

## Medical Changes in Fifty Years of Practice

**Harold L. Bushey, M.D.**

*Harold Bushey was born in Olivet, IL, and served in the U.S. Navy in 1946-1947. He received his Bachelor of Arts degree from the University of Illinois. Following graduation from medical school, he interned and did his postgraduate training in Internal Medicine at Crawford Long Memorial Hospital, Atlanta. He has practiced Internal Medicine in Barbourville, KY, since 1958. He has been a member of the Clinical Faculty of the University of Kentucky School of Medicine, serving as a docent for medical students gaining experience in community office practice and has been a Delegate from Kentucky to the American Medical Association. Now in retirement, he continues to be active as Chairman of the Knox County Hospital Board of Trustees.*

Oh the changes we have seen since we left the University of Rochester!

I began practice in this rural community in 1958 doing primarily internal medicine, but due to the small number of physicians, I was to do some pediatrics and emergency care. In the first couple of years I even delivered three babies when I was caught as the only doctor in town. House calls were frequently a part of the daily routine. Pay was low, but these mountain people expressed appreciation. You treated the family and were trusted and respected.

An example: shortly after I opened my office a middle-aged woman came into the office with hypertension and diabetes. The family had no money and only a rocky hillside farm. The husband had rheumatic heart disease with mitral valvular insufficiency. I found samples of medicines and sent her home with instructions to return. Some of these mountain folks were very proud, and hated to owe any money, so she didn't come back. About four months later, I saw her with a stroke and hospitalized her. She lost her eyesight, but was able to be active otherwise. Over the next three years I saw her many times in the office and on house calls some ten miles from town before she died. I continued to see the family, and after the state started the Medicaid program I got paid for seeing them. One year they brought me a ham. Occasionally the husband would find an arrowhead on his farm and bring it to me. I never sent a bill, since I knew they could not pay and would be upset by what was referred to locally as a "dun." One day a few years later, the husband came in and told my secretary that he wanted to pay the old bill. She couldn't find a bill, so he came to me. I told him I hadn't worried about his bill because I knew that he would have paid if he could, and I didn't expect anything now. After an awkward pause, both he and I struggling to find an acceptable solution, he finally said that he had an old rifle, and would I accept it instead of money. I readily agreed. It was an old rough cap lock rifle probably made around the time of the Civil War. The rifle may have been worth around \$300, and if I had guessed what the bill would have been, I probably would have said \$700 (a lot of money to the poor farmer). The patient left feeling good knowing that the debt was covered, and I was happy to have the old gun.

Things are different now! I just went through a malpractice lawsuit where the claim was that I had failed to refer appropriately. The evidence was quite clear that everything had been done properly. However, the jury went against me surprising even the plaintiff's lawyer. Now

one has to be suspicious of every patient. The trust patients had for physicians has eroded, and the "third party pay" system has removed responsibility from the patient.

Change isn't all that bad. I know that many of the medicines and procedures available today were unknown when I opened my office. We are able to help patients in ways never dreamed of in the 50's. And we also are able to keep more people alive, some with no quality of life possible - and if we don't try, expect a lawsuit.

In recent years, the medical schools have found it necessary to go out into the community to provide sufficient clinical experience. I have been on the University of Kentucky community faculty for several years. I found the experience of working with a student for a few weeks in the office quite rewarding to me, and the students find working in practicing physicians' offices a time of broadening their vision. It has been encouraging to watch these bright young students progress, and I believe we are leaving the practice of medicine in good hands.