

The Pedant and the Scoundrel



I usually enjoy expanding my vocabulary. Indeed, the Wordsmith website (www.wordsmith.org) e-mails me a new word each day. I like to sound professorial when I interact with my students and colleagues, stumping them with words such as *sternutation* (defined in *Merriam-Webster's Collegiate Dictionary* as “the act, fact, or noise of sneezing”) and *singultus* (“hiccup”). One of my favorite words is *sciolism* (“a superficial show of learning”), which I use on rounds now and then when a resident is trying to show off. For some others, such as *logomachy* (“meaningless battle of words”), I have little use—although I might if I were involved in the current presidential debates.

Anyhow, I recently learned a word I wish I had not: *bitcoin*. A bitcoin is a form of digital currency that allows users to interact relatively anonymously. Although bitcoins have many valid uses, they have also acquired some darker purposes: money laundering, the purchase of goods on the black market, and—as I learned on March 21st—payment in ransomware scams. Ransomware is a type of malware (nefarious software) that is designed to infect a computer and block stored data until the user pays a ransom.

On that memorable Monday, I came to work as happily as always, only to find that my computer was not functioning. When I bolted out of my office, I learned that the problem was epidemic. Not only was our institution affected, but all 10 hospitals within the mother ship of MedStar Health, our not-for-profit owner. We were being held for ransom by an unknown predator who had infected us with a virus and was holding out for \$19,000 in bitcoins. Our situation even made it onto *NBC Nightly News*.

What happened over the next two weeks recalled the good old days. We had no Internet, so we made person-to-person visits and telephone calls to our colleagues. We were unable to fill out electronic medical records (and had to admit that we missed them, however much they had tortured us initially). Instead, the fellows were forced to write clinic notes by hand. Of course, their handwriting generally was unreadable—another chance to reiterate my plea to continue teaching cursive writing in grammar schools. Fortunately, we had retained some paper

prescription pads and chemotherapy order forms, so drugs were provided seamlessly and appropriately. There were some issues at first with retrieving laboratory results, but then we rediscovered the fax machines and telephones. I was unable to schedule a patient for a red cell transfusion in our outpatient infusion unit because the scheduling application was down, but the patient was able to get his treatment in the emergency department.

We had the option of paying the ransomware scallywags and being released from bondage. However, our leaders took the old high road: “We will not give in to terrorists.” Over the next two weeks, our formidable team of information technology folks worked 24/7 to rebuild system after system. Our electronic medical record system went back up, and a few days later we had Internet access once again. Now, things are pretty much back to normal information-age impersonality.

Through all of this potential chaos, the physicians, the nurses, and the rest of the staff maintained their composure, and there were no events that jeopardized patient care. Even the patients demonstrated estimable patience with our plight. What could have been a *Gebenna* with raging *tohubobu* as a consequence of the actions of this *flagitious* individual ended up being merely *incommodious* (I'll leave you to look these up yourself).

We were not the first, and certainly will not be the last, to fall prey to ransomware. No matter what sort of institution is assaulted, the effects are costly, the impact ranging from inconvenient to devastating. Disrupting patient care is the quintessence of despicable behavior.

I don't know how much more than \$19,000 in bitcoins our institution ended up spending to correct the problem, but we all took pride in how things were dealt with at our end.

Until next the next lunar period ...

A handwritten signature in cursive script that reads "Bruce D. Cheson".

Bruce D. Cheson, MD