

## S2E2 - Mrs. Archibald

### Transcript

**Narrator:** [00:00:01] Welcome to part two of this season of *Patient*.

**Judith:** [00:00:05] And I laughed and giggled over it because there was my answer right in front of me.

**Narrator:** [00:00:12] It's like you knew. You just immediately intuitively knew this was what was happening to you?

**Judith:** [00:00:16] If you had heard my story and you went to read that article, you would have no doubt, absolutely no doubt.

**Narrator:** [00:00:25] Did you ever tell them? The authors of the article? Did you ever reach out to them? Did you ever talk to them? Did you ever tell them that this thing that they had written helped you solve this mystery?

**Judith:** [00:00:35] I have talked with them and I think they're a little amused that I should find it so helpful. I definitely talked a long time with Debbie Quam [ph], too. It came to me at a time in my life when I really needed some answers. And just in those five or six pages, it gave me the answer.

**Narrator:** [00:01:01] Canadian Patient Safety Institute presents *Patient*, a nonfiction medical podcast about people trying to fix modern health care from the inside out. I'm your host, Jordan Bloemen. Listener note. This season of *Patient*, we're doing things a little differently: We're telling one story across three episodes. If you haven't already listened to part one of this season of *Patient*, jump over and give that a listen first.

[0:01:48] Judith Maxwell wasn't doing well. The story of this eight-year medical saga starts in 2008, when, at the behest of her family, doctor, Judith went to a specialist who made a routine modification to her diabetes medication. After a subsequent health scare in London and the beginning of a series of A-fib or atrial fibrillation attacks, Judith found herself pinwheeling between inexplicable symptoms and doctors prescribing medications to address those symptoms.

**Judith:** [00:02:10] Overall, I saw 22-plus physicians and specialists, I saw four neurologists, a rheumatologist, four cardiologists, and a gastroenterologist.

**Narrator:** [00:02:26] Judith, who, prior to this point, had been active and healthy and engaged in life, now found herself physically incapacitated and in a deep depression, even as new symptoms emerged and new doctors prescribed her new medications to address those new symptoms. We know all of this because Judith kept notes.

**Judith:** [00:02:45] You have to remember, I was a teacher, and after a while, I decided that I knew what had happened, something that I had to keep really good tabs on things in case I needed to give that information to a physician so that they would be able to help me, which obviously for eight years nobody was able to. July of 2008, I...

**Narrator:** [00:03:05] I so asked Judith to go back through her notes and find the moment when it all clicked.

**Judith:** [00:03:11] And I laughed and giggled over it because there was my answer, right in front of me.

**Narrator:** [00:03:18] There's a trope in medical mysteries, mysteries of any kind, where the hero solves the mystery by remembering something from their past, something someone said. Some detail comes back to them and crystallizes the whole thing. But that's not how this happened because Judith Maxwell wasn't a detective; she was a researcher. And that's exactly how she solved it.

**Judith:** [00:03:41] When I first read the article, the first paragraph caught my eyes totally.

**Narrator:** [00:03:50] The article Judith found was written by pharmacists Debbie Kwan and Barbara Farrell, and the article itself uses a character as a narrative voice, a character named Mrs. Archibald.

**Judith:** [00:04:00] And I decided to read what happened in the article to Mrs. Archibald. And Debbie Kwan and Barbara Farrell very carefully lead you through with little parts of Mrs. Archibald's story and then an explanation. Another little part of her story and then an explanation.

**Narrator:** [00:04:26] What was the first thing you did after you read it?

**Judith:** [00:04:28] I was so excited that I had my husband read it right away. He could not put it down. I emailed it to my sister-in-law who was on holiday in Mexico and said, "You've got to

read this.” She sent me back a quick email and said, “I haven't time to read it, Judith.” And then I got another one back saying, “Oh, I had to read it to the end. I couldn't put it down.” And from then onwards, I wrote to all my friends, sending them the article and saying, “Every time you see ‘Mrs. Archibald,’ I want you to substitute and put in ‘Mrs. Maxwell.’”

**Narrator:** [00:05:06] For closing in on a decade at this point. Judith had been bouncing from doctor to doctor, being prescribed medication after medication to treat symptom after symptom, all of this with no hard answer as to what was behind the cascade of problems. Judith didn't know what was wrong with her, only that something was wrong. And here with this article, she saw that perspective and that story writ large. Judith saw herself. Herself was just named Mrs. Archibald. I asked her to read the article to me, and I tried to picture a woman at the end of an eight-year-rope sitting on the end of a bed, reading an article and having a revelation.

**Judith:** [00:05:49] And it reads as this: “Mrs. Archibald, a 92-year-old woman, has been a customer at the pharmacy for many years. When her son Ken comes in to pick up her monthly blister packs, the pharmacist told him that she's been started on yet another medication, and she now needs to use two blister packs, only to hold all of her 17 medications.” And I suddenly thought, “Boy, that sounds like me.” And I decided to read what happened in the article to Mrs. Archibald.

**Narrator:** [00:06:30] The article continues. Ken sighs heavily and says it's hard to get her to take the medication she already has. She's getting dizzy and confused. Her nausea is worse and she hardly eats. She's had several falls recently and is now afraid to go out. The elderly represent one of the fastest growing segments of the population, and their use of medication is increasing significantly. In Ontario from 1997 to 2006, the population older than 65 years of age, increased by 18%, while their claims to the provincial drug benefit program increased by 21.4%.

[0:07:10] I'll jump ahead a little bit. Mrs. Archibald's medication load is not that unusual. The term “polypharmacy” refers to the use of multiple medications, typically five or more. Recently, it's been used to describe the use of inappropriate medications or more medications than clinically indicated. Polypharmacy is not solely about the number of medications used, but also about their effectiveness, their utility, and potential harm of each medication, both individually or when you put them together. Polypharmacy. So there you go. The answer to the mystery, it was polypharmacy. Do you get it. Does it make sense? If you were Judith sitting on the end of the bed, would everything have crystallized? You see, Judith was sick, which meant there had to be something wrong with her. Why would she keep facing symptoms? Why would doctors keep prescribing medication? If something wasn't profoundly wrong with Judith, why was she so sick?

It's okay if everything didn't click just now. It didn't for me either because I'm not Judith. But for her, this article made everything make sense. The rest of the story after this quick break.

[0:08:29] *Patient* is brought to you by the Canadian Patient Safety Institute. Established by Health Canada in 2003, the Canadian Patient Safety Institute works with governments, health organizations, leaders, and health care providers to engage the public and to inspire extraordinary improvement in patient safety. To learn more about CPSI, visit [PatientSafetyInstitute.ca](http://PatientSafetyInstitute.ca).

**Sandra:** [00:08:56] We all know that medications have their pros and cons. Every medication fixes a problem, and it also has potential side effects.

**Narrator:** [00:09:04] This is Sandra Hanna, a practising pharmacist and the vice president of Pharmacy Affairs for Neighbourhood Pharmacy Association of Canada.

**Sandra:** [00:09:11] Ultimately, with every health care decision, we're always weighing risks and benefits.

**Narrator:** [00:09:18] Judith had found her answer. But that doesn't mean that we have. She found her answer in that article about polypharmacy, which, if you're like me, didn't make everything click. It actually raised more questions like, sorry, define polypharmacy for me again? In order for this all to click for us like it did for her, you need to go back; you need to go way back all the way to the beginning. Because the solution to the mystery of what was wrong with Judith, what illness was causing all of these symptoms, demanding all of these prescriptions, the whole mystery is hinged on one idea, one premise, one presumption: that Judith Maxwell was ever even sick.

**Judith:** [00:10:07] July of 2008, I started seeing for the first time more specialized health care.

**Narrator:** [00:10:19] Judith's doctor sent her to a clinic, a specialized clinic, where she would receive specialized treatment for her diabetes.

**Judith:** [00:10:27] And at that clinic, in about ten minutes, she took ten minutes to decide that she wanted to double all my medications and add a new one. So she doubled my metformin, she doubled my Crestor, and she added Diamicon. And from then on, I started to have problems with the medications.

**Narrator:** [00:10:50] Everything that followed followed that first visit where a specialist doubled her diabetes medication. That one incorrect dosage of medication led to a symptom that was solved with another medication, which then led to another symptom. That symptom was then solved with another medication and so on and so on and so on for eight years. Polypharmacy from the article is basically just a term for taking multiple drugs, and it can lead to something called adverse drug reactions, which is basically any kind of an injury resulting from a medication. You put all that together and the thing that was wrong with Judith was that everyone was convinced that something was wrong with Judith. So they kept giving her medicines and it was those medicines piling up on top of each other that were actually making her sick. Put another way, aside from her diabetes, which was already being treated, Judith wasn't sick to begin with.

**Chris:** [00:11:54] Some of the harm that happens is catastrophic, quite frankly. I mean, many people lose their lives because of unintended harm in the health care system.

**Narrator:** [00:12:02] That's Chris Power, CEO of CPSI. We heard from her last episode.

**Chris:** [00:12:06] And so those things happen, and those in the health care system haven't always been the most forthright in coming forward and apologizing or explaining what's happening. I think it's getting better, for sure, but I think, you know, health care just feels like it's a right. We all feel that we have this right to health care in Canada. And people go blindly into the system and just assume that they're going to be well cared for and that, you know, harm is not going to happen to them. And when it does, it just it feels like such a betrayal, I think, sometimes to people, right? Because you, you know, you wouldn't buy a car or you wouldn't buy a house without researching it and test-driving and and doing all those things. Yet we walk – including me – we walk blindly into the health care system and just make assumptions that those the doctors and nurses and pharmacists and anybody who's looking after us are going to do so, not make mistakes, it's going to be safe. And, you know, we just don't think about it. We just don't think about it.

**Narrator:** [00:13:08] The technical term for what Judith experienced was an adverse drug reaction. Can you tell me what that is?

**Chris:** [00:13:13] So an adverse drug reaction is something happens that it's not intended to happen, like you have an allergy to the medication you didn't know about, so you start to take that. Or you have something happens when you take that medication, you get sick, you develop other symptoms. It may be because you were given the wrong medication. Could've been that

you were allergic to it. It could have been it wasn't what you needed in the first place. Whatever those things are.

**Narrator:** [00:13:41] The intention of the drug is one thing: to make you stop itching, to remedy a headache. The intention of the drug is to solve a problem. But instead of stopping itching...

**Chris:** [00:13:51] It makes you sick. It makes you vomit. So those are adverse drug reactions. It means that it isn't doing what it was intended to do.

**Narrator:** [00:14:03] Judith's drugs weren't doing what they were intended to do. From that first double diabetes medication all the way through, it was medication after medication, not doing what it was supposed to do, which is a hard thing to convince people of.

**Judith:** [00:14:19] It's a matter of having people believe. And not everyone will believe – certainly among seniors – not everyone of the seniors will believe that medications can make you sicker with them than without them. And I was sicker with them than ever without them.

**Narrator:** [00:14:45] Why do you think so many people who've been through what you went through decided to take this up as a cause? A lot of people go through a lot of really, really difficult medical circumstances, but they don't decide to, you know, to champion it. And I feel like this is something that if I went through, I'd want to forget it as fast as humanly possible. And yet you are an advocate about this.

**Judith:** [00:15:10] One of the big things for me now is that I'm 81 now and my health has deteriorated somewhat in the last year or two. And I would like to think that I can make a difference enough that it actually helps somebody before I get to a point where I'd say, "Well, you know, I really put a lot of thought care and effort into this, and maybe it's time for someone else to take the battle on."

**Narrator:** [00:15:45] Out of curiosity, I asked Judith why she thought so many people that have experienced adverse drug reactions decide to become activists for preventing them. I'm curious, what do you think?

**Chris:** [00:15:57] Well, I think just the experience that they go through and, you know, wanting to change the system to be sure it doesn't happen again. Part of the work we're doing at CPSI now is to raise awareness so that we say we all have a responsibility to keep ourselves safe, those who are providing care and those receiving it, so we need to understand the health care system and do that. But I think one of the reasons people get so incensed is because it feels

like such a betrayal to us. We just thought we were going to be safe. It didn't cross our minds that mistakes were going to happen. And I think often, that's the case.

**Narrator:** [00:16:33] Judith's story didn't end with her figuring out what was happening to her, because once you realize that it might be the medicine that's making you sick, you have to actually confirm it, which, when the medicine might be keeping you alive, is a lot easier said than done. And once you've done that, there's still the question of what do you do next? Not just how do you move on, but how do you prevent this from happening to other people? And is that your responsibility? We're going to speak with other people who faced adverse drug reactions. We're going to speak with activists, we're going to speak with health care providers, and we're going to speak with pharmacists about how you solve a problem that comes from the place that's trying to provide a solution – on the next episode of *Patient*.

[0:17:39] Big thanks to our sponsor, Canadian Patient Safety Institute. If you're interested in the subject of the season, you should visit [PatientSafetyInstitute.ca](http://PatientSafetyInstitute.ca) and search “five questions to ask about your medication.” You'll find a checklist of five essential questions to ask when your doctor or health care provider starts, stops, or changes any of your medications. It's interesting and relevant to the story we're telling. Check it out.