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**Doctor Nose**

**The Original Doctor Nose™ Mystery**

**Doctor Nose**

**A Novel By**

**David A. Evans**

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David A. Evans

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This book is a work of fiction. Any resemblance to events, persons, names or characters, living or dead is entirely coincidental, and are products of the author's imagination.

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For Kay

And

Elisabeth, Melanie, Allison.

## **Prologue**

Doctor Nose (The Doctor Nose Mystery Series Book 1) She knew that in the dog lab no one could hear her Doctor Nose (The Doctor Nose Mystery Series Book 1) scream. Deep in the bowels of the hospital, at this time of night, only rats and the occasional stoned custodian would be within earshot.

She reflected on how well the powerful local anesthetic was doing its job. A strange thing to be considering under the circumstances. In addition to eliminating the pain, the drug gave her a sense of well being, almost of euphoria, which was just the opposite of what her situation dictated. No wonder it was such a popular street drug.

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It was remarkable, really, how good she felt. Closeted with an obvious psychopath, no means of escape, no way to call for help. Someone in these dire straights should be feeling an unmitigated sense of defeat.

Those, in fact, were her final thoughts as she gazed down at the oozing pool of gray Jell-O-like material, realizing that this must be the remains of her frontal lobe.

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**As I think back** now about these events, it seems to me that the whole thing began on what must have been an inauspicious day, although at the time, it Doctor Nose (The Doctor Nose Mystery Series Book 1) seemed rather ordinary.

“Drucker, do you have a minute?” asked Mark Mitchell, one of the pediatric surgeons.

“Sure, anything for you,” I replied. Mark was not one to be turned down easily. He was persistent and tenacious, a real thorn in the side of the hospital administration, which meant he usually got his way. The old squeaky wheel theory. We went into the on-call doctors sleeping room for some privacy. It was a small, windowless room with rumpled sheets on the bed. Probably the cardiovascular surgeon had spent the night there. There was a rack of wrinkled white coats, each embroidered with a doctor’s name over the right chest. Many showed coffee stains, evidence of late-night emergency bring-backs to the operating room.

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“Say, we were negotiating with SAP regarding their newest lousy contract offer,” Dr. Mitchell began. SAP was the Simpleton Association for Physicians. This was a group of physicians affiliated with the Simpleton Hospital System, a corporation that owned many hospitals in Northern California. SAP consisted of physicians indirectly employed by the hospital system, under the cover of Doctor Nose (The Doctor Nose Mystery Series Book 1) the Simpleton Charitable Foundation. It would be illegal Doctor Nose (The Doctor Nose Mystery Series Book 1) for the hospital to directly employ these physicians. It was prohibited under law for hospitals to have physicians as employees. Sort of a separation of church and state, since some physicians viewed themselves as deities. SAP chose to employ physicians in fields where they thought they would make the most money, and avoided highly specialized, high overhead fields. Thus, SAP could not get all the services they needed from their own group of doctors. SAP needed to contract with outside physicians for services that their doctors could not supply, such as pediatric surgery.

It was beyond my understanding and, I presumed, the understanding of every independent physician in the community, as to why the Simpleton Charitable Foundation, or SCF, kept pouring money into SAP. In its entire history, SAP had never been in the black. SAP was leaking millions of dollars like a sieve, but SCF kept filling it up, at the expense of all the independent doctors, and at the expense of ancillary hospital services, such as speech therapy, occupational therapy and audiology. It was a source of consternation and Doctor Nose (The Doctor Nose Mystery Series Book 1) considerable bitterness. Simpleton said they needed a base of primary care physicians in order to keep their Doctor Nose (The Doctor Nose Mystery Series Book 1) hospitals full of patients. Be that as it may, I could not understand how that rationale translated to their need for a stable of specialists.

“Jackson Outman, their CMO, wanted us to accept rates ten percent below the 1999 Medicare rates,” continued Mitchell. I knew Jackson Outman—Chief Medical Officer—he was a doctor who Doctor Nose (The Doctor Nose Mystery Series Book 1) had been seduced by the dark side of Doctor Nose (The Doctor Nose Mystery Series Book 1) Doctor Nose (The Doctor Nose Mystery Series Book 1) the force. Once a successful urologist, he now worked for SAP as their chief medical officer—henchman and lackey for the hospital administrators. He practiced one half day every other week to keep his privileges active, in case the whole HMO scene went to hell, and he had to go back to work. His main role was trying to bully Doctor Nose (The Doctor Nose Mystery Series Book 1) his former colleagues into accepting shitty rates of reimbursement. He was the enforcer and, in some cases, the terminator, as I was to learn later.

Medicare rates had been steadily declining over the past few years, and the latest fee schedule was the worst ever. Health care had come under scrutiny from Washington as being too expensive. Many procedures did not pay enough to cover office overhead. The concept of Medicare rates for pediatric cases, of course, was ludicrous, as almost none of these patients

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were on Medicare.

All Doctor Nose (The Doctor Nose Mystery Series Book 1) fees are based on a “relative value” scale. This is an antiquated and arbitrary classification of what Doctor Nose (The Doctor Nose Mystery Series Book 1) procedures are worth due to difficulty, specialization, and strength of the underlying specialty doctors group, and the influence of their lobbyist. In my specialty (Otolaryngology, or Ear, Nose, and Throat) for example, placing ventilating tubes in the Doctor Nose (The Doctor Nose Mystery Series Book 1) ear—a ten-minute procedure which can be done by the first year ENT resident, carries a higher RVS or relative value than removing the tonsils and adenoids—a 30 to 45 minute procedure, with significant potential for complication. This is because the good old boys who set the relative values way back when were ear surgeons. In our HMO riddled environment, “Medicare Rates” were used as a benchmark—they were bad, and we tried not to accept anything worse if possible. Lately we had seen that goal fall by the wayside.

At any rate, Mitchell continued, “I told him that was ridiculous. There was no way we could accept those rates and keep our office open. He knows that our office is in the Simpleton Professional Building, and that our rent is \$2.00 per square foot each month. He said we had to accept those rates. If we didn’t they would hire their own specialists and quote ‘break our neck,’ just like they did in ENT. I thought you might be interested in knowing this, since you provide such a high level of service to their hospital. Doctor Nose (The Doctor Nose Mystery Series Book 1) I don’t believe they give you any financial support, do they?”

“No, they don’t give me squat.” I knew he was fishing for information, as always, but I was too incensed about what he had said to care. “That son of a bitch. That’s gratitude for you. Thanks for the head’s up,” I Doctor Nose (The Doctor Nose Mystery Series Book 1) finished, as Mitchell went back to the operating room. I headed back to my office. I was pissed. Unfortunately, it wouldn’t be the last time. I had been laboring for years under the misconception that deep down somewhere the hospital really did have my best interests at heart. This was a rude awakening.



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**In the surgeons** lounge outside the call room were two of the perfusionists. These individuals were responsible for maintaining circulation while the heart was stopped during cardiac surgery. They were working a crossword puzzle. I enjoyed giving them a hard time.

“Can’t you find anything useful to do with your spare time?”

“This is useful. We’re expanding our minds, finding new ways of looking at things. Don’t underestimate the power of the puzzle.”

“If you say so.”

## **Doctor Nose The Doctor Nose Mystery Series Book 1**

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