



Lessons Learned When the Physician Becomes the Patient

James Michael Jackson, M.D. '87, was living his dream. Since injuring his knee playing basketball in high school, he knew he wanted to be an orthopedic surgeon. Thirty years later, he had it all: a loving wife, Patti; two young children, Julia and Jacob; and a successful orthopedic practice. However, life as he knew it would change. Three years ago, he developed primary progressive multiple sclerosis, which abruptly ended his beloved surgical career but gave him opportunities to learn lessons about what really matters in life.

In His Own Words by James Michael Jackson, M.D. '87*

It had been 19 years since medical school. Our orthopaedic practice had grown to four fine doctors and a supportive staff. We built our own surgical center, located near the Los Alamitos Medical Center. I had served as chairman of its department of orthopaedic surgery for six years and had passed the position to another. Now I could devote myself to my patients. I took deep satisfaction from giving them the kind of care I had seen my mentors give to theirs.

The practice was thriving. The office hummed and my weeks were jammed. The calendar firmly marked the surgery dates ahead: six months of hip replacements, knee arthroplasties and rotator cuff repairs scheduled for three days a week. The office booked 30 to 50 appointments a day for the other two work days. We moved things around to make room for emergencies or addressed them after hours. Every minute was booked. We were too busy to leave even an hour open. Days started before sunrise and ended long after sunset. Always. I called it “the dark-to-dark day.”

To most people, days like these would seem unbearable. For me, it was heaven. Yes the hours were long, but I never thought so. It was my passion. I could freely devote all my energy to patient care with grand satisfaction. I always felt fortunate to be a surgeon who had earned his patients' trust. They allowed me to enter their body through a skin incision to heal their condition. I never took it lightly and never considered a case routine. As all surgeons know, there simply is no such thing. I was confident in my surgical skills. I was well-trained and prepared for any possible complication. Surgery to me was like a symphony that played every day to a perfect tune.

Life was good.

It was in the summer of 2005 when I first noticed that something wasn't right. I was part of an amateur cycling group, training weekends for a Century Ride — 104 unbroken miles through California. First, my ability to stay with the group began to erode. The symptoms escalated to post-workout pain and spasms in my hips and legs. Within four months, I stopped riding altogether.

I decided to focus what energy remained to my duties with orthopedic patients, but I started to tire easily. At times my hands would be unsteady and shake. I rested between cases. I began tripping over things with my right leg for no apparent reason. I tried cutting back on my schedule. It made no difference. I was still struggling. My affect in the operating room changed. It went from an easygoing confidence to one of dread at the mere thought of treating any case for over an hour.

Patti and my children noticed a change as well. I didn't have the energy to play with Julia and Jacob. I was too tired to be intimate with my wife. I was deteriorating quickly, but I was caught in denial. I refused to believe that my perceived omnipotence was failing and that I would be unable to continue my passion as a surgeon.

One morning I imagined that a bit of exercise would kick-start my energy. I put on my exercise gear and began to ride the stationary bike in the garage to see if it would help. After 10 or so revolutions I had to stop because I couldn't feel my own legs pushing on the pedals. Somehow I got off the bike without falling and went into the house, screaming, "Patti, help me, please!" Patti leapt out of bed and ran down the stairs, thinking that I might be having a heart attack. My legs were collapsing beneath me. I needed to see a doctor right away.

That took care of my denial. I was evaluated by a critical-care doctor who ruled out life-threatening issues such as myocardial infarction. My condition was officially diagnosed in 2008, when I was referred to a neurologist, when an MRI of my brain revealed the problem: multiple white spots — multiple sclerosis of the progressive type.

When the doctor told me that I would no longer be able to practice medicine, I was crushed and in despair. I thought of my patients. Who could care for them as well as I? I thought about Patti, Julia, and Jacob. What burden would I now be placing on their shoulders?

Due to circumstances, I was forced to trade my white coat for a tie-back gown. As a patient, I was experiencing medicine from a different perspective—tests and more tests, cold tables and austere rooms, worried family and friends, mounting medical expenses and an uncertain future.

With the support of my family and friends and a great bit of soul searching, I realized that I am a person first and a physician second. The surgeon part of my life is over, but my family cherishes me for being a loving husband and father. They care about me, not the surgeon part. They are proud of me no matter what. Their love is unconditional.

My family taught me a great lesson in life. Circumstances cannot change love. In the difficult times, it is love that keeps you going. Passions can be taken away, often not by our own choosing. Love is permanent. There is no substitute for the support of an individual. There is no replacement for a family's love and support.

Ironically, my contribution to the MS cure has been through my passion for cycling, which began when I was 17 years old. The year was 1975. My older brother Jeff and I made a 1,600 mile trek from Los Angeles to the Oregon/Washington border and back. We were gone 34 days. An important part of my new life is rediscovering my enjoyment of cycling. What used to be effortless is now difficult and zaps my energy. The support and encouragement from my family and teammates make what I thought was once impossible now possible.

Twice I have ridden the Bike MS Bay to Bay Tour. The two-day fundraising cycling event from Irvine to San Diego supports the National MS Society's mission to create a world free of multiple sclerosis, the most common neurological disorder leading to disability in young adults. The bike ride is important to me—not to ride the bike, per se, but to inspire others with neurologic or musculoskeletal disorders.



James' cycling jersey.

In 2009, I had a special bike built for me. It had a low center of gravity so I wouldn't fall over. Other modifications included 30 gears so that I was able to climb the mole hills that seemed like mountains to me. Jeff and my cousin Tom rode alongside me, encouraging me with every revolution of the pedals. During the 100 miles, my feet were numb. I fell twice but had sustained no major injury. I rode slowly and rested frequently. When I finished the ride, I literally had to be extracted from the bike and could not stand for almost three hours. I was

honored to receive the Most Inspirational Rider Award. Jeff hugged me, and we both started to cry. He was speechless. So was I.

For the 2010 ride, Patti was the captain for a 16-rider team, that included Jeff and me. Our team raised \$16,910. By this time the MS had progressed, and I was unable to ride a bike on my own. I did the race on the back seat of a tandem powered by Jeff's fit physique and true grit. My significantly smaller-statured brother transported my 6'5" 270-pound frame. With 10 miles to go, I developed a severe, painful spasticity in my right chest wall. Completing the ride seemed impossible. To support my spastic right arm, paramedics bandaged me. Still, the intense pain wouldn't stop. I was determined to finish.



James, with his right shoulder bandaged, and Jeff ride to the finish.

We were raised by a single mother so Jeff always assumed the role of my protector and mentor. Growing up, I knew he always had my back. As I struggled to hold on to the bike handle with my left hand and endure the excruciating pain, I mentally rested in the confidence that Jeff not only had my back, but he had all of me. We shared an invisible and invincible bond that not even a debilitating and incurable disease could break. In reality, our bond has been strengthened by my weakening. Jeff pedaled fast enough to keep the bike from falling over. He could have walked faster. Finally, in what seemed like forever, we crossed the finish line.

Old habits die hard. I still set my alarm for 5 a.m., which was the time I awoke when I was a surgeon. My work these days is another passion – writing to inspire others. I am on the verge of publishing my first book, *Finding My Balance: Reflections of an Orthopedic Surgeon*. My current project is the *Lessons Learned after Medical School* forum, featuring short motivational essays and inspirational stories submitted by physicians around the world <http://llams.proboards.com> The goal is to compile the collection into a book series and use the proceeds to fund a medical student scholarship.

Medicine will always be a part of me. Recently, I contacted the UCLA Medical Alumni Association to learn ways I can mentor students. Despite my physical limitations, there are mentoring opportunities. I can use my years of surgical experience in an anatomy lab or be a virtual advisor. I feel a passion developing for mentoring, just like the passion for writing and, yes, just like the passion I had as a surgeon.

Life is good!

*Article contains excerpts from *Finding My Balance: Reflections of an Orthopedic Surgeon* by James Jackson, M.D.