My Story
A year ago, I was driving to the hardware store to pick up something for a project around the house. Absentmindedly, I went into the wrong turn lane and became very frustrated with myself. Right then, I developed chest pain. I had experienced chest pain like this before, but, after belching, the pain would disappear. This time, despite belching and taking antacids, the pain was crushing and persisted for the next hour. It soon got a lot worse — 8 or 9 out of 10 on the pain scale. It was deep in my chest and seemed to move slowly upward.

“Esophageal spasm,” I thought. “That must be it.”

I bought what I needed from the hardware store and then bought more antacids on my way to clinic. When I arrived at work, I sat down, drank some water and popped the antacids. The pain was radiating into my jaw. One of the residents told me I looked bad and suggested I go to the emergency room. Reluctantly, I agreed to let him drive me.

The ER immediately took me for an electrocardiogram. It looked normal. The pain was beginning to subside.

After I’d waited an hour, the emergency physician told me he was concerned about the chest pain radiating to my jaw. This was a strong sign the pain was cardiac in origin. I was given a nitroglycerin to put under my tongue to help widen my blood vessels. Over the course of a minute, the remaining pain disappeared.

I still didn’t believe that I’d had a heart attack. I was 57 years old with no strong family history of heart disease. I was in pretty good shape, exercised every day, ate healthy, and took vitamins. I never smoked or took drugs. My blood pressure was always normal. My lipid levels were normal. I knew that I am something of a Type-A personality and that I get angry at myself when things don’t go well, but up to now I’d never had any warning signs of cardiac problems.

Because my lab results were normal, I was ready to go home. Fortunately, one of the physician assistants persuaded me to stay and have more labs drawn. These labs confirmed that I did have a cardiac event. An angiogram and possible angioplasty were scheduled for the next day.

Later that evening, a cardiologist came to my room to discuss my case. Even though I still thought I had no significant cardiovascular disease, I reluctantly agreed to have the angioplasty. He believed that I probably had had a small heart attack. Looking back, I think he was just being nice. The angiogram revealed a 99 percent blockage in the second branch of my left anterior descending artery. The cardiologist placed a stent to open it up.

That night, I talked with my daughter for the first time about what she should do if complications arose or if I were to face death.

Final Decisions
When the TMA’s Council on Health Promotion (of which I am a member) discussed the struggles that patients go through when they deal with end-of-life issues, council members realized that physicians have unique understanding of this process. The CHP wants to leverage this understanding and foster conversation among physicians about final decisions.

We believe that when physicians share their decisions about their own and family members’ mortality and why they made their choices, patients facing those same decisions benefit tremendously. Equally important are physicians’ observations concerning their patients who have made those decisions well.

My own recent experience is an example of how a physician’s own experience can affect the way he views the final decisions that everyone will eventually face. Thankfully, the choices I made were not my last, but the experience began a series of lifestyle changes and spurred important conversations among my family.

TMA’s “Me and My Doctor” blog includes a page called “Final Decisions” on which physicians who have a terminal illness or have a family member with a terminal illness can share their reactions, decision-making processes and thoughts. I also shared my story, to encourage physicians and patients to have difficult, but necessary, conversations. Physicians have made a tremendous contribution to their patients and to health care throughout their career; now they have an opportunity to make another important, perhaps the most important, contribution to patients everywhere.

Changes
Thankfully, my story is still being written.

Continued on page 8
The first thing I resolved to do was control my anger and to stop cursing … a manifestation of my anger. After the heart attack, going into the wrong turn lane seemed pretty trivial. I also decided to stop eating saturated fat. Once home, I examined the contents labels on my food for saturated fat. If I found it contained some saturated fat, I donated it to the food shelter. The thought of eating food with saturated fat — a hamburger, for example, something I used to love — no longer appealed to me.

I resolved to walk or run daily and quickly was walking from 1 mile to 1 1/2 miles each day. With my cardiologist’s OK, I started running again. After about four weeks, I was up to 1 1/2 to 2 miles and now run about six days per week.

I was concerned about taking medications because I never have completed even a simple course of antibiotics. I knew I would have to change. I put a daily alert for my medications, vitamins and grape juice in my iPhone calendar. Once after I had forgotten whether I had taken my evening medications, I bought a pill holder with the days of the week on it so this would not happen again.

Ten weeks after my heart attack, my health had improved dramatically. It seems the exercise, dietary change and medications helped.

This incident inspired me to talk more openly with my family about my own wishes for end-of-life care (which I hope is still many decades away). It also encouraged me to become more relaxed and less stressed. I hope my story helps others as they consider major life decisions.

Lessons I have learned:

• I should think of cardiac pain when I have chest pain.
• Getting angry at myself only hurts me.
• If I am going to have another heart attack or a stroke, I don’t want to look back and regret not doing more to prevent it.

For more information about the Final Decisions project or to share your story for the benefit of others, visit www.meanmy-doctor.com and click the “Final Decisions” page.

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