

The Quixotic Pursuit of Quality

By Dean Schillinger

“Destiny guides our fortunes more favorably than we could have expected”, said Quixote. “Look there, Sancho Panza, my friend, and see those thirty or so wild giants, with whom I intend to do battle and kill each and all of them, so with their stolen booty we can begin to enrich ourselves. This is noble, righteous warfare, for it is wonderfully useful to God to have such an evil race wiped from the face of the earth.”

“What giants?” asked Sancho Panza.

“The ones you can see over there,” answered his master, “with huge arms, some of which are very nearly two leagues long.”

“Now look, your grace”, said Sancho, “what you see there aren’t giants, but windmills, and what seem to be arms are just their sails, that go around in the wind and turn the millstone.”

“Obviously”, replied Don Quixote, “you don’t know much about adventures.”

Miguel de Cervantes Saavedra

Don Quixote

Mr. Q is one of my most frustrating patients, yet one of my most treasured. He has the weather-beaten face of a Greek sailor, with deep wrinkles that undulate on the high seas of his every expression. A self-described Buddhist poet of the Beat Generation, he sports a Quixote-like moustache and beard. He is often clothed in tie-dye shirts, tightly-pressed khaki pants, and moccasins with no socks. Too many evenings drinking in smoke-filled cafes and a constellation of medical conditions – bleeding ulcers, high blood pressure, bad diabetes, heart disease - have left him slightly dazed. A recent stroke has robbed him of his ability to speak fluently. But Mr. Q has turned this misfortune into the sublime, developing an ornate language of the hands, a flowery display of gestures and wavings aimed at replacing the subtleties once available to him through the use of words.

After experiencing a bladder infection for the fourth time in one year, he grudgingly agreed to a surgical removal of the foreskin that, in my opinion, was contributing to the problem. Getting him to agree took all the motivational interviewing skills I could muster. But then he missed the appointment three times, forgetting the date, forgetting the location, forgetting the reason. I tried to identify a family member or friend who could remind and accompany him, but it seemed that those from his cohort had faded away.

As a primary care physician, public health program director and part-time medical administrator at a public hospital, I serve on a committee whose goal is to enhance quality of care by setting benchmarks, developing recommendations and guidelines, reducing physician variation and improving performance. In these meetings, we often grapple with quality issues in diabetes, a chronic disease that is so common, so costly, and so complex. How can we

ensure that our patients receive annual eye exams? That they receive periodic measures of blood sugar control? That their blood pressure is well-managed? These discussions have their roots in the quality movement, a movement with constituencies that include patients, purchasers, and providers. It is a noble cause, designed to transform each healthcare system into one that is accountable for the health outcomes of the population it serves. This utopian movement has become so entrenched into the millstone of health care delivery that portions of our very livelihoods can depend on the aggregate of our performance with individual patients.

On my way out of a diabetes quality improvement meeting, I ran into Mr. Q. He placed his knobby, artist's hands together as if in prayer and stuttered, "...P-p-please come ...I'm having....a.....p-p-p-party." With a half-bow and a roll of his hand, he passed me a hand-painted invitation to his circumcision party, an "intimate commemoration of this important step in my life cycle," to be celebrated at a local tavern.

How would Mr. Q. determine quality of care? What did he value in a physician and in a health care delivery system? Did I possess the tools to navigate the uncharted waters between his desire to adhere to a model of spiritual health and my drive to achieve more conventional goals for his physical health?

At a subsequent visit with Mr. Q., I was running very behind. I entered the room with a harried flurry of greetings, apologies, and opening questions. He responded to my pressured overtures with characteristic tranquility. His peaceful, meditative countenance belied his sky-high blood pressure and chronically elevated blood sugar. I made some simple inquiries. He couldn't remember which medicines he was taking. He hadn't brought in his pill bottles. He didn't even have the hand-written, wallet-sized medication list I had prepared for him at our last visit—a list illustrated with dosing cues: a sun for morning and a moon for nighttime. I glared at him in disbelief, exasperated, my whole body tense with the memories of recurrent failures and the frustrations of future inadequacies. He calmly placed his knobby hands together, offered me a seated bow, and stammered, "I'm s-s-s-s-sorry." He then turned his hands palm-up, and cast his eyes to the heavens, as if to say "these things are beyond my control."

I was in a jousting mood, and I wasn't buying it. Was it his failing memory or his Buddhist philosophy at play? I moved to the edge of my chair, closer to him, and stiffened. "Mr. Q., we have been around and around with this. What are we going to do? You have *got* to understand how important these things are. And I noticed you missed your eye clinic appointment...*again*. Don't you understand what diabetes can do to your vision? You could go blind! Do you *want* to go blind?" I asked that insolent, rhetorical question out of desperation, since my year-to-date performance with respect to retinal exams for my panel of patients with diabetes was a pitiful 47% --- and this while serving as Chief of the Diabetes Prevention and Control Program for the state of California.

In response to my question, he slowly squinted and offered me a mischievous smile between his grey, wispy goatee, accompanied by a crooked index finger pointed skyward. "The w-world....m-m-may be....a more b-b-beau-ti-ful p-p-place.....for those who c-c-c-cannot see."

"I should have known you were going to say that."

He looked down at his lap, exhaled, examined his expressive hands, and then raised them, fully clenched, observing their sheer physical power. "And I...I am a m-m-m-man....who uses his hands, n-n-n-not his eyes!"

Mr. Q. intently placed his face in front of mine, set one heavy hand on my shoulder, closed his eyes, and breathed deeply, in and out, in and out. He re-positioned himself behind me. What was he doing? I could feel his rhythmic exhalations on the nape of my neck. He firmly began massaging my shoulders, worked up to my scalp with strong, warm hands— healing hands. He pounded on my vertebrae with a firmness that was almost painful. He kneaded my arms from shoulder to elbow, elbow to wrist, and shook them until they were limp as noodles. He then squeezed and pressed my hands, ministering finger by finger by finger. “Breathe....in....and....out.” I followed his directives and, despite my initial discomfort, accepted his remedy. These 15 minutes would be mine. I asked him to lock the door.

The message of his massage – the sensual and the tangible as restorative – taught me an important lesson about the confines of the work we do, day in and day out, in our practices. But the underlying meaning of this role reversal still eludes me. Was Mr. Q. simply asking me to realign my values with regard to his health and well being? Did I fail him by projecting my own needs rather than learning how best to respond to his? If so, does the predominant view of "quality" engender just such cycles of physician inadequacy—romantic and at times misdirected quests for success hampered by limited sets of tools, circumscribed behaviors, and narrowly-defined goals—leaving us to attack windmills with our lances? Or was Mr. Q. simply ministering to me?

Over subsequent visits, Mr. Q. continued to provide me with massages at the end of our encounters, the first visit a 10-minute massage, the next visit 5 minutes, then 2 minutes, then 1 minute, and finally, wordlessly, he weaned me to none. And at each of these visits, I found myself less pressured and more present, pushing and forcing him less and less. And I found myself less attached to the belief that he must aspire to meet every metric in my book. And, in parallel, he gradually stopped resisting and feinting, and paradoxically began affirmatively responding to my gentle suggestions, first with curiosity and then with willingness. And in this way, the duel was over, and we became like Quixote and Sancho, each of us first playing one, then the other, both of us trotting off together, one on the old steed, *Rocinante*, and the other on the mule, *el Rucio*.

“When Life itself seems lunatic, who knows where madness lies? Perhaps to be too practical is madness. To surrender dreams – this may be madness. Too much sanity may be madness – and maddest of all: to see life as it is, and not as it should be!”

Miguel de Cervantes Saavedra
Don Quixote

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