

# **The Good, The Bad, and THE CRAZY**

**By Dr. Mary Ann Duke, M.D.**

## **Chapter 8**

### **Becoming a Doctor**

I started medical school at age twenty and was on crutches for the first two months, after annihilating my knee playing frisbee. I was supposed to have major knee surgery over Thanksgiving but by November 1st I was jogging again. Never did have surgery, but my most recent MRI reveals my knee cartilage is all gone, along with my ACL (anterior cruciate ligament) and I can still run. That defies logic but so does much of my life. I finished my ophthalmology residency three weeks after I turned twenty-eight, the youngest one could be, unless, of course, one is a child prodigy who begins college before starting puberty.

Unfortunately (or fortunately, who knows), I came out the same nice and naïve, small town, altruistic, good girl. I was, however, no longer white. I was purple. Bruised from all of the abuse I took, just for being me. Essentially I never learned how to “kiss ass” and still don’t know how. Screw it. Even if I learned the proper technique, my personality is such that I refuse to play those games, even if it would greatly help me to get ahead.

Most people think that’s a stupid attitude, but that’s the only way I know how to be. I know how to be only myself, and I can’t pretend to be an ass-kisser just because someone in a position of authority thinks their ass should be kissed.

In the early eighties women in medicine were still supposed to be wearing tight little white dresses, not slacks and long white coats. And women were supposed to be

taking orders, not giving them. At the most, female doctors were supposed to be only pediatricians or family practitioners. There was very much chauvinism by the “Good Ole Boys” against women becoming surgeons.

I did, however, do well in medical school and was granted the Dean’s Senior Research Award and also the highly esteemed Sandoz Award for Ophthalmology. I won the ophthalmology award over several male medical students, one in particular whose ophthalmologist father expected his son to win.

Here’s one tiny, but perfect, example of the chauvinism and my character. Just a few weeks into my ophthalmology residency, I’m summoned to the Chairman of the Ophthalmology Department’s office. At twenty-five, I’m in the prime of my youth, working extremely hard and not sleeping enough because I’m on call every three to four nights.

The summons seems ominous, yet I know I haven’t done anything wrong. What does he want to see me for? I’m a little scared because in the very first week, the first year residents learned that if one is called into the Chairman’s office alone, one is in for a serious reprimand.

I politely knock on the Chairman’s door before entering. “Come in!” he barks.

With my racing mind, I can still not think of any reason why he asked to see me and am truly baffled as I open the door.

I enter his over-sized, bookshelf-laden, masculinely decorated office with over-sized desk and couch and remain standing by the door. Dr. Richard, “Dick”, as he’s known, is busy lighting his pipe. You betcha! It really was the “good ole days” of medicine when “the good ole boys” still smoked in their offices and there was even a

smoking room outside of the operating room in some hospitals for everyone. I decide to speak first and simply enquire, “You asked to see me?”

Puff, puff. “Yes.” Puff...

He doesn't ask me to sit. He takes his sweet old time with his pipe then commands, “I do not want you to wear eye make-up anymore. It is inappropriate for an ophthalmologist.”

I'm taken aback. Is that all he pulled me out of lecture for? I glance down at my shirt and see it is brown, so that means my eyeliner is brown. I owned every color Maybelline had to offer and brown is definitely my most conservative Maybelline of all. There is an awkward silence.

Puff, puff. “That is all.” Puff. “You may go back to work.”

I turn and leave without a word.

After lecture my fellow residents were curious and asked me, “What did Dick say to you”? I told them the truth. “He told me to stop wearing eye-liner”. I think even the most ass-kissing conservative of them all thought it was a weird thing to get called in for, but everyone was afraid of the Chairman's power and not a single one of them gave me any support.

The only make-up I ever wore was lipstick and eyeliner, which I put on in the car at the last red light before the hospital, because I slept until the final minute before I had to get ready to drive to work. I would simply grab the Maybelline out of my purse that matched the color top I was wearing, to try to not let my tired brown eyes look how they felt. Then I enhanced my pale face by a little lipstick. Why not? I'm single and twenty-five. However, I was definitely in the minority and I stood out. Most of the female

residents wore not a stitch of make-up because it was better to look like a young man than a young woman. And... how dare you not look exhausted!

That night at home I went over the brief exchange with the Chairman several times in my mind without wanting to. The last time it flipped through my head, I thought, “Gee, well what is ‘appropriate’ for an ophthalmologist, to be a pompous ass”? The next day I wore a purple shirt to the hospital with matching purple eyeliner, and the following day turquoise with turquoise. No one is going to tell me how to wear my eyeliner. And anyway, my patients always complimented me on it, and they are the ones who really count.

To this day, however, I hate the word inappropriate. Webster’s definition of inappropriate is: not appropriate, unsuitable. The definition for unsuitable is: unbecoming, inappropriate. I thought my eyeliner was very becoming, most fetching! This led to Dick demanding that I have a complete psychiatric evaluation. (Can you believe this shit? Sometimes even I can’t and I lived it). I think Dick, le Chairman, thought I must be crazy since I ignored his dogma. (Twenty years later I would have told him to go get shrunk himself. You need it more than I do. Good thing I went through residency before my chutzpah tumor metastasized.) The school shrink gave me a clean bill of mental health and literally laughed about the whole incident. He told me to “wear your make-up the way you want, Honey”. Thank God he was fair (and not just another “good ole boy”), just as a good shrink should be, especially one raising eight children, several of them girls. But, best of all, guess whose portrait is the only picture, eye liner and all, as the ophthalmology centerfold in the Albany Medical Center Residency

Program book that only comes out every several years. How inappropriate! (Back cover)

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More appropriate was my first encounter with the Vice Chairman of the Ophthalmology Department and head of pediatric ophthalmology. On the very first day of my pediatric ophthalmology rotation I heard a loud wheeze (3 out of 4 plus, very significant) on an infant. Never had I ever heard such a loud wheeze on a baby. But I learned from Diz, (my medical school roommate who training in pediatrics at Children's Hospital in Boston at the same time I was training in ophthalmology in Albany and we kept in touch), that a loud wheeze on a baby was much more life threatening than a loud wheeze on an adult. I wrote I "recommended a chest x-ray and pediatric consult to rule out asthma before general anesthesia", and "I discussed my findings with the Vice Chairman". It was the first day, Monday, of this new rotation and this little baby with asthma was elective surgery for strabismus, the term for "lazy eye". The baby's surgery was scheduled for Thursday, January 7th. (Orthodox Christmas in my faith but I didn't once consider asking for the day off to go to church.)

I kept the mother and baby waiting in their exam room as I knocked on the Vice Chairman's exam room door and poked my head in stating, "Excuse me, Doctor, for interrupting but may I tell you something very important?"

The Vice Chairman looked annoyed at me for interrupting his exam of another child. I apologized for him and me to the child's parents "I am so sorry for barging in on your child's exam". I smiled at them and went on, "I am a resident-in-training and truly need to speak to the pediatric chairman just for a moment. I don't want to miss

something important"! I smiled again. The patient's parents smiled back at me and nodded, but the Vice Chairman didn't smile at all. He just wheeled back his stool, stood up and said, "Excuse me for a brief minute" and followed me into the hallway with a glare.

I rushed out, "The baby I am examining has an extremely loud,  $\frac{3}{4}$  plus inspiratory wheeze and I believe this baby has untreated asthma and should not have general anesthesia until a complete workup is done". I thrust my required cursory history and physical at him. (Truly, I was amazed when I found out before the rotation started that we, the ophthalmology residents, did the brief history and physicals pre-operatively, and not the pediatric residents, because we only get eight weeks of exposure to pediatrics in medical school.) The Vice Chairman read my brief notes and stated, "Her mother cancelled on me five months ago and I plan on going ahead with her daughter's strabismus surgery".

"But, Doctor, I do hear a very loud wheeze and I think that a full workup for asthma is necessary before general anesthesia." I look up at him expectantly. The Vice Chairman dismisses me with, "Fine. I'll take care of it."

I don't think my recommendations were completely followed. Three days later the baby girl was a full code blue at the induction of anesthesia ("Code Blue" meaning her heart stopped circulating blood/a full cardiopulmonary arrest which makes one's skin turn blue from lack of oxygen) and she woke up blind and brain dead. I wasn't present for the surgery because Dick asked me to go to the cornea conference and skip my first day operating in pediatric ophthalmology.

Who is it more important to keep happy, the Chairman or the Vice Chairman? A no brainer, of course Dick, so I was at the cornea conference and didn't know what happened. The tragedy in the operating room, however, was all over the six and eleven p.m. news. Oh my dearest God, I remember thinking as I sat staring at my little TV, this rotation is going to be more than interesting, having started out with a full code blue! Almost every day for the next three weeks every resident asked me, "Duke, did you get a subpoena? Duke! Did you get a subpoena"?! My response was always the same, "No". And I thought why should I be in any trouble? I was right.

Three weeks after that operating room tragedy, I was called into a beautifully furnished boardroom full of suits (must be attorneys) and the Vice Chairman. Multiple attorneys asked me over and over, "Is this your handwriting, Dr. Duke"? My repeated response was, "Yes, of course".

"Are these your recommendations to rule out asthma"?

"Yes. I wrote I recommended a CXR, that means chest x-ray and a full pediatric evaluation before surgery and that I discussed it with the head of pediatric ophthalmology".

"And did you discuss this with the Vice-Chairman"?

"Yes, of course. He told me he would take care of it as he knew I was to be attending the cornea conference".

"You're sure that you spoke to him"?

"Yes, I'm confident, plus he could easily see my note to remind him on the top of the chart on that page you are showing to me".

"Is this your signature"? for the third time.

“Yes. I always sign my charts M. Duke, MD”.

“You may go now”. As I got up to leave, I glanced at the Vice Chairman and I thought his red face and entire head was going to explode and splatter on the ceiling. I never did get a subpoena. The news on the television and radio died down very fast, and truthfully, I thought that the little girl had died, too.

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Twenty years later, after deciding to write the new genre “creative non-fiction” for my book, I called several news channels in Albany and I was told “they couldn’t find the record”. I called the Albany Times Union newspaper and they couldn’t help me either. I didn’t bother to call Albany Medical Center. I could only remember the number “9”. I just remember the number 9. I thought the parents received 9 million dollars for the lawsuit that ensued, but how could I find out the truth? I called my old attorney buddy in Albany. His partner told me my buddy died of pancreatic cancer and he “was sorry”, but he didn’t remember the case. I called the Attorney General’s office and asked for the State Health Commissioner of Albany who was in power in 1988. David Axelrod was his real name and he was dead, too.

Pulling my hair out but persevering, I decided to call the Albany Public Library. A very nice lady there sent me three articles and my hair grew back and curled without a perm, especially after I finally had the 19-month-old’s name and was able to reach her father by phone. (That is where I had that “9” number in my brain, because she was 19-months-old and not for a 9 million dollar settlement, which is what I think the family deserved for their little girl’s death.)

One of the three Albany Times Union articles was titled: “ALBANY MED BLAMED FOR CHILD’S LAPSE. ‘As far as I’m concerned, there was a heavy responsibility on the part of the medical center,’ Axelrod said last week”. The article continued: “Albany Medical Center in 1985 entered an agreement with Child’s Hospital (the hospital near Albany Med where the little girl coded) that sent the medical center’s routine out patient surgery (approximately 2,400 surgeries annually) to Child’s...During the meeting Axelrod expressed ‘concern for the extent of oversight by the medical center’ and the ‘quality of surveillance’ at Child’s, he said”.

Axelrod quoted verbatim: “I think that the assurances provided to me with respect to Child’s Hospital were not fulfilled, and I don’t take lightly to failures of that sort. All the concerns that I had were not addressed because, if they were addressed, what happened would not have happened,” Axelrod said of the Umstadter incident. “My distress was very much heightened by the fact that we had discussed effectively the very issues which resulted, I think, in a problem of quality at Child’s Hospital.”

“Dr. Anthony Tartaglia, vice president for patient care at Albany Medical Center, responded to Axelrod’s statement: “Quality assurance at Child’s Hospital has always remained the responsibility of Child’s even under terms of the joint agreement between AMC (Albany Medical Center) and Child’s for the ambulatory surgery program there. The medical center has never been given the authority or the responsibility for the management of Child’s Hospital’s quality assurance program. Although we have the opportunity to provide input into Child’s quality assurance program, no one at any time asked us to develop or implement our institution’s very stringent quality assurance

program at Child's." Personally, I think Dr. Tartaglia would have been an awesome tap dancer or maybe an attorney.

"The agreement, on file at the State (New York) Health Department, says that the ambulatory surgery medical director 'shall report administratively' to Albany Medical Center and 'shall be responsible for the quality and integrity of the (ambulatory surgery program's) professional activities on a day-to-day basis.' The medical director also was to report to the Child's board and the steering committee of the ambulatory surgery center, according to the agreement. Axelrod said Child's Hospital would ultimately be permitted to continue its ambulatory surgery program. He said the hospital and the department have been working out a plan to correct its deficiencies."

The above article's quotes were in the newspaper over 6 ½ months after Sarra Umstadter's code blue. I would hope by that amount of time a "plan to correct deficiencies" would have been worked out and completed!

After I read the second two articles from the Albany Times Union dated April 19th and April 20th, 1988 I had a good cry, wiped my eyes, grabbed my phone and called information. I had to know the truth about Sarra because her poor mother was quoted as saying, "You try to move her and she screams. I don't know if she'll be with us for a year, two years or until she's 45. They took her away from me. I have a totally absent baby." Sarra could not move on her own or talk and needed to be fed through a tube. Tragically, her eyes were straight and blind because she was now brain dead except for her brainstem, which kept her breathing on her own. The articles said nothing about whether Sarra was dead or alive or anything about a lawsuit settlement. No wonder I needed to know the truth.

“Hello?” a man answers.

“Hello, Sir. This is Dr. Mary Ann Duke. Is this Mr. Umstadter?”

“Yes, it is.” I didn’t quite know how to approach the subject without causing the man heartache. There isn’t any way. How do you call someone and ask them about their suffering baby girl? But I needed closure and somehow I felt in my heart that he did, too, so I forge on.

“I am very sorry to bother you, but I need some closure on something very important to me. I am the ophthalmology resident from Albany Medical Center Hospital that saw a little girl named Sarra Umstadter before her strabismus surgery many years ago. I heard her wheezing. I wrote it down. Are you her father?” Slight pause.

“Yes.”

No other words from him. I continue.

“I have the number nine in my head. Did you get nine million dollars when your daughter died? Please tell me you received nine million dollars.” Pause.

“Who did you say you were again?”

“I was the resident twenty years ago that heard your daughter’s asthma, Dr. Mary Ann Duke. I live in Maryland now and again, I am sorry to bother you. I called your attorney first, but he said he didn’t know anything about the case. If you do not want to speak to me, that’s okay, but I was just hoping that you and your wife won a lot of money.” No pause whatsoever.

“My wife and I divorced before that case was even settled. It took 3 ½ years! I can’t believe that lawyer said that to you! My wife and I split \$150,000! I told that

lawyer that he got more money to put my daughter's case off than my wife and I got to watch her die!!!" I'm shocked by his outburst and my jaw drops.

"Only \$150,000?" I repeat in disbelief.

"That is right! \$75,000 each!" Mr. Umstadter shouts. Oh my God, that's all? I feel my old adrenaline surge kicking in and my heart starts pounding in indignation.

"Sir, I obtained copies of the Albany Times Union newspaper articles and they said that there were "a list of 22 medical violations in the Umstadter case. Among them were failure of the eye surgeon to cancel the operation after abnormal..." Mr. Umstadter interrupts me and raises his angry voice even louder.

"That's right! Everything went wrong! I knew my baby girl shouldn't have had that surgery that week! My wife and I were already going to get a divorce before it happened, but Sarra was my baby girl! I have two older boys but she was my baby girl!!!"

I start to cry again. My voice is hushed. "I am so sorry. I thought my brief history and physical that I did on your daughter was going to win you a lot of money. I am so sorry. I never got a subpoena" and my voice trails off.

"Nothing would have helped my little girl! My wife and I planned her funeral before they took that tube out of her throat! Then she lived. No one expected her to live, and we planned her funeral, but she lived." Now it's his turn to stop talking.

"The paper said that. It said she 'was left unable to eat, talk or move on her own after her heart stopped. She is fed through a tube.' The paper also said that 'The doctors were not identified by the Health Department and the hospital declined to reveal their names.'"

“That’s right!” Mr. Umstadter says again angrily. “It was a big cover up! I watched my daughter suffer in bed for three and a half years! They kept putting off her case! They used every single excuse they could come up with! We should have had a trial by jury. Instead, everyone involved kept putting it off until she died! She didn’t die until she was almost five; she would be twenty-one now.”

Total shock. I am in complete shock. I decide Mr. Umstadter has probably had enough, too. “Sir, may I call you again? If you don’t want me to, I won’t. I am so sorry for you and your family. I just remembered the number nine and I was hoping...well, I had no idea what the truth really was. Thank you for talking to me. I am so sorry.”

“You can call me whenever you want. I know that it wasn’t your fault.”

“Thank you very much. May I ask you just one more question?”

“Go ahead.”

“Do you have a good job, Mr. Umstadter? Are you making ends meet okay?”

“I’m a stone mason. I work very hard. I never went to college.”

Dear God, I think, if Sarra had been my baby girl, I would have known more about “the system” and sued for every last cent, but they were taken advantage of because they didn’t know better and probably were trusting their attorney.

It was as if Mr. Umstadter read my mind and he said, “Yep, my buddy lost a finger cutting meat at his work and got \$110,000. I got \$75,000 to watch my only daughter slowly die.”

“I’ll pray for you, Sir. Thank you for speaking with me, giving me some closure, and again I am very sorry to bring back all those tragic memories.” Pause. Then I change the subject and ask, “How about those GIANTS? Do you watch football?” The two of

us bantered about football for awhile and then hung up after Mr. Umstadter said again, “Call me whenever you want”.

Twenty years later, I would have demanded to see Sarra’s chart, called her family like I just did, and offered to testify on their behalf. But back in residency, I was dodging so many bullets already, I didn’t think about doing that. Truthfully, I thought that soon after she was discharged from Albany Medical Center on March 22, 1988, she had died and her parents won the lawsuit. There must have been quite the “cover up”, like her father told me.

A dead baby is worth a lot less to an insurance company than one who is suffering and still alive.

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BACK IN TIME TO March, 1988, pediatric ophthalmology rotation:  
Dick called me into his office, yet again, just before the end of my pediatric ophthalmology rotation. He told me the Vice Chairman gave me a very poor evaluation, wrote that I had “poor medical knowledge”, flagrantly unfair. Dick mandated (no shrink appointment), but he dictated “You will be on probation the rest of your residency and I would suggest you tread lightly, because we will be watching you. It is highly unlikely that you will complete your residency here.”

I was stunned by his words. I stormed out of his office and burst into tears in the hallway, then I turned with tear-streamed face and marched right back in unannounced. Apparently, I scared Dick a little as he jerked up and stopped lighting his pipe. I vehemently stated, “Before you die, Doctor, you will see me a board-certified ophthalmologist”!

The “good ole boys” never could come close to kicking me out of my residency because I was too damned good. I was one of 5 out of 12 residents to pass the ophthalmology boards that year, and the only woman who passed. They couldn’t possibly get rid of me; they had no solid reason for it except “the little Indian squaw showed up one of the Chiefs.” Remember, I was not the one being sued. I didn’t even get a subpoena.

Mr. Umstadter also told me that the Vice Chairman is the current Chairman of the Department of Ophthalmology at Albany Medical Center Hospital at the time of this current publication, March 2009.

Those brief stories are not even a snowflake on top of the tip of the iceberg of bullshit that I navigated through during the decade of my working to “be a doctor”. Not a fraction of one fucking snowflake.

Medical school, internship, and residency require their own novel, most likely a trilogy.

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