


A Monster Chase



MARION A. STAHL

Health Care
Criminalization

A Monster Chase

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Reviews

“Stahl’s story sheds some light on some of the lesser-known interactions taking place in our health care system. This story is especially timely now that the health care reform is being implemented, as the new law will create a new raft of regulations that could make it even more difficult for doctors to practice medicine at a time when even more people will demand health care services. A book worth reading.”

*Michael Tanner, Senior Fellow, Cato Institute. Author and Most recently, co-edited Replacing Obamacare: **The Cato Institute on Health Care Reform.***

“The Monster Chase explores several issues facing healthcare professionals in the modern world. These issues stem from misinformation and corruption which arise out of the complex bureaucratic nature of the modern healthcare industry.” *Danny McCorry, Graduate Fellow in Health Policy Research at The Heritage Foundation, **Georgetown University School of Medicine.***

“We thank you for bringing attention to this serious and growing problem.” *Jane M. Orient, Executive Director, **AAPS-American Association of Physicians & Surgeons.***

“This is a very well written and provocative novel with powerful observations on some of the problems with our health care and legal system in the US. It shows how very innocent doctors are hurt by the current

system.” *Denise Marcil, featured in many publications, including **The New York Times**, *The Los Angeles Times*, the **New Yorker**, **Business Week**, *More and Working Woman*.*

“Good Job, It really reveals some things I didn’t know.” *Louise Lague, Former editor of **People Magazine**, *Portland Monthly*, Editor in Chief.*

“There are few books that have captured my attention like ‘The Monster Chase’ did.” *David MacDonald, co-founder of **SimpleCare**, and President of *Liberty Health*.*

“Great read, on both sides of the examination table. The Monster Chase is bold enough to touch on these subjects that are taboo.” *Kevin Sirmons, Minnesota, ALS Aerocare, Flight Physician and Medical Director, **NAEMSE**, **NREMT**, **AAFP***

“Highlights the untenable circumstances physicians face in the current legal and healthcare environment.” *J. Barnett, M.D., Board-Certified Emergency Medicine.*

“Fascinating Read. An eye-opening, provocative book, great prescription for anyone who wishes to know more about our ailing Healthcare System.” *Cynthia Westland, Author, **ABI**.*

“Timely for the current health care debate.” *Elgon B. Williams, Purdue University, Radio and Television Production.*

“Chilling: As a physician, this story is near and dear. My hat is off to Mrs. Stahl for this ‘expose’, and I look forward to her next venture.”

*J. Ginther, **AAFP/ABFM***

“A very good insight into how the physician can be manipulated by the system. We often hear about the bad physician, but rarely do we hear about good physicians who are not treated fairly on the other end.”

Will Smith, Medical Director, National Park Services, NAEMSP, and University of Washington School of Medicine Faculty.

“The Monster Chase reminds me of the medical thrillers by Michael Palmer, that shed lights on shenanigans in the medical world—although Monster is more like a documentary than a thriller. Stay with it till the end as the author ties things up (in a not a pretty package).”

Cheryl Lathrop, Medical Writer, AMWA, NESW

Dedication

This book is dedicated to the countless people who have endured fates similar to Dr. Quaile's.

I hope you enjoy this story and, whatever your own path is, find resources for desired changes.

“Whoever fights monsters should see to it that in the process he does not become a monster.”

Friedrich Nietzsche, German Philosopher 1844-1900

Part I

Beginnings



Amana, Iowa

On an early April morning in the town of Amana, Iowa, a young girl died in an emergency room from cerebral hemorrhage.

The child's mother had brought her to the hospital after the girl fell from her bicycle. The lines in the emergency room were long. During hours of waiting, the young mother looked over at her little girl frequently. At one such glance, the child appeared to have fallen asleep. The mother touched her and realized she wasn't breathing.

The local papers shared their outrage over the girl's death, and citizens of Amana were rightfully concerned. They discussed the tragic fatality at the grocery store, while waiting at the pharmacy for their prescription, or while standing at the bus stop. The youngster was an adorable five-year-old with unforgettable light wheat color hair, blue eyes, and an innocent smile. Pictures of her in the town newspaper put everyone in tears.

I was touched by this tragedy, too. My son is five, and the same thing could happen to me.

My husband, our three children and I now live in the same town where the little girl died. We moved here a year ago. Amana seemed like an

idyllic mid-western American town. Settled in the mid-1800s, the settlement is a colorful amalgam of homes. An old Main Street is quaint with attractive red brick and limestone buildings. Revived stores line the streets: a coffee shop, craft store, jeweler, and sewing boutique. On the outskirts of town, homes on tree-lined narrow avenues sport beautiful gardens. Most of the older homes herald from the early 1800s, as if the prosperity of the Victorian years still lingers. The Old Calico factory and woolen mills are no longer in use, but instead serve as attractions for visitors.

The municipality has put substantial effort into its downtown. The Town Hall, built with stately mustard limestone, was recently refaced. Garish signs and advertisements are kept to a minimum, lending the town an old-fashioned flair. Still, decorative touches keep the town lively and beautiful: special flags adorn the light posts, and in the spring and summer, multihued potted flowers and window boxes hang from old-fashioned lampposts and townhouses. I feel so pleased we are part of a township that puts so much pride in its architectural and historical treasures. It has a different flavor from my hometown, back in Suny State.

My husband Paul, known as ‘Doc Fournier’ in town, is busy with a booming family medical practice. He works very long hours and sees up to forty patients a day. His high demand is due to a shortage of general medical practitioners. I am the Editor for the Harvard Health Newsletter.

Our oldest child, Peter, is now ten but appears to be on his way to college. His fierce independence has us baffled. He is proud, and smart, like his dad. He is a fantastic helper for me and rides his bike to school. The youngest: Mia and Tom are three and five. They both attend a

Montessori school. Our family is also about to add one more - I recently discovered I'm pregnant.

Even though our youngest two children are not in school yet, I try to find time to take care of myself by writing. After I surrender Mia and Tom to their school, I get to run back home for a few hours to pour out all the thoughts that accumulate in my head. I love writing. It's like painting. Setting up a palette of colors on an easel and creating the scene as I see it while sharing my own unique perspective.



I sit down and start laying down ideas. The first scene is as follows:

We are a happy family with 3½ children. I am pregnant, but I can't seem to be able to round up an obstetrician. I called every practice in town, including, Paul's office. What is wrong? Is finding medical care a problem in this area? After the death of that little girl in an emergency room, I wonder how we can have such an obvious shortage of doctors!

I decide to call my old friends, all of whom are now dispersed in various states. Sue lives in Kentucky and I choose to dial her number first. She is married to a prominent attorney in Bourbon County, in Bardstown.

As I am dialing her number on the telephone, the memories of our fun girlhood times in Rye come flocking to my mind. She was a friend who kept your attention because she always had the best stories about what was happening around us: hilarious commentary about anything from

school to the world in which we lived. She answered her phone on the second ring:

“Hello, the Turners’ residence. How can I help you?”

“Hi, Sue, this is Anna, a stranger from the past.”

“Oh no! I can’t believe what I hear. It’s been an eternity. So glad you called. I am going out of my cotton picking mind down here...”

“What’s wrong?” I interrupted.

“Well, my son, Tim, has now come down with the measles, and I can’t seem to find a doctor who could see him before two weeks. Can you believe this?”

“Guess the reason for my call. Same situation here: I am three months pregnant and no OB!”

“Why complain to me? Do you think I can make one up? Or, send you one of them ‘southern boy’ docs, up to where you are?” Sue always had a way of twisting any situation into something you did not intend.

“No, Sue, I was wondering if you face the same challenges, and apparently you do.”

“I know. You found me a bit out of my good sense. I called every neighboring town, so I suppose I’ll go to an emergency room.”

“Same here. I’ll show up after the water breaks, like they always say the irresponsible girls do!”

“Gosh, that is crazy isn’t it? Well, Anna, I need to run...”

“Oh?”

“But let’s stay in touch, for my sanity. Please, please promise!”

“I promise, or I’ll send you an e-mail. Bye, and good luck with Timmy!”

“Same with you, Anna. All the best!”

Sue and I had enjoyed an amazing friendship for years now. I still held a smile on my face from memories attached to our friendship when the phone rang. It was Paul.

“Honey, I am about ready to give up. Why did I do this?”

“What?” I asked.

“Go into medicine!” His voice sounded almost shaky.

“What happened, Doc?”

“Can you believe this? We are treating this thirty-year-old young man with Lymphoma, but the insurance company is refusing treatment because the prognosis is poor. The family has a three-year-old boy and two girls, aged five and seven. The treatment is still under investigation and not fully approved.”

“Oh, no! How awful, does he have any chance at an appeal?”

“It seems as if we tried everything. I can’t imagine what else I can do. The family is talking about mortgaging their home to pay for the treatment...”

The call brought me right back in “the scene” I was painting with my words...a paucity of providers, and now outright denial of medical treatments. It wasn’t as if this young man was eighty years old - he was a young father who could extend his life if his insurance company would agree to cover his treatment.

I looked at my computer screen and thought: What am I going to do with this scene? Where do I go from here?

I know our new President, Barak Obama, has been anxiously offering solutions to our broken healthcare system. Many political opponents refute his solutions. Some of their reasons for protest are simply figments of their imagination, or let's say, distorted interpretations. Every time I receive an e-mail complaining about how illegal immigrants will be given free care; I try to find in the statutes in President Obama's proposal that would allow it. However, I fail to find any such allowances. I suppose with a little imagination, someone could extrapolate.

Close to my life, there is Paul. He has followed the route of being a family doctor all the way: high grades in college, long hours studying as he slogged his way through medical school, study sessions that often lasted, before a test, an entire night. These years were followed by three more in internship and residency, plus another year for a fellowship. In short, he devoted, from his first day of college, twelve years of his life to becoming a doctor. Now he works ten to twelve hours each day, in addition to his weekend rounds at the hospital. All this, and we are barely paying our bills. It is across the board in the United States, not because we live in Iowa, have student loans or large expenses. Family physicians are receiving the lowest fees. Our reimbursement system rewards those who perform "procedures," but not physician's time taking a good history that might save on cost of tests, In other words; one is paid more for looking in a patient's rectum as in performing sigmoidoscopies and colonoscopies, and almost none for speaking to them, listening to their symptoms and making a wise decision of whether to send

them for procedures. One is left to guess what will happen to the cost of medical care?

It's not that I feel like we should be ostentatiously wealthier, but it would be nice if the sacrifices of Paul's time without family proffered us a few extra perks. Here is a day in Doc Fournier's life. Paul usually leaves at six every morning to do his rounds in the hospital before office hours start at eight. He attends grand rounds and other continuing medical seminars at the hospital during lunch before heading back to the office, where he stays until seven or eight each evening. His last hours are usually spent either typing reports or doing evening rounds at the hospital. Needless to say, we do not see him for very long, especially not the children, they go to bed before he comes home.

That's it! The topic, our present health care will be the subject of this novel. I can think a many great scenes for this endeavor. I will bring readers on an excursion, a mystery hunt of what I have learned so far. My intensions are not to create fear of hospitals or doctors. I would like to paint a better understanding by bringing readers to the back room of these offices. Perhaps it could bring some light as to why we have a shortage of physicians and why we have lost so many valuable one.



It's 2010, and I am still trying to determine what happened with my former doctor, Dr. Helene Quaile.

I will start at the beginning, thirteen years ago.





Anna Vitiello, Dakota

“Say all you have to say in the fewest possible words, or your reader will be sure to skip them; and in the plainest possible words or he will certainly misunderstand them.”

John Ruskin, English Writer (1819 -1900)

The year is 1997. I am a senior at Dakota University about to complete a degree in Sciences with a minor in Health Care Sciences. With my classes nearly done, I can almost breathe again. I can't wait to graduate. The ceremony will be on the last day in May.

Mom always knew the right thing to say, and could intuit that I needed to hear what I could not believe myself. Mother is the daughter of a quiet, successful engineer from Florence, Italy. He died before I was born, so I have only seen him in pictures. He came to this country to conduct work relating to hydraulic turbines. My grandmother never worked, but she took good care of my grandfather, my mother, and her

siblings. They lived just outside of Dakota City in Red, where I spent my childhood.

My mother went to the best high school, but did not complete a college degree. She is smart, but, she was born at a time when women were “ladies,” and being too highly educated might have been a “turn-off” to prospective spouses. Attitudes towards women have changed, and when she realized I was about to graduate, she made it clear that she was extremely happy for my achievement.

My cell phone rang, waking me from my daydreaming about Mom and our family. It was Paul; calling to tell me that he might be able to go to a party my friends had organized for my birthday.

I met Paul four years ago in my first year of college. He was a junior pre-med student. We noticed each other in an Honor’s English class. We were reading *A Midsummer Night’s Dream* at the time, and I liked his comments about the play and he liked mine.

Soon, we were having coffee together and arguing about characters and scenes, thoroughly enjoying each other’s company. We agreed that while Shakespeare was difficult to read, he crafted interesting characters. We quickly realized that we had many common affinities, especially music and sports. I treasured every new piece of information about him as we got to know each other. He was born and raised in Old Dakota, and he revealed himself to be caring and filled with compassion for other people. Of course, it helped that he was also quite handsome! Many people admired his deep brown eyes and athletic build. He was not a lady’s man. I knew I could trust him. Thank God! We grew to be inseparable.

I fell in love with his family, as well. They were very comfortable financially, but humble. They never intimidated anyone with their wealth. You could hardly tell they were well off because they were neither arrogant nor frivolous. No one owned a Ferrari or designer clothes; instead, everyone rode bikes and shopped at LL Bean. This made them very similar to my own family, so being with Paul felt like home.

Paul is currently very busy in medical school. Now that I am about to graduate, we are due to be married on Labor Day this September. The reception will take place in the garden of his parents' patch, close to the water. For this fateful day, I am planning to get a few market umbrellas for tables. Paul's family garden has many laurels and old trees that would complete the decor quite nicely. Thinking of the upcoming event proffers a smile on my face.



Today, I planned to take care of odds and ends. I needed to pick up my medical records from my physician, Dr. Helene Quaile, since we will be moving away from the Dakota City area after the wedding. I first visited her office for my school shots, following a recommendation from a friend. Later, I returned yearly for my checkups. Dr. Quaile was always busy because she took time with her patients. My personal experience with her was that she was always willing to listen and advise me on various medical concerns.

From our conversations, Dr. Quaile learned about my interests, and knew that I was skilled in editing. I started doing some work for her, reviewing documents—not much, just enough to pay for books and other frivolous expenses. I reviewed documents between my college classes or from home, and sometimes I would help at her office during shortage at the front desk.

My work for Dr. Quaile helped me learn about the administration and management of her office. The practice gave an image of professionalism. Doctors and nurses gave one confidence in the care provided. Charts and lab results were meticulously documented. Employees took pride in their positions. They received flowers from happy patients whose lives they had saved.

I called the office yesterday to retrieve my records. To my surprise, instead of a person, I heard an answering message. It sounded a bit different from the usual greeting by the staff. I left a message and waited for a return call.

I had two other items on my to-do list that day: pick up my college transcript and hit the store for miscellaneous items. I set out to accomplish my tasks on a gray day in Dakota.

Around five o'clock, I was out getting dinner in one of the neighborhood Ukrainian stores, I received a phone call and I answered:

“Hello, Anna speaking!”

“Hi, this is Kristin from the Dakota Medical Practice. I see you called. The doctor is out sick,” she replied. Kristin was the manager of the practice.

“Really? That’s strange. She’s never ill,” I answered.

“Yes, I know,” she continued. Her tone was apologetic and concerned, but she did not volunteer any details. “We are also extremely busy and understaffed.”

“I’ll make it quick, I was calling about getting my records. I’ll be leaving town this fall.”

“Oh, no,” Kristin answered. “Boy, we will miss your help, that’s for sure. Okay. I’ll send you the form.”

“Thanks, Kristin,” I said. “I really appreciate that.”

We ended our conversation and I continued my errands. I did my shopping in a store that had many items that one could not find anywhere else, such as crunchy, fresh pastries with fine powdered sugar that Paul loved. When I shopped there, I usually purchased a jar of delicious homemade butter, which did not taste like any butter I had ever had.

Of course, I did not know at the time, that the day would be the first in a long, long journey, one that would uncover one of the most bizarre fates that life had to offer: an expedition into the world of doctors and the system that governs their profession.