

# 'Forum' Urged to Clarify Cause of Hughes's Death

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MIAMI, April 24—A doctor who treated Howard R. Hughes in his last months says that "a forum" is needed to clarify why Mr. Hughes died of untreated kidney failure.

A striking irony of Mr. Hughes's death is the fact that he gave millions of dollars to his research institute here that helped develop the very kidney therapies that could have been used to prolong his life, but inexplicably were not employed.

Partly through support from the Howard Hughes Research Institute, doctors over the last two decades have developed kidney transplant techniques and, through dialysis therapy developed elsewhere, have removed chronic kidney failure from the long list of untreatable conditions.

Tens of thousands of kidney patients have been kept alive by kidney transplants and artificial kidney dialysis treatments, that Mr. Hughes could easily have afforded.

Dr. Homer C. Clark, a Salt Lake City clinical pathologist who had treated Mr. Hughes on a rotating basis with two other doctors, said in a telephone interview that he had been surprised by Mr. Hughes's death on April 5, because when he last saw the industrialist in Acapulco, Mexico, in early March he had no reason to think that Mr. Hughes had a terminal kidney ailment.

Dr. Clark said that a "BUN," a blood test for kidney damage, "was not remarkable," but he declined to state the date the test was done. Dr. Clark's brother, Rand Clark, is an executive of the Summa Corporation, the Hughes holding company.

It was his uncertainty about Mr. Hughes's rapidly changing condition that led Dr. Clark to propose a forum that would reexamine the circumstances of his death. Dr. Clark did not elaborate on how or by whom the forum would be conducted.

Ordinarily, questions about a person's medical care would be considered a private matter, protected by the confidentiality of the patient-doctor relationship.

But Mr. Hughes, though a recluse during the last 20 years and a private citizen, was very much a public figure.

Many questions about his medical care touch upon his ability to manage his own affairs. The questions could bear on the validity of a will, if one is found, or the circumstance under which it was signed, and the future of his medical research institute that was expected to receive a large share of his fortune.

## Some Questions

Among the unanswered questions are the following:

¶Why was Mr. Hughes's chronic kidney condition apparently detected only hours before his death? Chronic kidney failure progresses over a period of many months, if not years, and generally is diagnosed well in advance of death, not just before.

¶If Mr. Hughes refused to let his doctors take the blood and urine samples needed to diagnose his condition, to what degree did the doctors emphasize to their patient the importance of these tests, given Mr. Hughes outward signs of deteriorating health? Did Mr. Hughes's irascible personality make him a difficult, if not impossible patient for his doctors to manage?

¶If the diagnosis of chronic kidney failure was suspected before death, did the doctors communicate the seriousness of its nature to Mr. Hughes, and how? Mr. Hughes was partly deaf. Did the doctors hold up pieces of paper in front of his eyes? Was he mentally alert, or had the poisons accumulating in his body reached the point where they had clouded his thinking processes, as can happen in the late stages of chronic kidney failure? Was he told he could continue to live in seclusion in his hotel complex or wherever he called home as an artificial kidney cleansed his blood?

¶Why were different diagnoses given for Mr. Hughes's condition before and after death? When Kenneth A. Wright, administrator of the Hughes institute, called to make arrangements for Mr. Hughes's admission to Methodist Hospital in Houston, he cited a tentative diagnosis of a diabetic coma. But Mr. Hughes was not known to be a diabetic and apparently did not receive insulin injections—the basic treatment for diabetic coma—during the critical period before death. Officials of the Summa Corporation, Mr. Hughes's holding company, initially attributed his death to a stroke. Dr. Victor Emanuel Montemayor, an Acapulco physician who was summoned to examine Mr. Hughes hours before death, said, even after the autopsy disclosed chronic kidney failure, that he thought Mr. Hughes had suffered a stroke on top of neglect.

## Question on Drug

The autopsy gave cause of death as chronic interstitial nephritis with papillary necrosis. This diagnosis leads doctors to ask whether Mr. Hughes took phenacetin, a drug commonly included in over-the-counter and prescription pain killers. Mr. Hughes took codeine. Phenacetin is included in several codeine preparations. Repeated use of phenacetin over a period of years can produce the specific type of kidney disease that pathologists said killed Mr. Hughes. If Mr. Hughes took phenacetin, was he warned of the risk?

The type of kidney disease diagnosed had also made some doctors wonder if Mr. Hughes's kidney condition resulted from an untreated and large prostate gland that obstructed the flow of urine.

Dr. Joseph A. Jachimczyk, the medical examiner of Harris County, Texas, who observed the Hughes autopsy, said he knew the answers but could not comment. A secretary to Dr. Jack Titus, the Methodist Hospital pathologist who did the autopsy, said he could not comment at the request of the Hughes family.

Some questions raised in Mr. Hughes's case might have been answered if he had died in Acapulco and Mexican officials had coordinated an inquiry based on results of an official autopsy done locally. But Mr. Hughes was treated in Mexico and his autopsy was done in Methodist Hospital, a unit of Baylor Medical School, which receives support from the Hughes Institute among other sources.

An autopsy can rule out foul play as a cause of death and it can pinpoint the cause of natural death. But a pathologist who does an autopsy without access to the patient's medical records or chart generally cannot judge the medical therapy before death.

A medical examiner not connected with the Hughes case has asked how the Houston pathologist established the time of death to rule out the possibility that Mr. Hughes had died in Mexico. Dr. Jachimczyk said "two qualified doctors said that's when he died and that's good enough for me." Dr. Jachimczyk said he did not know if other pathologists had measured the progress of rigor mortis, one way to verify the approximate time of death.

Dr. Jachimczyk said that though he was "tempted" to do Mr. Hughes's autopsy as a medical examiner's case, it "did not come under our jurisdiction because he was under treatment by qualified physicians, there was no evidence of foul play, the family gave permission for an autopsy, and he was not handled any differently than any other death under the same or similar circumstances."

Because the autopsy was done privately with the permission of Mr. Hughes's next-of-kin at Methodist Hospital, the report is sealed as a confidential medical record. Dr. Jachimczyk said that if he had done the autopsy as a medical examiner's case, the record would have become public to anyone paying the \$15 clerical fee.