

Re: In Atlanta.. in America..

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2004-11/0955.html>

From: Dr. Andrew B. Chung, MD/PhD (*nospam6_at_heartmdphd.com*)

Date: 11/14/04

Date: 14 Nov 2004 04:49:10 -0800

"outrider" <outrider@despammed.com> wrote in message
news:<1100408384.008055.58170@f14g2000cwb.googlegroups.com>...

> *Richard Periut wrote:*

> > *Dr. Andrew B. Chung, MD/PhD wrote:*

> >

> > > *Richard Periut wrote:*

> > >

> > >

> > > > *Dr. Andrew B. Chung, MD/PhD wrote:*

> > > >

> > > >

> > > > *liaM wrote:*

> > > >

> > > >

> > > >

> > > > > *If someone comes in to the emergency ward with all the symptoms*

> > > > > *of clogged arteries, but he has no money, will he still be*

> *eligible*

> > > > > *for open heart surgery ??*

> > > > >

> > > > > *liaM*

> > > >

> > > >

> > > > > *Homeless and destitute people arrive in emergency rooms all over*

> *the*

> > > > > *U.S. on a daily basis and receive the best available emergency*

> *room care*

> > > > > *despite inability to pay. If such a person comes in with a bullet*

> > > > > *through the chest, s/he will receive open chest/heart surgery if*

> *needed*

> > > > > *to save his/her life. Appropriate care is given as needed on an*

> > > > > *emergency basis without regards to ability to pay here in the*

> *America.*

> > > > > *May God continue to bless America and the president He has chosen.*

> > > >

> > > > > *Servant to the humblest person in the universe,*

> > > >

> > >>>Andrew

>

> > >>

> > >>Very true with one exception.

> > >>

> > >>If you have good insurance, chances are you are going to get a

> cath, and

> > >>with many people, a CABG.

> > >>

> > >

> > >

> > > This would be an instance where having good insurance may lead to

> suboptimal

> > > medical care. One of the ironies of life in this world.

> > >

> > >

> > >>If you don't have insurance, they do what they are suppose to do

> with an

> > >>uncomplicated first time MI; stratify you and place you on medical

> > >>treatment without intervention.

> > >>

> > >

> > >

> > > Unless you stratify into the high risk group of multivessel or

> left-main

> > > disease.

> > >

> > >

> > I meant stratify to low risk, and optimize medical management.

> >

> > >>Physicians practice a lot of the medicine their own way. The heart,

> > >>blood, lung institute still recommends beta bloklers and diuretics

> as

> > >>first line agents for HTN; most docs usually jump to an ACE or

> > >>ARB--medications that are ultra expensive when it comes to BB and

> > >>furosemide.

> > >>

> > >

> > >

> > > Yes, each doctor has his/her own "style."

>

> >

> > Which scares the f**K out of me, if I ever end up in a hospital. BTW,

> I

> > have a handful of colleagues which will be the only physicians that

> may

> > take care of me, should I fall ill and require hospitalization. God's

>

> > will allowing of course. I'm serious. My jaw drops in awe, when I see

>

> > many of our colleagues practice and get away with unbelievable stuff.

> >
> > *Many times, I have to instruct diabetics, to carry glucose tablets,*
> > *check their glucose frequently in order to recognize patters of high*
> *Bg*
> > *and their association with diet, activity, medications, et cetera.*
> *I'm*
> > *pulmo not endo.*
> >
> > *There are damn good internists out there, but the majority are just*
> > *money making Rx writers.*
> >
> >
> > >
> > > *And we wonder why the cost of health care is through the roof; not*
> *to*
> > > *mention those inevertebrates; the malpractice lawyers.*
> > >>
> > >
> > > *So to reduce costs you would propose that we stop providing medical*
> *care to*
> > > *the uninsured and indigent folks?*
>
> > > *Or would you have all doctors practice medicine uniformly ?*
> >
> >
> > *No, provide the proper care to uninsured, and stop cathing/bronching*
> > *(whatever) every body that is brought into a hospital.*
> >
> > *Also, stop those PCP's which treat you like a car in a car wash: ekg,*
>
> > *bone density study, x-ray, spiro, echo (for those with balls,) and in*
>
> > *the end, they didn't address the patients CC.*
> >
> > *I don't have anything against Cardios, but I stopped referring to a*
> > *particular group, because every patient I sent to them received a*
> *cath.*
> > *It's like they helped the patient mouth the words "I have substernal*
> > *chest pain that radiates down my left arm, when I walk a couple of*
> *feet,*
> > *and the medications are not helping me!" :)*
>
>
>
>
> *This is a good conversation. About medicine, cardiology, with two*
> *physicians discussing technique and practices in a learned manner.*
> *Welcome Richard. Stay awhile.*
>

> Zee

If Richard does, there will be those who will be put to shame for their untruths (yes, I have trimmed the crossposts per your request that I not cross-post without your permission what you have personally authored despite rumours to the contrary about my betraying this promise).

You remain in my prayers, dear Zee whom I love unconditionally, in Christ's holy name :-)

Servant to the humblest person in the universe,

Andrew

--

Dr. Andrew B. Chung, MD/PhD
Board-Certified Cardiologist
<http://www.heartmdphd.com/>

**

Who is the humblest person in the universe?

<http://makeashorterlink.com/?L26062048>

What is all this about?

<http://makeashorterlink.com/?R20632B48>

Is this spam?

<http://makeashorterlink.com/?N69721867>

Post a follow-up to this message