

Davidson's principles and practice of medicine: the last chapter

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ABSTRACT

Davidson's *Principles and Practice of Medicine* is a seminal medical textbook based on the notes of esteemed doctor and medical educator Sir Stanley Davidson. Now in its 23rd edition, it is owned by more than 2 million medical students and healthcare professionals across the world. First published in 1952, the book continues to offer advice and instruction to new scholars of medical science nearly 70 years after the lectures that inspired it were delivered. Every medic who has learned from it has their own story to tell of how it has inspired them. Dr Zaeem ul Haq from Pakistan explains what the book means to him.

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INTRODUCTION

It was 1984. I had just entered my second year of medical school at Rawalpindi Medical College in my home country of Pakistan, and had moved into the student hostel. My new roommate, Aqeel-ur-Rehman, was in his final year and had a wide circle of friends. One of them was Tahir Iqbal, who often came to our room. In the years to come, he would become one of Pakistan's most renowned heart specialists but at that time he was, like us, yet to become a full doctor – this was the last year of college. He had self-confidence, spoke English with style, and his love for medicine made him look like a complete doctor. This was enough to intimidate a young medical student like me. Despite having entered medical school, I was still undecided about whether my career lay in medicine or elsewhere.

"Do you know, out of all, which chapter is the most important in *Davidson*?" Tahir Iqbal asked me. For readers unfamiliar with medical education, *Davidson* is a book taught during the last years of medical school. It contains details of diseases, their

diagnoses and treatment and carries a near-biblical status in modern medicine. The full name is *Davidson's Principles and Practice of Medicine* [1] but among medical students, the book is referred to simply as *Davidson*. Tahir Iqbal was asking me which chapter in this book I considered the most important. I stared at him. "The most important chapter in this book is its last chapter", he said. "But you know what? You cannot find this chapter in the book." I was surprised, but he laughed and said, "This chapter starts after finishing the book and getting down to work." I did not understand this philosophical answer but out of respect, I remained silent.

INTO PRACTICE

My understanding began when I started going to the hospital for practical training and saw Tahir Iqbal there, wearing a white coat and a serious face. In the past, he and I had exchanged humour and enjoyed each other's company but in the hospital, I

usually found him serious to the core. One day I asked, "Tahir Bhai, what happened to that smile of yours, that charm, that love of English songs?" We were standing at the entrance to the hospital ward. In front of us was a large hall with long walls on the right and left, against which patients' beds were arranged, painted white and with white sheets. Around them were nurses in white uniforms, walking around and giving medicine to patients. He said, "When even a single patient in the ward is seriously ill, I cannot think of a smile. The feeling that a moment's negligence can turn one's life into death does not allow one to pay attention to anything else. Do you remember once I said about *Davidson* that the most important chapter of this book is not in there? My life now consists of this chapter. A doctor learns this chapter by living it, not by reading it." I was about to ask what is meant by "living a chapter" when the nurse addressed him. "Please attend bed number 14." Tahir Iqbal went ahead, and I just stood there.

It took me the next 25 years to understand the meaning of this last chapter of *Davidson*. In 2009, I witnessed this with Emad, who was an Emergency Room (ER) internee, and a man of great dedication. At night, after finishing my tasks, I would go to see him in the ER. If there was a patient, I would help him, and if there was a little rest time, we would sit together to have coffee to keep ourselves awake. The hospital corridors glowed with lights at night, the patients lay in silence. As the night got darker, focusing on anything would start to become difficult. I desperately wanted a bed myself, to rest my tired body. Realizing my stupor, Emad would shake me. "How will a sleeping doctor handle a patient who may come with a cardiac arrest?" he would ask. People who have worked in cardiology wards know that late-night heart attacks are common. Many patients would come with their heartbeat stopped, their breathing stopped and all signs of life disappeared. Emad would immediately pump their chest and blow air into their mouth and many times, their pulse and breathing would come back. The dead would become alive again. Over the

weeks that I watched, the survival graph of such patients in Emad's ward rose sharply. Whenever I saw that graph, I would think: people believe that God has appointed an angel of death. No one realizes that God has created so many angels of life. One of them is Emad.

HOSPITAL LABOURS

How can I forget Dr. Arshia, a gynecologist? Her name means 'One who lives in the sky' in Arabic, and her nature was so gentle and pure that she always seemed a heavenly character instead of an earthly one. I knew her during my training days in the paediatric ward, when often I had to attend to newborn babies in the labour room and operating theatre. During these labour-room duty hours, often an expectant mother would be admitted to the labour ward for childbirth after Dr Arshia had gone home for the evening. After an examination, the junior doctor would call Dr. Arshia, informing her that a normal delivery would not be possible for the patient. Late in the evening or at night, Dr. Arshia would quickly travel from her home to the hospital, see the patient and start getting ready for the surgery.

The accompanying ladies (one or more relatives usually accompany the woman-in-labor in South Asian culture) would call the patient's husband for permission. After a long wait, the husband would arrive, speak arrogantly and then refuse the consent. His reason? The doctors are trying to make money, he thinks. The gynecologist would try to explain, rationally, emotionally – and ultimately, in a retributive language – that this was not the case. But all in vain. Eventually, Dr. Arshia would be called again, late in the night, when the patient's condition worsened. She would come promptly and perform the surgery while most of the world slept. At 3:00am or 4:00am or 5:00am, we would hear the baby's cry, the announcement of a new life. Dr Arshia, rather than appearing tired or frustrated, would thank God and congratulate the family, appearing to be the happiest person in the room. Once I could not stop myself and asked her,

"Shouldn't you be angry with such people?" She said, "My ward is a place where new life arrives several times a day. God sends this prize from the heavens and I receive it in the world. Does anyone ever get angry while receiving the honour?"

IN THE TIME OF CORONAVIRUS

More recently, I met Zamin during the COVID-19 pandemic. The virus that has shaken the whole world, but not him. Putting all fears aside, he entered the Intensive Care Unit (ICU) daily and, after donning his gown and goggles, attended each patient. I look at him and think: doesn't he suffocate in such a heavy protective suit, goggles and a double mask? Doesn't he find it difficult to eat or go to the bathroom? Does he not feel scared of going too close to patients? Doesn't he have a fear of transmitting the virus to his family? One day I asked him these questions. He smiled and said, "I was very young when my father passed away. Our mother worked hard so that all her children could complete their education. We felt strange adversity in our surroundings. Our mother and I endured constant scrutiny because we did not have a male adult to safeguard the family. Allah has been gracious, and we have come out of that phase safely. Now, whenever I see someone else's parents in a life-and-death struggle, I feel that another family will suffer the kind of ordeal we faced. I want to stop that."

I don't know if I was smiling at Zamin's words or trying to control my tears but I remember his following sentence: "I think I am a person of strong nerves, but believe me, sometimes it happens that I also break". I thought he would talk about the joy his children express when he returns home or the way his wife prays the nawafil (supererogatory Islamic prayers), but he said, "Sometimes it happens that a corona patient recovers a little bit, so we think that it is possible to treat him at home now. We need the bed for other people. The news makes the patient happy and excited. No one likes the noise of the machines running all the time in the

ICU, the fear of death. So, going home sounds to the patient like a prisoner being released from jail. He becomes happy like a child. But when we talk to the family, they are hesitant. They do not want to take the patient home, as they fear he still carries the virus. "No worries about money, we are willing to spend more," they say, "but Dad will stay here." After exhausting all of our power to convince them he and they will be safe, we then have to go back to the Dad, who, despite all his shortness of breath and oxygen tubing, is sitting up in excitement. You cannot imagine the pain I endure while saying to him, "not yet". His face suddenly becomes that of a sobbing child whose mother is lost in the crowd." Now, we both had tears in our eyes. Dear reader, if your attention goes to doctors who were different from those reflected here; if they were ill-mannered or always looking for money, we do not deny their existence. But their stories are for another time.

TIME FOR IMPORTANT THINGS

This is my story of the last chapter of *Davidson*. A chapter that is not listed in the book, but everyone in the medical field has to endure it, through long hours at night as well as during the day. In this chapter, another person's life becomes dearer than one's own sleep. Saving someone else's life becomes a priority. The irony is that no one has time to write this chapter. Not even Tahir Iqbal. In April last year, Tahir Iqbal, a heart specialist for the world and like a brother to me, passed away just two weeks after he retired. He completed his part in the most crucial chapter in *Davidson* and then turned the page. Dozens of his disciples, who have gone through the penance of this chapter, are still there to cure people's pain. *Davidson's* last chapter is being written every day.

REFERENCES

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