Hope, Optimism and Healing
Health Radio
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Introduction

Andrew Schorr:
Hello and thanks for being with us once again on Patient Power. Andrew Schorr here broadcasting from kind of partly cloudy Seattle. We had really warm weather a couple of weeks ago, and now it's been kind of cool. And I joke with our producer, Ron, about the weather that rain makes the flowers grow and we've had a little, but now it will get nicer. Hopefully it's great where you are.

Baseball report really quickly. So I'm on the West Coast. I'm an American League kind ever guy. And we have interleague play, if you follow baseball right now. So the hottest team in the National League is the San Diego Padres. Their big baseball park is Petco Field, big, beautiful, new baseball park. Well, the Seattle Mariners, my team, went there and swept them three games, three come from behind games. I think the third one was come from behind too. So we're not too popular in San Diego right now. I'm not going to show my face with my Seattle Mariners hat. Anyway hopefully your team is winning or whatever sport or activity you're into.

And as we've talked about so many times on Patient Power, we're all patients. And you if go to the doctor nowadays you kind of feel like there's a stopwatch going somewhere. It may not be the doctor's own stopwatch, but maybe it's the clinic manager's, maybe it's the nurse, maybe the receptionist. It's a busy place, and if you kept up with the whole health insurance kind of thing you know that the insurance companies have put the squeeze and the government too on how much they pay the doctors. So the doctor is trying to support their families, often have to see more patients now than they used to even in less time. So there's not a lot of time to chat, and there's not a lot of time to just say how are you, beyond that health complaint.

So that's frustrating us as patients. Well, you know, that's frustrating to doctors too, and so very experienced neurologists in the Pennsylvania area got together and they wrote a book that talks about that in part but also about what they've learned from patients. And the whole spirit and the interaction and the communication, they can give us a lot of advice for that. So I know we have with us one neurologist, Dr. Lawrence Levitt. Dr. Levitt, welcome. You're with us, right?
Dr. Levitt:
I'm with you, and I thank you for the opportunity.

Andrew Schorr:
Thank you. And you know word has it from my producer that maybe we've got another neurologist, Dr. John Castaldo. Are you with us too, Dr. Castaldo?

Dr. Castaldo:
I'm here. Good to be here.

Andrew Schorr:
Yay. Thank you for being with us. I know you have some things going on with your wife today but thank you so much for being with us. You gentlemen have come together after many years being in neurology at Lehigh Valley Hospital in Pennsylvania. And help me because I'm a West Coast guy, where is Lehigh Valley Hospital, Dr. Castaldo? Where is it located exactly?

Dr. Castaldo:
We're in eastern Pennsylvania not too far from the New Jersey border. We're about an hour north of Philadelphia, and we're about an hour and a half west of New York City.

Andrew Schorr:
Now, you're the chief of the division of neurology there, and I know, Dr. Levitt, you helped set up the neurology department there, right, Dr. Levitt?

Dr. Levitt:
That's correct.

Dr. Levitt Talks about The Man with the Iron Tattoo

Andrew Schorr:
So you gentlemen have been in neurology quite a while. I know a little bit about neurology because for years I've hosted webcasts and other programs in multiple sclerosis and Parkinson's and epilepsy and other conditions, so I've had the chance to talk to a lot of neurologists. And normally it's a pretty clinical discussion, and we talk about MRIs and angios of the brain and stuff like that. But I know that's not what we're talking about today.

So, Dr. Levitt, you two got together and wrote a book. First of all the name is very unusual. I'm trying to understand the name, The Man with the Iron Tattoo: What Our Patients Have Taught Us About Love, Faith and Healing. Tell me, Dr. Levitt, about the
name and why you gentlemen got together, and rather than write a clinical book, and I know you've done that before, you wrote this really about the heart and soul of the relationship between doctors and patients.

Dr. Levitt:
Right. I'm going to, I'll get started, but I'm going to let John tell you about the title, The Man With the Iron Tattoo, because that's one of the chapters, and that was his patient, although I remember it very well. So let me just tell you how this came about. John and I were partners in practice for 20 years, and we shared the same oak desk in my office on purpose so that we could communicate better about patients and what we learned about MS and Parkinson's disease, as you said. But then we started realizing that we were learning about life from our patients. What they taught us about love, faith and healing and their courage and how they handled adversity and sorrow and death, and so we decided to write some of this up thinking that just perhaps, perhaps others might be interested in learning these lessons, which we learned from our patients.

So if it's okay I'm going to ask John to talk about the title because it was his patient. And, John, I would think you would do better than I would on that one.

Andrew Schorr:
Go right ahead, Dr. Castaldo.

Dr. Castaldo:
Well, The Man with the Iron Tattoo is a story about a patient of mine who actually was airlifted into our hospital as a head trauma case. He was found wandering along an area called the Appalachian Trail where he obviously had taken a fall. And very bold and full of personality type of gentleman whose memory slowly came back but was notable mostly in my mind for multiple tattoos about his body. He had a big colorful dragon on his chest, a fire-breathing dragon with a knight holding a sword to its neck. And he professed to be a Navy Seal, and he professed to have been in many secret engagements. He had scars and bullet wounds on his body in mysterious places and said that he had gotten this tattoo in Persia.

And along the line of his care as his mind came back, he collapsed one day and had a seizure, and we decided we needed to get him right down to the MRI unit to picture his brain. And just before he went in he told the technologist that he couldn't have a scan because of this Persian tattoo, which in our minds sounded completely crazy. Not unusual. He was full of tall tales, and he was full of stories about conspiracies with the government and just full of vim and vigor. So at that moment I called the radiologist and the technologist and asked them if it was okay to do patients with tattoos, and they all said, Yes, we do it all the time, and this was a delirium in this man and that we should proceed. And I gave them the order to go ahead and give him sedation so that he would be put out and more comfortable.
But no sooner I give that order when I had an impending feeling of doom that, you know, we're bound by a Hippocratic Oath to do no harm. And I was sitting at my desk and had access to international files on Medline and typed in MRI and tattoo and went back five years, and there was absolutely nothing written about it. And then just on a quirk I decided to search a little bit further back and, sure enough, comes an article translated from the German literature about a man who almost died in the MRI because he had a Persian tattoo.

Andrew Schorr:
Oh, my. Dr. Castaldo, hold the rest of that story. We've got to take a quick break for our network of stations. We'll be right back as we continue with two neurologists who have written extensively about their relationships with patients.

We'll be back with more on Patient Power.

Andrew Schorr:
So on Patient Power we talk about all sorts of things. So often we're talking about the latest treatments, like yesterday I did a whole program on the latest news in cancer. I had on four cancer experts from a leading cancer center, the Seattle Cancer Care Alliance and the Fred Hutchinson Cancer Research Center. So we went through all the latest targeted therapies and giving new hope to people with a number of cancers. Well, that's a lot of what we do, but what's going on underneath this all the time is the relationship between doctors and patients. And isn't it great when we hear that leading physicians are saying, you know, we learn from our patients too, not just the clinical experience but we learn about life as well.

Let's go back to Dr. John Castaldo who is chief of the division of neurology at Lehigh Valley Hospital in Pennsylvania. With Dr. Laurence Levitt, they've written a book which we'll talk about more, The Man With the Iron Tattoo: What Our Patients Have Taught Us About Love, Faith and Healing.

And, Dr. Castaldo, just before the break you were telling us about that man with the iron tattoo, and you did a little searching and voila. So what did you do then? You said you came across this article about Persian tattoos.

Dr. Castaldo:
Well, to be quite honest, I didn't even have time to read the article. That's all I needed to see was that certain cases of tattoos could heat up in the unit and can burn, create a significant burn injury. So I frantically tried to call the unit, and you get one of those mechanical voices that tells you dial one if this and two if that, and I realized that I was never going to get through by phone. So I dashed off at my top speed to get into the unit where I finally did find him already in the scanner, and we got them to shut it down and pull him out very quickly. And in fact his chest was already getting hot.
He was waking up as he came out and he said, where am I. And I said, well, you're in the MR unit. And he said, Doc, I can't have an MRI because of this here Persian tattoo. And I said, Jim, you're right, you can't. And it turns out that some tattoos done by a very old and ancient technology packed very high concentrations of iron ore in the color pigments particularly if they were bright pigments, and those iron particles under the influence of a magnetic field can extraordinarily hot.

As your listeners may know, MR units are extraordinarily powerful magnets, 30-fold times the power of the magnetic force of the Earth. And they can move large iron objects, but they can also create currents and heat and all sorts of other things if you're not careful.

So this story as well as other stories talk about even in patients that have reason to make you doubt them, shows you that it's very important to have a trusting and faithful relationship with your patients. And this story, it struck me to how close I came to doing harm to this man with the power of a simple pen or an order with a test which no one in their right mind would have ever thought was dangerous, a magnetic scan of the brain. We do that every day on everyone.

You know, as you run into the magnetic unit they usually make you take off your watch and your credit cards because the power of the magnet will completely stop watches and demagnetize your credit cards, but I didn't have time to do that. So as I came out I noticed my watch was stuck at 12:22. My favorite watch. I'd had it for many, many years. My dad had given it to me. And I kept that watch in the top drawer of my underwear drawer, actually, of my bedroom so that each day as I got up and dressed for a new day fresh out of the shower I'd look at that watch and remember the importance of being humble, especially when taking care of difficult patients.

**Dr. Levitt’s Passion Behind Writing the Book**

**Andrew Schorr:**
Yeah, and to hear that from a chief of neurology, because I know how much training you've gone through to get where you are.

Dr. Levitt, you've been at this a long time, and I commented at the beginning about, you know, from the patients' perspective we see doctors getting busier and busier, and unless maybe we're having a stroke, if it's something not urgent, going to a neurologist, let's say, we may have to wait a while for an appointment given how busy you all are. So we think of you all as kind of busy almost scientists, and yet what Dr. Castaldo was describing was a lot of heart. Unfortunately we don't get to hear that that much at least around the exam room. But you felt passionate enough about it to write the book and express it. Tell us more about that.
Dr. Levitt:
Well, I think you're right on. We felt, again, we didn't know that we were going to do this. We started learning from each other neurology, about Parkinson's disease and MS, and then we realized that we were learning a lot more than that. So we said what did we really learn by category, and then we said now what cases illustrate that. So there were 13 cases in the book, seven of John's and six of mine, and we each have our favorite. But I think I can best illustrate what I learned and how it changed my life by my favorite story.

And my favorite story, if it's okay, is called A Vigil For Anna. And Anna Roth was my wife's grandmother, who had survived World War II, actually had been to Auschwitz and remarkably survived, and she started lighting the Sabbath candles when she was 80 years old and they had moved to the United States on a Wednesday, which of course is the wrong day. And the family realized that she was very sick. She had a fever of 105 and an a total body rash, and she went into shock and had a stroke. And she was brought to the New York hospital where I was a fourth-year medical student.

And I will never forget that after she was brought in and I was kind of watching what was going on the senior doctor said to the family, that is to my wife and my mother-in-law and father-in-law, We don't know exactly what's wrong with Mrs. Roth, but she's 80 years old and she's in shock and she's had a stroke and a heart attack and we don't see how she could survive. So if you'd like to, Larry and Eva, you could go across the street, where we lived and, quote, when it's over we'll call you.

Well, we were devastated. She'd only been there a few minutes, and he had come to that conclusion. And when he left the floor the intern, Tim Weld, took us aside, and he said, Listen, I know what he said, but I'm not giving up. I don't know why she's here, and I'm not ready to give up. He stayed up with her all night, put her on antibiotics for what he wasn't sure what and believe it or not she left the hospital. She lived ten years. Lived to see three great grandchildren, my three children. And he actually figured out what she had. Any idea what she had? Andy, I'll give you a special prize.

Andrew Schorr:
No clue.

Dr. Levitt:
I don't expect you to get this. But she had recrudescent typhus. She had had typhus in the concentration camp, and it can stay quiescent or quiet for 10, 15, 20 years, and he proved it. And actually he was quite a good doctor. We figured it out then. He became chief resident at New York Hospital, and he's now a well-known cardiologist at Columbian Presbyterian Medical Center, and his name is Tim Weld. And I called after this chapter was finished to find out, I wonder what happened to Tim Weld. There was only one Weld in the phone book who was an internist. He called me right back. He said, Not only do I remember Mrs. Roth, he said, I married the nurse who took care of her.
Andrew Schorr:
That’s a terrific story.

Dr. Levitt:
So he and his wife and my wife and I had dinner in New York a few months ago. I learned a lot from that case. One, 80 is not that old, which I’ll bet many of your listeners would agree with. Number two, don’t give up too quickly, especially in the acute situation. And three, try to project an air of caring even if the hope is not very great. And Tim Weld did all of that, and I have never forgotten him, never forgot the case, and I think it shaped a lot of my relationships and my actions towards patients.

Andrew Schorr:
Well, we're going to talk more, and I think we've got to get med students to listen to this, and I'm sure you lecture a lot to med students and residents, etc. I think it's important for all of us and certainly all of us as patients and family members. So you're giving us a lot of insight. We're going to continue our discussion with Dr. Laurence Levitt, who you were just listening to, a neurologist emeritus, and also Dr. John Castaldo, chief of the division of neurology at Lehigh Valley Hospital in Pennsylvania. We'll be back with more Patient Power after these messages.

Andrew Schorr:
Well, I was just reading a review on Amazon.com about this book we're talking about today, *The Man With the Iron Tattoo: What Our Patients Have Taught Us About Love, Faith and Healing*. BenBella Books, came out just at the end of 2006, written by two neurologists, and that is John Castaldo, who is chief of the division of neurology at Lehigh Valley Hospital in Pennsylvania and then also Dr. Laurence Levitt, who is a senior consultant and neurology emeritus at Lehigh Hospital, and these gentlemen have known each other 20 years in clinical practice. So they came together and wrote this book really drawing on what they learned from their patients. We heard about a couple of those stories and we'll hear some more.

But I was just looking at this review, gentlemen, from James Pauloski, and James was saying something that, well, here, I'll just read it. He says, "To me the book is more than stories of love, faith and healing. It's the story of two human beings who as they become more skilled as physicians struggle to become more human in a profession that is simultaneously life and death and often dehumanizing."

And that's what really touches me. So, Dr. Castaldo, you got all this high-tech technology, but I've got that image of you sprinting through the hospital to do what was right for the guy and actually stopped the technology with that MRI that would have been harmful. How about another story?
Dr. Castaldo:
Sure, there are actually quite a few that are my favorites, but one is the story called *Australian Blue Healer*, and that's spelled h-e-a-l-e-r, but it's about a dog that is an Australian Blue Heeler, h-e-l-e-r. Well, that is bizarre, why would you write a story about a dog. Well, what happened was I had this emergency call from the emergency doctor that there was a man who woke up from sleep and his wife found that he was densely paralyzed from a stroke. They rushed him to the hospital with the hopes that we could give him our latest technology. Our latest technology was an intravenous drug called a TPA. It's a bit of a clot-buster, if you will, like Drano in a pipe. It opens up clots. But it's very time dependent. You have to know exactly what the stroke started, and you have to give this drug quickly, and if you wait too long it can cause a massive hemorrhage and death. So there are very strict rules of engagement.

And when I got this call that this gentleman had a wake up stroke my first response was, Well, gee, that's too bad. There's nothing we can do because we don't know when this stroke occurred. It may have come on in the middle of the night. And the ER doctor said, well, John, come down and take a look at this fellow and he happened to have been on dialysis, renal failure, he had high blood pressure he had a heart attack, all sorts of things, and he was elderly. And he was really paralyzed. He couldn't move a muscle on the right side of his body. He couldn't speak.

And as I was concluding in my mind that he was not a candidate for this drug his wife came in and was very adamant that she knew exactly when he had his stroke. And I said, well, how can you know exactly. She said, Well, he came down for breakfast and he went back up to take a nap at nine o'clock, and he had his stroke exactly at eleven and now it's just noon. And I said, Well, that's totally perplexing because if he went up at nine and went to sleep it could be three hours past our window. She said, Nope. He had his stroke exactly at eleven, and I know that. I said, well, how do you know that. She said, that's because Blue. And I said, what do you mean blue?

Well, Blue was this herding cattle dog that looks a little bit like a German Shepherd, and it's called an Australian Blue Heeler, and this dog very rarely barks and apparently followed its master everywhere he went. Went up to take a nap with him and began to bark its head off at about eleven o'clock. And the dog came down and barked and finally got the wife to come up and find that the dog had pulled its master out of bed and was trying to pull him down the stairs, wrapped up in his sheets.

Andrew Schorr:
Oh, my.

Dr. Castaldo:
And it was the dog then, she felt, that had recognized this man was having a stroke in the middle of his sleep. And she was adamant that that had to be the case.
Now, this is a big decision. I have only a few minutes to make a decision about giving a
drug based on a dog. There is no scientific evidence. There is no scientific literature one
can now go to and look up about dogs detecting strokes. No technology, an MRI or CT
scan, that could help us. We have a loving wife who means well, but do I really stake this
man’s life on giving a drug without knowing the time and trusting the animal.

So here’s a case where I reflect back on man’s relationship with dog. There are dogs that
are seeing eye dogs, there are heeling dogs, there are dogs that can recognize when a
person is going to have a seizure and they can get them down. There’s also dogs that can
detect someone who has gunpowder on them. You've seen policemen use them in the
airports, or explosives. And there are dogs that can detect cancer with 90 percent
accuracy.

Well, we took him into the CAT scan, this gentleman, he had a seizure there, and we got
that under way. I made the decision that we were going to give the drug. My
experienced nurses literally thought I had lost my mind but decided that I was going to go
with the dog. And in fact the dog was right. We gave him this therapy, and he recovered
almost completely within the next few hours only to sit up and read the paper and thank
me himself in-person. And in fact the person he needed to thank was the dog. We
actually brought the dog in the hospital and let the dog visit him. He was an amazing
animal.

But what is the lesson here? The lesson here again gets back to your initial point about
medicine is more than just technology, and it's about understanding people, events and
sometimes their relationships with dogs or their relationships with their pets or animals.
It's trusting. It's sometimes using your gut and not just your head, but it always has to
do with having a sound and very trusting relationship with your patient, or their family in
this case. It was one that I never forgot.

Andrew Schorr:
Well, it's great that you are the person you are who can listen to that.

So, Dr. Levitt, you've been at this a long time. You've written really a renowned textbook
in neurology. When you look back on this and what you put into the book, how do you
impart this to young doctors and medical students so they listen and, if you will, like
Dr. Castaldo did, with some thought go with the dog?

Dr. Levitt:
Well, that's a lovely question because in fact John and I have recently discovered how
much satisfaction we got out of talking about our book to premedical students. We gave
a talk to about 150 of them at Lafayette College, which is right in the Lehigh Valley, and
they appreciated it. And they sent us e-mails about what it meant to them and how they
were going to try to have it shape their medical career. And I can't think of anything that
meant more to us than the opportunity to influence young doctors, maybe even before
they get to medical school, for the rest of their lives. And if we could do that even with a few doctors it would mean a great, great deal.

So we are going to actually look forward to talking to other premed groups. We would be delighted to talk to other medical groups, but medical schools actually have figured this out. There are several medical schools, Harvard for one, University of Pennsylvania, which are teaching courses now on how to get doctors to learn to listen better at an early stage. So it's not our unique idea. We just happened to have thought of a few cases that illustrate the value of that, but I think it's going to become more and more common place because technology has been so overwhelming that it sometimes pushes away some of the human side.

Dr. Castaldo:
I'd like to add to that. I think like airplane pilots we have learned to fly by the instruments, and so much of patient care has become instrument guided. I don't spend any less time with my patients today than I did when I first joined Larry in 1983, you talk about the clock running, but I have so much more to do. In that 20-minute time period there maybe multiple studies, an MRI, the images of which I would have to look at myself, EEG, blood tests. That patient may more likely have 12 diseases instead of just one or two. He may be on 20 different medicines all of which may have drug–drug interactions. And I think the pressure is higher and higher to trust the technology to guide you through, and many of us sit with our computers in our laps looking for drug interactions, looking at the images. And the patients feel as though they are in a very passive experience. They're watching us fly this jet.

Andrew Schorr:
Dr. Castaldo, hold this thought because I've got to take a break. Tell us when you are at that moment of flying the jet how you think about it now. We'll be right back with your comments on Patient Power.

Andrew Schorr:
Tomorrow on Patient Power we're going to discuss a condition that you may not know about in younger women. It's called premature ovarian failure, and it's when a younger woman goes into menopause, and then the whole grief about it is maybe you can't give birth to a child that you were hoping to have someday. So we'll have with us Dr. Robert Rebar, who is clinical professor. He's the executive director for the American Society For Reproductive Medicine. That's tomorrow on Patient Power.

But let's pick up where we left off with two very caring physicians, two neurologists, and we were hearing from Dr. John Castaldo, who is chief of the division of neurology at Lehigh Valley Hospital in Pennsylvania. He's with us from Allentown. And you were saying there you are with someone in the exam room or at the hospital, many complex conditions. You're flying the jet plane with all the technology at your fingertips. And then how do you think about this, Dr. Castaldo?
Dr. Castaldo:
I think that the estrangement that we're seeing between patient and doctor is everywhere. Has a lot to do with flying the jet by instruments. We're using the technology to decide the next steps, and the patient feels as though they're left out, almost as though they are passages and they can't go up and talk to the pilot because he's so busy keeping the plane afloat. But the truth of the matter is in patient care the patient is the plane. We can't fly it without them, and the most experienced clinicians and I know Larry will attest to this, know when to throw out technology, or when technology gives conflicting reports they know which one to accept and which one not. And they cut through all the nonsense and all the information load, and they get right to the diagnosis quickly. And most often it has to do with a couple of simple things. Listening carefully to what the patient's symptoms are and doing a very careful bedside exam, and all the rest is icing on the cake. We need to get back to those roots, and I believe that's what will reestablish medicine in America.

Patients are the Boss

Andrew Schorr:
Wow. That sounds like a graduation speech at a medical school. You need to be out there on the circuit because that is so well said, and as a patient I'm delighted to hear that.

Dr. Levitt, so there we are patients, and we hear this and so that could be a message that Dr. Castaldo would say to people in the healthcare field. We're consumers who are listening to you now, and we're saying, Okay, how can we get that sort of care?

Dr. Levitt:
Well, first of all, I think the consumers, the patients need to realize that they are the boss. They're in charge. They deserve proper care, and they should insist on it. And you said earlier that it is helpful sometimes to bring a list of questions that you don't want to forget. But in addition to that I think the patient needs to have the doctor understand that it's the patient's life, it's their future and they insist on having everything explained that needs to be explained, and, oh, by the way, not to be bashful about getting a second opinion. I think if patients feel uncomfortable or think, gee whiz, maybe something else could be thought about, they should ask about a second opinion. And if a doctor is hesitant or resistant they may have the wrong physician. That's a little strong, but the good doctors that I know don't hesitate at all to get a second opinion if necessary and often of course it's because it's for the patient's benefit. So that's number one.

And the other thing I think we did not mention earlier is the point about what I would call the intelligence of intuition. Some people have particularly good intuition, and many of them are physicians, but some of them are nonphysicians. And one of my favorite chapters is called Listening to Eva, my wife, who used her intuition on several occasions...
literally to save people's lives. And I learned to respect that greatly. We just celebrated our 45th anniversary yesterday, and since those episodes occurred I listen to Eva a lot.

**Andrew Schorr:**
I listen to Esther a lot after 22 years, believe me.

Well, you know, I have to get you as like a co-anchor of Patient Power all the time, Dr. Levitt. We got to get you on, now you spend more time with your grandchildren, you've got to spend some time with us too because what you said is what I preach. And I think today in America's healthcare system we are recognizing, we're starting to, that we the patient are at the center. As you said, Dr. Castaldo, we're not on the plane, we are the plane, and that is so well said. And so I think we're trying to do that. But you're right. In this sort of high-tech medical world certainly if you get near a medical center or in your specialty, neurology, somebody has cardiology, they're all kind of wires and lights blinking and machines and everything. It's very daunting to us.

And so obviously often when someone is admitted to the hospital it's very high-tech now and people are really sick, so we think, well, gee, we're totally out of control. We're a stranger in a strange land. So what I advise people is certainly to speak up, certainly second opinion. Certainly to recognize you're at the center and that things need to be explained to you and you can have an opinion about it. And also what we try to do here is help people get smarter so they can get oriented about their health concerns.

Dr. Levitt, so this book must have been a real labor of love.

**Dr. Levitt:**
It was a labor of love. In all fairness, it was supposed to take us two years. It took us five, but only because I had this wonderful guy called John Castaldo who encouraged me or I encouraged him. And we almost gave up a few years ago, but we decided to keep at it because we were encouraged by good friends. And it was a labor of love, and we're actually kind of proud of it and a little surprised that it seems to have struck the nerve that it has. Not only among medical students, because we were told by some of the big publishers, you know, there aren't enough medical students around, but it seems to have struck a nerve among regular people, nurses, people who have lost relatives, people who have had kids in coma or new kids in coma, who I bet you would relate to that story called *Sitting With David*, one of my favorite stories. And I'm delighted to hear how many people seem to love the book.

**Andrew Schorr:**
Well, I respond to it immediately, and, again, I deal with medical topics every day, and so I know it's out there. I want to mention it again. The book is called the *The Man With the Iron Tattoo*, and we heard who that was from Dr. Castaldo at the beginning of the program, *What Our Patients Have Taught Us About Love, Faith and Healing*. It's from BenBella books. You can get it at Amazon or wherever you may shop, but it's all there for
you, and it came out in December. Well, I hope there will be more stories to come, but I'm eager to see those 13 stories, we've heard about some of them here, because it's very memorable just hearing you recount them.

And, Dr. Castaldo, you're still pretty active in practice, so I imagine there may be more stories to come, right?

**Dr. Castaldo:**
Well, I think we're both very interested in writing another book, and we have many more things to share about what we've learned and how important it is to allow patients to heal with us and teach us how to heal them. So we think that the best way to learn is through our patients, and we love to tell their stories so others can learn too.

**Andrew Schorr:**
Well said. It's has two way street. That's what I think. I view it as, I think in England don't they call physicians consultants?

**Dr. Levitt:**
Yes.

**Andrew Schorr:**
And so I sort of preach that here in America is that folks like you with your letters after your name, and sometimes there are many, and many years of experience, you're consulting us to help us get healthy again or be as healthy as we can be. So it really is a two-way street. So it's really exciting for me to hear you gentlemen talk about what you've learned as listeners. And I'm always going to remember that story, now, Dr. Castaldo, Go With the Dog. I'm going to put that up on my wall, go with the dog, because it's very important.

Well, thank you both so much for being with us. Dr. John Castaldo, chief of the division of neurology at Lehigh Valley Hospital and now author, and also Dr. Laurence Levitt, neurologist emeritus from Lehigh Valley as well. Thanks, both of you, for being with us on Patient Power, and we'll look forward to digging in further into your book.

Thank you so much for being with us on Patient Power today. Tomorrow we're going to switch gears again, premature ovarian failure in younger women, and hear from a leading expert in reproductive medicine as well. Remember always, knowledge can be the best medicine of all. I'm Andrew Schorr. Have a great day. Bye—bye.

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