, she was a good candidate for a new heart. She was placed at the top of the transplant list instead of having a Jarvik—a mechanical heart surgically installed to keep her alive.

The call came only 10 days after her lifesaving trip to Bert Fish in New Smyrna Beach—a donor heart from Kentucky was available.

“I went from getting a pacemaker to needing a new heart,” Rouse said. “It’s amazing to feel and hear my new heart pumping. And, for the first time in a long time, my hands and toes are warm.”

The nearly seven-hour surgery went well, said transplant surgeon Dr. Laurence McBride, who also harvested the donor heart before transplanting it into Rouse.

“It is very gratifying to take people (like Jackie) with no hope or future and transplant an organ and allow them to live,” he said Friday from the hospital.

Rouse, who was going to marry her fiancé, Scott Phillips, last week, is thankful for the support of her loved ones, doctors and the hospital. She said she didn’t lose 80 percent of her original heart overnight, but she did get a “miracle” in 10 days.

“I am going to take the very best care of this heart,” she said as she placed her hand over the middle of her chest. “The decision by the (donor) family allowed me to be here and see my kids grow. I have another chance at life.”



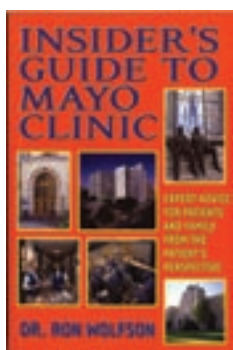
*heart pumping. And, for the first time in a long time, my hands and toes are warm.*



# “Take Me to Mayo”

By Dr. Ron Wolfson

Reprinted with permission. From “Insider’s Guide to Mayo Clinic.” [www.clinicinsidersguide.com](http://www.clinicinsidersguide.com)



**M**y father-in-law Abe is one of the toughest guys you’ll ever meet. He lives in a Midwestern town in the home he has owned since 1956. His wife Hilde died sixteen years ago, so he lives alone. His only daughter, my wife Susie, lives in Los Angeles, a thousand miles away.

Abe has had his health issues. In 1991 he had open heart surgery in Los Angeles to replace a worn aortic heart valve and bypass five coronary arteries. He has chronic asthma and emphysema. Yet he is a vigorous man who lives by the slogan “Keep on moving.” On April 12, 2005, Abe turned 95 years old. We celebrated his birthday in a car—on an emergency trip to Rochester, Minnesota ... and Mayo Clinic.

Abe had fallen gravely ill. He had been admitted to a local hospital with a severe cough, shortness of breath, and extreme weakness. This incredibly physically fit man could not walk from one side of a room to the other. His doctor diagnosed congestive heart failure. When Abe asked what they could do, the doctor answered, “What do you want, Abe? You’re ninety-five. Your replacement heart valve was only good for at most ten years. It’s been twelve years. There’s nothing more to do.”

“Take me to Mayo,” Abe told us ...  
...What we witnessed Monday morning in that hospital room was absolutely incredible. The cardiology

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*The doctor took his hand in hers, looking carefully at his fingernails. In an instant she looked him straight in the eye and said, “Abe, you have an infection in your heart.”*

team on call that day was led by Dr. Sabrina Phillips, a smartly dressed female cardiologist. She walked into Abe's room, introduced herself and her team of physicians with a warm greeting, and began to examine Dad. She listened to his heart and his lungs. She felt his feet and legs. And then she said, "Abe, let me see your fingers." Dad held out his hand for her to examine. The doctor took his hand in hers, looking carefully at his fingernails. In an instant she looked him straight in the eye and said,

"Abe, you have an infection in your heart."

"What?" I exclaimed. "How do you know that?"

The doctor called me over to the bedside. "See these red lines under his fingernails," she said as she held Dad's hand. "These are called splinter infractions. That's a sure indication that he has an infection somewhere in his heart. We'll have to take some blood samples and wait for the cultures to come back in a few days, but I'm certain that this is what is causing his heart failure. It could be an infection on his valve. Remember, it was replaced more than ten years ago, and that is the outside limit on porcine valves. In the meantime, Abe, we'll keep you comfortable by getting the swelling down, and then we'll see what our options might be."

No doctor had made a diagnosis like that. And the way she did it—by simply looking at his fingernails, like some sort of medical soothsayer! But this was no carnival arcade. This was Mayo Clinic. And we had faith that she would be right.

She was right. Abe had a severe infection of his aortic valve, the replaced valve. It was indeed giving out, having done its job for a good decade.

But what could be done, if anything?

Dr. Frye called Dr. Kenton Zehr, one of the Mayo cardiac thoracic surgeons, known for his willingness to assess patients on the basis of their condition, not their age. Dr. Zehr was compassionate—and blunt. "Your father needs a new valve or he will die. He is in excellent physical shape; I can see that. He wants to do the surgery; that's important. But I cannot do the



*Abe Kukawka enjoying life at one of his daily workouts.*

surgery unless the infection clears up. I have consulted with Dr. Frye, and we have agreed on a course of treatment with powerful antibiotics. It will take at least eight weeks to clear up the infection—if it works. Then I want you to come back to the Clinic and we will re-evaluate."

### **A glimmer of hope.**

We drove back home and admitted Dad to a rehabilitation center. The eight weeks seemed like a lifetime. The antibiotics were administered intravenously through a PIC line directly into his body. By June 1 Abe was ready to return to the Clinic to assess the infection.

Once again we drove the 350 miles to Rochester,

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*There are no words to describe how grateful we were to Dr. Zehr, Dr. Frye, and their team. We returned home with a man who had a new heart and a new lease on life.*

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this time with feelings of nervous optimism. If the infection had cleared up, there was a chance that the surgeon would consider doing the surgery. But would he risk it on a ninety-five-year-old man?

There is good news,” Dr. Frye said as we sat on the long couch in one of the examination rooms on the fifth floor of the Gonda Building. He looked at his computer screen displaying the results of an angiogram taken earlier that same day. “The infection is nearly gone. Dr. Zehr will meet with you at three p.m.”

“I see you’re back, Abe,” Dr. Zehr greeted us. “I’ve looked at the test, and there is still a little residual material on the valve, but it is much better than before. The drugs did their job. Now the question is: Should we do surgery? It’s risky. I would estimate you have a fifteen percent chance of not making it off the table.”

“Fifteen percent?” Dad said. “That’s not bad. I’ll take it. I can’t live like this.”

“No, you can’t,” Dr. Zehr agreed. “Your prognosis is not good unless we can put a new valve in there. Are you certain you want to go ahead with this?”

“Absolutely sure,” Dad said.

“Okay then. Let me look at my schedule,” Dr. Zehr said, pulling out a little black book. “I can do it in three weeks—June 24.”

“I’ll be here.” Dad smiled and shook the good doctor’s hand. “There’s just one thing. I bought a new car for my ninety-fifth birthday...and I insisted on a ten-year warranty. Can you give me the same deal on a heart valve?”

Dr. Zehr howled with laughter. “You bet we will, Abe.”

Once again we drove back home to await the appointed time. And once again, we drove back to Rochester, this time filled with anticipation.

The surgery was a complete success. Dad made a remarkable recovery—so much so that it seemed as

if all the Mayo doctors and nurses came to see this ninety-five-year-old who was up out of bed within forty-eight hours after the operation and was walking around the floor in three days!

There are no words to describe how grateful we were to Dr. Zehr, Dr. Frye, and their team.

We returned home with a man who had a new heart and a new lease on life.

The recovery from the surgery proceeded well—until one day Abe developed a deep cough again and severe swelling of the limbs, sure indications that he was back in congestive heart failure. We rushed him to a local hospital, where doctors diagnosed what they thought was a leak in the heart. Abe was in critical condition. He was put on a heart pump. The doctors held out little hope.

This was a complete surprise—and we called Dr. Zehr for a second opinion. After all, he had done the surgery on the heart just three weeks earlier.

“Bring him here. I’ll send an air ambulance.”

In three hours, the Mayo MedAir team arrived to take Dad back to Rochester, this time by medical jet. Susie and I drove in the car, yet another five-hour journey of fear and hope.

Once back at Saint Marys Hospital, Dr. Zehr and Dr. Frye ordered a battery of tests to determine what was happening. There was no leak; Abe’s condition was severe congestive heart failure, most likely brought on by an imbalance of fluid intake and diuretics. There was no need for additional surgery.

In short order Dad recovered well. As of this writing, a year later, he is back full-time at the health club, driving his ten-year-warranty car, tending to sixty tomato plants in his garden, and enjoying the new lease on life granted by Mayo Clinic.

*Dr. Ron Wolfson is an author and educator with extensive experience at Mayo Clinic as a patient and family member. Written in full cooperation with Mayo Clinic, Insider’s Guide provides tips on how to navigate the Clinic’s comprehensive system of medical care. [www.clinicinsidersguide.com](http://www.clinicinsidersguide.com).*

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*When everyone at the Mayo Clinic is treating each other with politeness and a friendly attitude, it makes a lasting impression on those who are accustomed to encounter rude remarks and unfriendly attitudes.*

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## A Peaceful and Harmonious Environment

By Master Hsing Yun

*Reprinted with permission. Excerpted from an article written by Master Hsing Yun after a visit to Mayo Clinic in July 2007.*

**D**uring my three hour plane ride back to LA the following day, I collected my thoughts on my first visit to the Mayo Clinic. I have a few strong impressions about the Mayo Clinic, which I wish to share with others:

**First**, the Mayo Clinic has maintained a peaceful and harmonious environment: Considering that Mayo employs over 29,000 employees in Rochester alone, this is a feat! After having been in close contact with the Mayo people for over 10 days in this huge complex, I can conclude that Mayo has a highly functional and harmonious team at work. There were never any quarrels or even elevated voices between the doctors and the nurses; all I heard and witnessed were, politeness, smiling faces, courteous considerations, praises and mutual respect for one another. To maintain such harmony in such a large organization has simply awed me – it’s so rare and perhaps unique in this world!

Actually many conflicts in the world stem from personal intolerance of differences of views and miscommunication. Everyone at the Mayo Clinic spoke with a soft voice and with words which do not irritate or embarrass the listener, and everyone was so respectful and tolerant of one another. Here, the instrument and equipment provided objectivity and facts. I have not been able to take my mind off the unique experience I enjoyed at the Mayo Clinic. There are many areas in which I would give Mayo kudos but the harmony permeating throughout the Mayo Clinic is the most moving experience I have ever had.

**Second**, friendliness and politeness: The first day I arrived at the Mayo Clinic I received a warm welcome from Jim Driscoll and Julie Lawman of the Development Department. I have met countless people over my 10 day stay at Mayo. From the department heads, doctors, nurses, administrators, staff



and volunteers, everyone was always smiling and being helpful. They made the patient feel at home and respected. To be able to inculcate such a wonderful culture is truly remarkable.

In comparison, when I travel to many places around the world, I often hear harsh words of reprimand, accusation, and bureaucratic excuses. Often the speaker's tone sounds irritable and antagonistic. For instance, "Why are you here?" "What are you asking him for?" "You haven't completed the form properly, come back tomorrow!" Because of the poor attitude and bad choice of words, quarrels become

inevitable. When everyone at the Mayo Clinic is treating each other with politeness and a friendly attitude, it makes a lasting impression on those who are accustomed to encounter rude remarks and unfriendly attitudes.

**Third**, quality of services: All the employees at the Mayo Clinic are on a salary basis; besides their salary they do not earn extra fees. As a rule they do not accept gifts or tips for their work.

Mayo doesn't have a market based reward system but its quality of service has not been compromised; on the contrary, its quality is sublime because it has been unfettered by commercialism. At Mayo, patient care comes first and the doctors, through team work, apply their collective wisdom to provide the best care to the patient. Even in a routine check up, doctors often review and ponder over the diagnosis to ensure that a patient would receive the best care. I was told that some clinicians only see a handful of patients a day; unlike other hospitals I know, where a doctor may see over 100 patients a day!

*(continued on page 30)*

This clearly demonstrates the seriousness with which Mayo Clinic regards its patient care and its reputation for maintaining the highest quality standard achievable.

**Fourth**, meticulous management: Business Administration management training has been very popular in all kinds of organizations for some time, but what Mayo has been able to achieve is quite extraordinary. I credit this achievement to a succession of ethical leaders who have kept the value and tradition of Mayo true for over a hundred years! At the foundation is meticulous management systems based on continuous improvement with cutting edge technology and efficiency.

As a patient, I witnessed how fluid information could be disseminated amongst the relevant departments. It seemed that everyone knew what problems I had and whom I needed to see. Even the ubiquitous volunteers and staff seemed to know where I needed to go! Everyone had answers ready on their fingertips and I had never heard “I don’t know!” as an answer! Occasionally I would hear a doctor mention, “Let me check with another specialist to confirm my recommendation.”

For instance, my right hand has been trembling for over 10 years. After seeing numerous doctors and undergoing numerous tests, no one could find an effective treatment for me. But Dr. Edward Manno, of Mayo Clinic, after seeing me, said, “Your problem can be successfully treated. I am not the best in this field. We have a Parkinson’s disease specialist, who is an authority, and I would like to ask him to diagnose your problem.”

Without delay, he picked up his phone and called the specialist. He found that the specialist was away and said, “I apologize that the doctor is out of town. However, we can make an appointment for him to see you after he gets back.” I was very moved to witness the mutual respect and cooperation between the doctors at Mayo and how everyone kept in the mind the best interest for the patient.

In closing, I would like to take this opportunity to express my sincere gratitude to all the doctors, nurses, hospital staff and volunteers at the Mayo Clinic who have all contributed towards my improved health and to Mr. & Mrs. Chao for arranging this visit with this chronicle of my stay at the Mayo Clinic.

*Venerable Master Hsing Yun has dedicated his life to teaching Humanistic Buddhism, which seeks to realize spiritual cultivation in everyday living. He is the founder of the Fo Guang Shan Buddhist Order and the Buddha’s Light International Association and author of numerous books.*

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## Hey, This Isn’t Me!

By John Warner

*Reprinted with permission from The Charleston Gazette and John Warner. Originally titled “Coping: Church, family important during illness.”*

**I**t’s Good Friday. I’m on the ninth floor of St. Marys Hospital in Rochester, Minn. When anybody comes by and asks me how I’m doing, I reply, “Super! I couldn’t be better!” But friends, that’s a big fat lie. I am not super. And I could be doing a whole lot better.

I say that from my hospital bed, so they know it’s a great big lie. I am in this room confirming the truism that getting old is not for sissies. As my mother got older and watched her body break down, she used to say, “Well, you can either laugh or cry.” She preferred the former. Me too.

I have learned a lot about the sciatic nerve — a lot I never wanted to know. Still don’t want to know. But I am learning. Anyway, St. Mary’s is part of the Mayo Clinic system. And in my situation, this is the right place to be.

As I guess you all know, Mayo Clinic is one of the great medical centers of the world. I am here because my two neurologists at the WVU Medical Center sent me here. Dr. Ludwig Gutmann and





*As we walk (hobble), she sweetly asks why I refuse to get the splint. I hesitate, and then confess: "Testosterone," I tell her.*

”

Dr. Chris Nantz both did their internships at the Mayo Clinic.

Folks, the people who work at the clinic are brilliant, and they are very kind. I have a physical therapist who wants me to use a walker and a “splint” for my right foot. The little splint fits into my shoe, under my sock where nobody can see. That’s good, because I don’t want anybody to see how I limp and hobble. But I tell her I don’t need it.

When she talks to me, I want to tell her, “Hey, this isn’t me! Don’t you know, you are speaking to the captain of my high school wrestling team. I am the lifeguard at the big-city pool. I am the runner who scrambled four times around

the track at the Kansas University Relays in a sparkling 5:24! I am not this fellow you see hobbling between bed and bathroom.” I want to scream that in her ear. And I do tell her so. Sweetly she smiles, and says, “Well, if you ever do need a foot splint, this is what it will probably look like.” I assure her I will never wear a contraption like that.

So another doctor comes in to talk with me. She wants me to walk up and down the hall with her. As we walk (hobble), she sweetly asks why I refuse to get the splint. I hesitate, and then confess: “Testosterone,” I tell her. Wrestling captains don’t use walkers. Lifeguards don’t wear splints. What

do you think I am? A cripple? I don’t say that, but I think it.

But my highest marks go to the nurses who care for me. These are the unsung heroes at any hospital. The nurses at St. Marys, and also at Ruby Memorial in Morgantown or St. Joseph’s in Buckhannon. I’m talking the student nurses in my classes. I’m talking Florence Nightingale. I’m talking Clara Barton. I used to say I don’t really believe in angels. In years gone by, I would have told you that angels are part of the mythology that grew up around the Christ story. I don’t say that anymore. I see very clearly now that angels come to us wearing ordinary clothing, with ordinary faces. Often they wear a nurse’s uniform.

At the end of each shift, my nurses come to say goodbye. “Have a good life,” I tell them. And then I remember a favorite passage. “Be not forgetful to entertain strangers: for thereby some have entertained angels unawares.” Tell me about it.

*Dr. Warner, professor emeritus at West Virginia Wesleyan College, is a Gazette contributing columnist.*



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Many of our patients and visitors draw strength from sharing stories with their fellow patients while they are at the clinic. You can extend that experience by sharing your story in one or more of our Mayo publications.

### 1 **Word for Word**

If a newspaper, magazine, blog, television or radio station has published an article or broadcast a story about your experience with Mayo Clinic, please submit the clipping or link for consideration in the next issue of *Word for Word*.

E-mail : [w4wstories@mayo.edu](mailto:w4wstories@mayo.edu)      Mail : Word for Word  
Mayo Clinic  
Division of Public Affairs  
200 1st St. SW  
Rochester, MN 55905

### 2 **Sharing Mayo Clinic Blog**

Coming soon. A blog featuring stories from patients, families, friends and Mayo Clinic staff. Add your story at [mayoclinic.org/blogs](http://mayoclinic.org/blogs)

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## *Our Primary Value*

At Mayo Clinic our primary value — *the needs of the patient come first* — is a commitment shared by more than 50,000 employees, and an experience shared by more than half a million patients every year.

Mayo Clinic is the first and largest integrated, not-for-profit medical group practice in the world. At Mayo, doctors, nurses and allied health staff from every medical specialty work collaboratively to care for patients. Mayo Clinic has sites in Rochester, Minn., Jacksonville, Fla., and Scottsdale/Phoenix, Ariz. Mayo Clinic also serves 70 communities in the upper Midwest through Mayo Health System.



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(Continued from **My Biggest Contribution**, back cover)

“What about to Des Moines?” I asked, the Iowan in me coming to my rescue.

“We can get you there tonight,” she said. “There’s a seat on the 9 p.m. flight.”

I covered the phone with my hand, “Hey you guys, try for Des Moines.

We can drive from there.”

We huddled together talking about pros and cons of going to Des Moines or trying to get on standby early to Minneapolis or Rochester in the morning. Finally we all agreed we’d try the Des Moines option.

“I’ll get you to Rochester,” I told them. “I know the roads like the back of my hand.”

All four of them got standby tickets for Des Moines. And all four got seats on the flight, which left, not at 9 p.m., but at midnight. We arrived in Des Moines at 1 a.m., and I rented a van to drive my new family of patients to Rochester.

As we drove through two bouts of freezing mist, we told each other about our lives and families. One was from Atlanta, another from Philadelphia, and two happened to be from two different areas of Virginia. They had appointments in Neurology, Oncology, Urology and Executive Health.

I accepted their hugs one by one as I dropped them off at their hotels about 4:30 a.m. “I’ll never forget you. Never,” one whispered.

And when I tucked myself into bed a short time later, I felt a sense of accomplishment unlike any I’ve felt before in my 23 years at Mayo Clinic.

In an administrative position, I don’t have the privilege of diagnosing patients, reading their X-rays, performing life-saving surgery. I can’t change their IVs or fill their prescriptions or help them with physical therapy. My role calls for committee work, developing strategies and plans, writing. Like many of us, I’ve helped others get appointments, walked patients to their destinations when they are lost in our hallways, smiled and offered encouraging words and nods of support to patients with worries showing on their faces. But I’ve never felt so strongly that I’ve truly carried out the Mayo mission of putting our patients’ needs foremost as I did on Feb. 3 and 4, 2008, when I literally drove four strangers to their Mecca of hope.

The Last Word

## My Biggest Contribution

By Suzanne J. Leaf-Brock

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*From Mayo Today, a magazine for  
Mayo staff members and their families.  
May/June 2008.*

*“The flight to Rochester has been cancelled.”*

I was at O'Hare Airport in Chicago awaiting a flight to Rochester. It was 5:30 p.m. on Super Bowl Sunday, a snowstorm developing outside. Around me, the dozens of people waiting for the flight began scurrying in the required “fend for yourself” mode of today's travel. Some were in wheelchairs. There was a family from Italy. Another from an Arab country. All, I assumed, likely heading to Mayo Clinic for Monday morning appointments.

I went to the nearby table of red phones where a line of people waited to be rebooked. The three people on the phones in front of me were showing concern. One said, “But I have a 7:30 appointment at the Mayo Clinic.” Another said, “My exam at Mayo Clinic starts at 10:30.” One standing by me, said, “I've waited for three months for this appointment.” Another nodded. He was bound for Mayo, too, fasting for his morning blood draw.

All left the phones disappointed, without tickets on other flights, only standby options for the next day.

“I work at Mayo,” I told them. “I'll help you.”

It was my turn to use the phone. The woman on the other end told me the same thing she'd told the others: We can get you out at 4 p.m. on Monday afternoon. Everything else is full with wait lists for Rochester and Minneapolis.

*(Continued on inside back cover)*



4500 San Pablo Road  
Jacksonville, FL 32224

200 First Street SW  
Rochester, MN 55905

13400 East Shea Boulevard  
Scottsdale, AZ 85259

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