

[Saving My Appendix](#)

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written by Andrew Gray | September 6, 2013

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The doctor was adamant. "This is America, not Sweden," he told me. "We operate."

How did this happen to me? I wondered, looking at him across the ER exam room. *How could I, a healthcare provider, not have insurance?*

I had woken up that morning with a mildly upset stomach. Nonetheless, I'd gone to my job (begun only six weeks earlier) as a physician assistant at a Beverly Hills HIV clinic. I'd seen patients until lunchtime, then attended a research meeting. The subject was a study of irritable bowel syndrome.

"I need to be in this study," I joked to a coworker. "My IBS is acting up."

I don't have IBS, but I was indeed having crampy stomach pain. I continued to see patients until 3 pm, when the pain became steady: on a ten-point scale, I gave it a six. I left work early.

As I exited the building, my first thought was *Freedom! I can get home early, relax, maybe take a nap..*

Crawling into bed, however, I realized that my pain had coalesced in the right lower quadrant of my abdomen. *Could it be appendicitis?*

Panic flooded me. After six weeks at my new job, I now qualified for health insurance, but I'd neglected to fill out the necessary paperwork.

Only an hour after leaving the clinic, I returned. Almost hysterically, I completed and faxed in the insurance forms.

"Go to the emergency room right now," urged one of my supervising physicians.

I felt it would look better, though, if I didn't show up at the ER on the day I'd applied for insurance. Because I had no fever, nausea or vomiting, I decided to return to my apartment. I spent a sleepless night tossing and turning.

At 6:30 am, I walked to the large, prestigious nonprofit hospital located three blocks from my apartment.

Waiting for the ER doctor, I recalled that, at some point in my schooling, I'd read a Swedish study about treating appendicitis with antibiotics. Googling the study on my smartphone, I found it:

<http://www.ncbi.nlm.nih.gov/pubmed/22569747>

By the time the ER resident approached, I was ready.

"I don't have health insurance," I said calmly. "Can I be treated with antibiotics instead of surgery?"

He pondered what I'd just said.

"I doubt they're going to let you do that here," he said finally. "But keep expressing interest."

When the ER attending physician came in, I repeated the question.

"Absolutely not," he replied flatly. "This is America, not Sweden. If you have appendicitis, we operate."

They sent me for a triple-contrast CT scan. The results: early acute appendicitis.

Next I met with the surgical team—a resident and a medical student.

"I'm familiar with the literature about antibiotics in lieu of surgery," the resident said, sounding annoyed. "But those studies were in pediatric patients, not adults."

I pulled out my phone. "The study says five hundred and fifty-eight patients. No mention of pediatrics. Seventy-seven percent success rate."

He turned to the med student. "We have to get the attending."

The attending surgeon arrived and heard my spiel.

"Seventy-seven percent is a horrible number for a surgeon," he said firmly. "We're looking for much better than a seventy-seven-percent success rate."

"But I don't have insurance," I protested.

"Man, you already got a CT scan—your bill is going to be huge anyway," he said irritably. "This is a simple surgery. I can put you on for four pm."

I was given a dose of IV antibiotics in preparation for surgery. Once in my hospital room, I tried not to move; it hurt too much. They offered me morphine, but I refused. If I took it, I'd no longer be able to use my pain levels to gauge the seriousness of my situation.

Delores, my nurse, entered the room. One hand held a hospital survey.

"What's the primary goal with regard to your stay here?" she asked.

"That it be as cheap as possible," I replied, my spirits sinking. I knew how impossible that was.

Delores looked at me intently.

"Sir, we want you to focus on getting well. Please don't think about the

cost; that can all be worked out once you're healthy again."

So many times, I'd heard myself say these very words when a patient expressed concern about treatment expenses.

But now I realized the truth: no one involved in my care actually knew the cost of any of the treatments they were suggesting.

Turning to my phone again, I found a Harvard Medical School article supporting antibiotics for acute appendicitis:

<http://www.health.harvard.edu/blog/antibiotics-instead-of-surgery-safe-for-some-with-appendicitis-201204114588>

I also found a Cochrane Review:

<http://www.ncbi.nlm.nih.gov/pubmed/22071846>

Nevertheless, when you're a physician assistant, it's hard to stand up to an army of MDs telling you that you need surgery. Although I feared that my insurance coverage wouldn't come through, I resigned myself to going under the knife.

Two friends had come to keep me company, so at least I wasn't waiting alone. I discussed my concerns with them. They were understanding, but not being in medicine themselves, they weren't willing to support my attempt to buck the system.

At 5 pm, Delores informed me that emergency surgeries had preempted all the anesthesiologists, and that my procedure would happen as soon as anesthesia was available—"maybe around eight o'clock."

"Don't worry," she said reassuringly. "Appendectomies don't get cancelled."

My phone rang. It was another supervisor from work.

"How do you feel?" he asked.

"The pain is five out of ten," I said. "A little less than this morning."

"Andrew, get out of there. We'll schedule you for an appendectomy as an outpatient procedure tomorrow. You'll save a lot of money."

Seconds after we said goodbye, I pulled out my IV. My friends, shocked but wrapped up in the drama of the moment, helped me to gather my things, and I walked out of my room and down to the nursing station.

"I'm signing out against medical advice," I told Delores.

She looked shocked. "Sir, please don't do this. You could die."

"I'm not going to die," I said excitedly, fueled by adrenaline. "If I need to, I'll come back." I felt bad for upsetting Delores; I know she was sincerely worried about me.

I texted my supervisor, asking him to call in prescriptions for the antibiotics used in the studies. That night I started taking them.

The next morning, my pain was down to a three. I declined outpatient surgery.

Over the weekend I lay low, and on Monday I worked a full day. On Tuesday night, I attended my regular yoga class with no problem. On Wednesday, I got word that my insurance would be instated retroactively to the first of the month.

Then the bills started to arrive. The full tab for an ER visit, a CT scan, a dose of IV antibiotics and hospital admission came to more than \$30,000. That was without an appendectomy.

Two weeks later, I finished my oral antibiotics. Total cost: less than \$50.

It's now six months later. I haven't missed a day of work, and I feel great.

Had I known that my insurance was active, I certainly would have had that appendectomy. In retrospect, I'm thankful that I didn't know. A 77 percent success rate may not be acceptable to an American surgeon, but it was good enough for a guy without insurance.

It's easy to tell a worried patient, "Let's worry about the cost once you're healthy," but having been that patient myself, if only for a day, I know how thoroughly the fear of medical bills can obliterate any concern about health or healing.

Nowadays, when someone asks me how much a treatment costs, I no longer get annoyed.

I go and find out.

About the author:

Andrew T. Gray is a physician assistant in the emergency department at Dominican Hospital in Santa Cruz, California. He is also an officer in the California Army National Guard. Andrew graduated from Baylor College of Medicine's PA program in 2012 shortly before the events depicted in this story. "I am happy to report that I am in good health and still have my appendix."

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