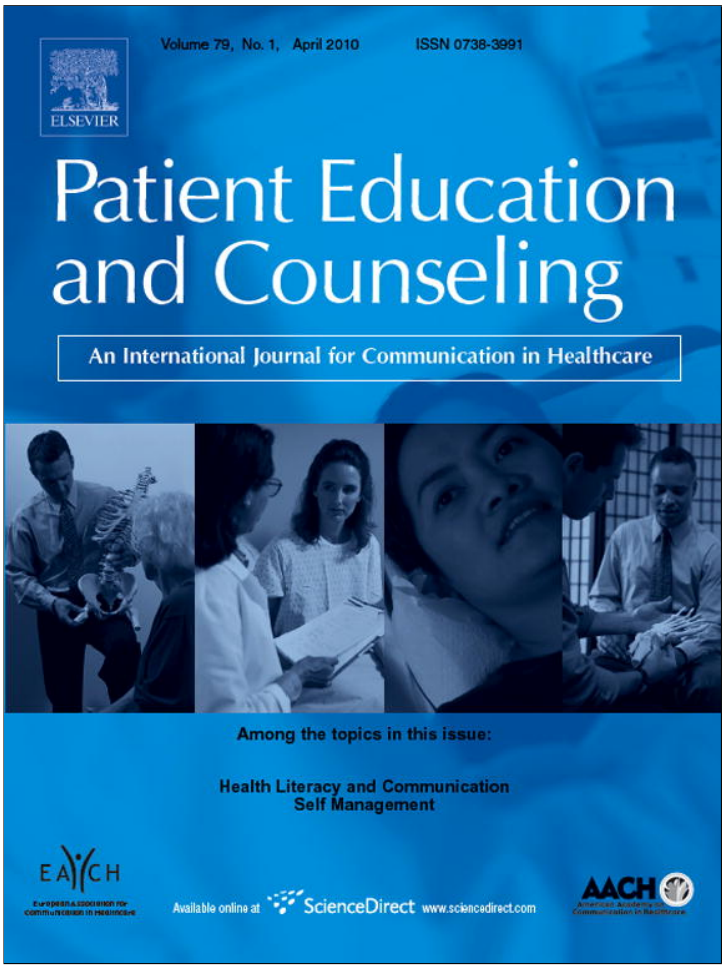

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Reflective Practice

Teaching Dr. Hiram Winfield how to practice☆

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

When the clinic was busy, I had no time to think about him. During the flu season we sometimes saw a hundred patients a day. At nine AM the waiting room burst into life, a chaos of sound and color and movement, babies, small children, Navajo women with their heavy silver and turquoise bracelets and necklaces, leathery old men, and sometimes Hosteen Clah, or another drunk, sleeping in the corner. We played catch-up until mid-afternoon, when the process began again. Boarding school children with notes from their teachers. A half dozen pick-ups full of families on their way home from Holbrook. Sallie Dineyahzee, our sternly competent nurse, led each group into the examining room and translated their conversation into English. Sarah Begay, our public health nurse, dispensed aspirin, acetaminophen, decongestants, antihistamines, penicillin, erythromycin, and ampicillin. Again and again, with only occasional variations.

As a people, the Navajo are pragmatists. They borrowed corn from the Hopi, horses and sheep from the Spanish, and a healthy skepticism about government medicine from the Anglos. Like many Americans, they figured that anything entirely free of charge had to be second, or even third, rate. Given the their long history of persecution by the Great White Father in Washington, it made perfect sense to them that Indian Health Service doctors were not the best. They knew that many of us had joined the HIS to avoid the doctor draft, and even those whose service was entirely voluntary tended to leave after a year or two. However, from a Navajo perspective, our worst problem was youth. To a culture that honors the wisdom of age, the decidedly youthful staff of IHS facilities was unsettling. It only made sense that older, off-reservation doctors who charged for their services must be the better physicians. Thus, many of my patients bounced back and forth between Greasewood Clinic and Dr. Winfield's office.

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

All this, of course, was hypothetical. One of the few things I knew for sure about Dr. Winfield was his love affair with chloramphenicol. Every week I'd come across patients whom he had treated for colds or flu with antibiotics, and frequently with chloramphenicol. "My God," I thought. "He's prescribing toxic broad spectrum antibiotics for simple viral infections!" Could it be

☆ For more information on the Reflective Practice section please see: Hatem D, Rider EA. Sharing stories: narrative medicine in an evidence-based world. Patient Education and Counseling 2004;54:251–253.

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that Dr. Winfield didn't know about chloramphenicol's serious toxicity? In school I had learned that the relatively rare, but potentially fatal, complication of bone marrow failure made this antibiotic very risky to prescribe. Therefore, it was indicated only for serious gram-negative infections, like typhoid fever. And here he was, given chloramphenicol to children with runny noses.

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

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

So the next day I phoned my nemesis. Because I was nervous about confronting him, I had prepared a written list of points that I began reading as soon as he answered the phone. I didn't try to conceal my contempt. "Navajo people deserve first class treatment just like everyone else." I told him. "Chloramphenicol is poison." At some point during the tirade, Dr. Winfield broke in. He told me that I was an arrogant young—*blank*—and hung up. What gall! There I was, a forward-thinking champion of the Navajo Nation. And there was he, a grungy old general practitioner who had probably settled in Holbrook because he couldn't make it in the city. And he rejected my advice!

That would have been the end of the story if the man hadn't shown up at the clinic in person a few weeks later. It was a late afternoon in April. The day was uncharacteristically slow. An old Ford pickup, as battered and dusty as they come, pulled into the lot, and out jumped a short, pink, and slightly chubby man who must have been in his early 50s. Wearing boots, cowboy hat, the whole kit-and-caboodle, except dress pants instead of jeans.

"Are you the doctor?" he asked. "I'm Winfield. Glad to meet you."

He had decided to take the afternoon off, he explained, and visit me, "just to see what good medicine looks like." I was embarrassed. Flabbergasted. I could think of nothing to say. Speaking in Navajo, Winfield greeted Sallie and Sarah. Based on their expressions, I realized they already knew him. In fact, it occurred to me that he might be *their* physician. What should you do when your nemesis shows up, smiling, on your doorstep? Or when he turns out to be fluent in an utterly confounding language? Nonplussed, I invited him over for cookies and tea.

It turned out that Winfield grew up in a little town not far from Holbrook, attended medical school back east in Missouri, and returned to northern Arizona because "it's God's country" and "I can't tear myself away." He married his high school sweetheart, and they had four children, two currently in college in Tucson. He asked if I had ever seen a rodeo (no) and what did I think of the new national 55 miles per hour speed limit (not much). I also learned that we shopped at the same supermarket in Holbrook.

What about medicine? He had been in practice for 25 years. Loved it. Loved his patients. Chaired the committee that recently recruited a brand-new general surgeon to Holbrook. This would have been the time to confront him about all those unnecessary antibiotics, about the risks of prescribing chloramphenicol, but my hostility had seeped out and been replaced by sheepishness.

"Stop by the office when you're in town," Winfield invited me, as he left the trailer, carrying a package of Anne's raisin-and-date cookies. "Don't forget."

The next morning I got to the clinic early, intending to catch up on paperwork. In my office someone had wiped clean the cluttered desk and stacked everything to the side in two neat piles. Precisely in the center of the desk lay a small oblong box. Inside it was a bubble-card containing six tablets—chloramphenicol samples! I have no idea how it got there. Sarah swore her innocence. Sallie just shook her head and gave me a quizzical look.

I did visit Winfield a few weeks later. Surprisingly, the office was in a modern professional building near the center of town. No Chinese laundry. No cigarillos. No roll-top desk. The place was bursting at the seams, so we could only talk a few minutes. I said, "Thanks for the gift." He just shook his head and played dumb. Later, I learned that Winfield almost never turned a patient away, whether the person could pay or not. His sliding scale for payment slid to zero. I suspect that many of "my" patients from Lower Greasewood never paid him a dime.

After that, I became less obsessed with the man. Maybe I had exaggerated his bad prescribing habits. Maybe the symbolic value of "getting a shot" was useful. Maybe some of the benefit of scientific medicine sprang from a deep well shared by the Navajo *ha'atali* or medicine man. Maybe the issues more complex and not as clear-cut as I had thought. But it took many years for me to fully appreciate these "maybes" and follow them where they led.

Arrogance is a tough nut to crack.