

BETWEEN YOU AND ME

Stories of Special K patients

Special K is street drug made from the anesthetic ketamine and it is abused by a select group of patients. They are usually young and come from wealthy families and have promising prospects for their lives. But due to various reasons they become drug abusers, and cannot extricate themselves from the drug habit. As a urologist, I thought I would never have contact with this group. However, by chance, I provided care for some of these patients and began to learn more about them. The underlying story with each of them poses an important question for physicians. When a disease has become a social problem, what role should medicine play in it?

The first time I met Mr. Huang, a *Special K* patient, was in 2007. He was tall and handsome, but slow and sluggish when talking and acting. In spite of having visited hospitals many times, no one could figure out the nature of his disease. When approaching diagnosis, I asked three questions. What brought you to the hospital? Tell me more? Do you have any questions for me? What happened later with Mr. Huang indicated how useful this approach can be. If I hadn't followed it, I probably would have missed the diagnosis.

He told me, *"I have to pee every couple of minutes. But each time I do not urinate very much. Plus, it is very painful"*. Actually, many patients with urinary tract infections have similar symptoms, and the patients usually recover with 2-3 days of treatment. So, I thought this case was not unusual. But the fact that Mr. Huang had received treatment in many different hospitals for more than six months without helping him was curious and it worried me a lot.

I handed Mr. Huang a questionnaire, since his simple subjective description of the disease didn't help me to understand his condition very well. It is helpful to quantify things and get more details. Astonishingly, what he wrote on the questionnaire indicated a very serious problem. *"I have to squat to pee, and I can't fall asleep at night. I even wish I could live on the toilet"*, Mr. Huang told me when he noticed that his questionnaire result was not what I expected. Reviewing the information I tried to decide which disease could account for his symptoms. Only tuberculosis seemed like it could explain his condition. Therefore, in the following days I started a work-up for tuberculosis. However, Mr. Huang had an imaging examination first, and it showed that his bladder was only the size of a ping-pong ball. Such severe organ damage was rare in my experience, and the existing medical knowledge I was aware of couldn't explain it!

A few days later, I realized that I needed to dig out the answer from the patient himself. So I asked my second question: tell me more? Mr. Huang then told me, *"I've been taking Special K. These urinary problems all appear after my using drugs, but I do not know whether they are related"*. I asked him, *"Is there anyone else around like you? I mean the ones who also take Special K, and have urinary problems?"* He said, *"Quite a few! They have problems in urinating as well, but do not have as much pain as I do"*.

Well, now I had a clue about what was going on. *Special K* is a new type of drug that is abused. It is especially popular in recent years. Traffickers grind the commonly used medical anesthetic ketamine into fine powder to sell as *Special K*. Due to its inexpensive price and the fact that people think they cannot get addicted to it as easily as to heroin, which has serious side effects, *Special K* has become particularly popular among young people. So this is how the responsibility of the government and the police came to be related to my medical practice.

At that time, my friend Peggy discovered in Hong Kong a patient with bladder contracture due to abuse of *Special K*. I did not expect the same disease to occur in the mainland so soon. Since then, if my patients have similar symptoms to those of Mr. Huang, I ask them: "Tell me more". Over time, I have learned to distinguish this group of patients from others. They are usually anxious and helpless young people, having long-term medical treatments but all ending up without a cure. But I have found that the people who are helpless may not only be the patients themselves, but also their families, and even we doctors.

All we can do is to give the patients symptomatic treatment to temporarily relieve pain. In the early stage of the disease, drug treatment is the most effective way to relieve the symptoms. When it progresses into the late stage and the bladder or kidneys are damaged, this cannot be reversed. "To cure sometimes, to relieve often and to comfort always" applies to such a disease. But in fact, the ones we comfort are more frequently the family members rather than the patients.

Young Jia came to the hospital accompanied by his mother. His father visited him once in a while but left in a hurry every time. All the clothing and personal belongings that Young Jia had were expensive. He was usually silent, and like many patients he looked forlorn. His father talked to me three times. I remember clearly what he said each time, *"I have money! Don't worry about the expense as long as you cure my son's disease"*. His mother looked older than her age. What she said the most was, *"Dr. Wu, please help me"*.

Young Jia gradually became comfortable with me, and he even burst into tears once when I had a long talk with him. Jia's father had deep pockets, and an affair that took up much of his time. Without his disease, Jia would rarely see his father. His mother could do nothing to help him but cry. Although Jia also had enough money, he felt doleful and vexed. That was probably the reason why he took

Special K. He was just killing time.

Jia's younger sister who was studying in France encouraged him to cheer up after she found out about his disease. She told Jia, "*Brother, you have to be all right and come to my commencement*". His sister was actually the impetus for Jia to come to the hospital. I told Jia, "Your mom and dad do love you, just the same as your sister does. They just express their love in different ways". He kept silent for a second, and then nodded.

Actually Jia's disease was not serious. He was discharged after a few days' treatment, and his whole family felt very happy with that, so did I. But unfortunately, he came back to the hospital a few months later. I've seen a lot of cases like Jia's family: a sick child, a seemingly successful father, and a helpless mother. In fact, they were all helpless, and they were so helpless that they frequently called me after their son was discharged from the hospital. They begged me to call their child to help to solve their continuing family problems. I could tell they did not trust each other anymore as they were unable to communicate effectively. Why did they attempt to get their doctor to shoulder the responsibility for maintaining their family relationships?

Ms. Meng was a civil servant who had a sinecure in a remote city. Her job was so easy that she had time to play cards regularly, and to kill time by taking *Special K*. She had been taking it for seven years, which was quite a long time. When she came to the hospital, her kidneys were seriously damaged.

She was a wife and mother. But now these two roles had disappeared. I had concerns about Ms. Meng, and I know I shouldn't let my emotions affect my relationship to patients. However, she had been deceiving everyone about her illness, including her colleagues for fear of losing her job. She also deluded her husband with the reason she needed to see a doctor, and attempted to talk me into concealing the fact. She also tried to hide the fact from me that she had been taking *Special K* when I first treated her. What's more, she cheated the patients in the same ward in the hospital. She said she had to borrow some money for an urgent problem but instead she used the money to buy drugs.

"Why can't you just extricate yourself from the drugs", I asked, though I felt it was useless to ask her such question right after I finished it. She said, "*When feeling painful, I feel much better after taking Special K*". I cannot enter their world, nor judge whether such words are real or not. I asked, "Have you ever thought about your children?". This was the only moment I saw the honesty from her eyes. She could not even believe what herself had said. The structures of her personality were completely in chaos.

Soon after Ms. Meng's discharge, she gave me a phone call saying she had relapsed. Still she poured out lies and concocted excuses. I know that no matter how painful she suffered physically and mentally, she could not find way out of this vicious circle of deception. Nobody knows what is going to happen to her.

As a urologist, I did not have much experience with drug addicts, and I still do not know how to communicate with them. But I do know that although they have physical disease, psychological problems are crux of their situation. More and more of my experience indicates how fragile the relationship established between these patients and me is. Equality, respect, and trust are the basic principles of communication between doctors and patients. As for this particular group, although they are overwhelmed with pain when they see doctors, they determine to stop taking *Special K*, their families advise them earnestly and kindly to stop, and the doctors try hard to persuade them and communicate with them, the outcome is more often than not disappointing.

The disaster brought about by taking drugs comes like a rain storm. All I can do is to hold up an umbrella for the patients, shielding them temporarily from the rain so that they won't get too wet, and lead them to where it does not rain. If they insist to stay in the rain and refuse to leave, how can I help them?

When the medical and social problems are intertwined, we all need to think how we can improve the outcome.

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