

Dancing With Your Doctor

HOW EMPLOYEES SHOULD INTERACT WITH A PHYSICIAN

A WELCOA White Paper

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Dr. Collins, also known as "The Cooking Cardiologist", is nationally recognized as an expert on obesity and weight management and is known for his devotion to creating culinary dishes using only ingredients known to promote good health. He is a Nebraska native, graduating from the University of Nebraska College of Medicine in 1968 and is a fellow in the American College of Chest Physicians and the American College of Cardiology. Dr. Collins maintains membership in several professional organizations and was instrumental in the formation of the Alegent Health Heart Institute. He served as their Medical Director from 1993 to 1997. Currently, he practices at the South Denver Heart Center in Littleton, CO. Dr. Collins has appeared nationally on Live with Regis and Kelly, and also on the Food Network. He is a firm believer in "looking on the light side" of life, and has conducted many programs on humor and how it can positively affect the heart.



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The most compassionate doctor is one who has been sick. The best physician for a patient is one who has been a patient. The doctor to patient interaction is like a shared dance, a closeness with a direction of steps orchestrated to the production of maintaining good health. A good relationship allows the interaction to shift between the "dancers." Usually the physician guides the patient, but today with changing health care, the patient often leads the dance. Those that are ill frequently seek alternative therapies and obtain second opinions, "dancing" with multiple specialists. There are mandated shifts of care due to HMOs and health care systems. It is common to hear of patients forced to change physicians multiple times. Managed care in America has not been effective because we desire freedom of choice without restriction. With the creation of managed care, there now has been a mandate for a patient Bill of Rights.

As a child growing up, my family relied on a single family doctor. He lived in our neighborhood, trained locally and had nurses dedicated for years to his practice. Socially, he was a friend to our family and he even made house calls. As a child, I knew when he walked into the room, I would soon be better, the earache treated, the cough helped, the sore throat cured. The healing power of interacting with him was so important. People are unaware that the majority of symptoms given to a doctor lack an organic cause. A study several years ago showed that patients trust their pharmacist more than they

trust their doctor. The world of medicine and the doctor-patient interface need to return to a trusting interaction based relationship.

Malpractice cases, errors in medicine, litigation, recall of prescription drugs, over-worked nurses, cost reductions in health care, time-pressed physicians, all undermine this trusting relationship. Statistics have shown that more than 50% of patients quit taking their cholesterol medications on their own and that doctors often miss the mark in getting blood pressure and cholesterol down to safe levels. The majority of health consumers do not tell their doctors that they are using alternative medicine in the form of herbs, meditation, massage, chiropractic manipulation, etc. Statistics also have shown that physicians sometimes overlook life saving medications that lessen complications and improve patient survival. It is a "dance" where neither patient nor physician wins. Years ago, there was concern about the safety of a certain class of blood pressure medicines. News reports headlined research showing that this particular drug could potentially kill. The report ended by a recommendation to discuss the matter with your doctor. The study was reported on a Friday evening, with no time to contact a physician. As the story goes, the patient danced his own dance and stopped the medication over the weekend. On Monday, his blood pressure reached dangerous levels and precipitated a heart attack, a pacemaker, and subsequently, death within a week.

Both the patient and doctor need to think as a doctor and patient. We are seeing a major change in the consumer of medicine...an individual more self empowered, more informed, and more questioning. When confronted with a catastrophic illness, patients often believe the diagnosis, but not the prognosis. The Internet has become a shadow of medical credibility. We have become self-seekers of information. The majority of search engines are employed for medical reasons. Large health care systems have adopted sophisticated web sites to "capture the market." There are multiple disease chat lines, group support networks, advisors, and alternative providers to sway your choice of action. Then, in all respect, who should be your doctor...your primary care physician, your specialist, the Internet, your spiritual advisor, yourself, or God?

As I see health care changing, I think the following suggestions are necessary to ensuring that employees dance smoothly with their doctors.

Begin to assume medical responsibility

Even though managed care has had its problems, the health care industry and your employer will continue to seek better economic arrangements. The market will become even more competitive forcing you to change providers. In spite of living across the street from a hospital, your designated provider may be miles away. In addition, doctors often shift systems for better economic and working arrangements and hire Physician Assistants and Nurse Practitioners. You may not enjoy the luxury of seeing the same doctor who has cared for you in the past. You must

assume continued responsibility, because your next system may not send you a reminder for that check-up, your next mammogram, or follow up visit for a colonoscopic exam. You are the person in charge of the "dance". It is your body. No matter where you go, YOU are always there. Chances are your health care team will change. A recent Medicare study has shown that statistically at the end of life, death will likely be in the caring hands of a person you have never met.

Keep records

As you age, your medical file becomes more complex. Plan for emergencies by having a readily available personal record of your current health, medications, and past medical history. Remember that your medical records may be scattered all over different health care systems. There are legal descriptions as to who owns your records. Your record is a "sellable" commodity. You have a right to obtain any of your medical records, however, there may be some costs in obtaining them. The Federal Government has established certain laws as to who has rights to your records. The bottom line is to keep a copy of your records or have a summary of office visits and hospitalizations. You should always have capabilities of knowing exactly the following:

- **Immunizations and dates**
- **A current medication list including herbs, supplements, etc.**
- **Updated family history**
- **Allergies**
- **Operations and dates**
- **Active medical illnesses**

If admitted to the hospital, you will be asked frequently about your past medical history. This personal history is important to admitting personnel,



medical students, residents, and/or physician assistants. More than likely, you will be repeating the information to an admitting Registered Nurse and again to your physician or one who is covering for your doctor who is out of town or not on call. When traveling to a foreign country, have your past medical history available. You may even want to consider having your medical history translated into the foreign language of the country you will be visiting.

Know your numbers

Most adult Americans have had their cholesterol measured at one time, but few individuals know their total cholesterol levels or the breakdown of the good and bad cholesterol. The common response of many patients is that “my doctor said everything was OK.” Always obtain a copy of your tests. You may not understand the terminology, but the results will come in handy for comparison in the future. Compare your cholesterol values to past measurements and not to a “normal” value. Perhaps graphing the results will allow you to visualize a trend.

Also, know your blood pressure readings and record them. Keep track of your weight and height, too. As you age, weight can slowly increase each year and height eventually will decrease. These seem like simple numbers, but are important values for the future. Obesity, diabetes, and osteoporosis are increasing at an alarming rate in America. Do not be caught off guard.

Acknowledge your symptoms to your doctor...try not to diagnose the problem

Attempting to be the doctor by biased responses to questioning will

only mislead your physician toward finding the real problem. Again, who is leading the dance? No one wants to assume the worst, but many times a medical student, resident, and staff physician will interview the same patient only to arrive at conflicting stories. We tend to lean toward denial, sometimes minimizing symptoms. Report symptoms the way you feel them such as tightness in the chest or a sharp fleeting chest pain lasting seconds rather than using words such as an indigestive type heart burn or the usual gallbladder distress. Many a doctor has died with antacid on the lip.

Use terms that have a useful meaning. The expression of a “knife like pain in the chest” is difficult to comprehend. Very few pain interpreters have experienced a real knife in their chest.

Answer with as much clarity as possible. Note the severity of your symptom, the onset, the frequency and the reproducibility. Sometimes asking when the symptoms began can end up with a lengthy discussion with various family members as to the exact onset of symptoms...“it happened at approximately the time of her brother-in-law’s car accident which occurred on the way to a friend’s funeral who had committed suicide because he was depressed about losing his job where he had worked for twenty five years.”

Be honest

It sounds simple, but many times, we minimize our bad behaviors. If your doctor asks about risky behavior, be frank and truthful. Patients often will understate alcohol amounts, smoking, and caffeine use. Sexual behavior is often never discussed and illicit drug use is rarely brought to the forefront. Although it seems trivial to you, ask-



ing “do you wear a seatbelt, a helmet when cycling, or protective eyewear” will save future accidents. The lack of these precautions may result in serious injuries. Among the most common Sunday morning emergency room visit is a hand laceration while attempting to slice a bagel.

Do not feel intimidated... prioritize complaints

Remember, you are not talking to God. Even physicians can feel uncomfortable seeing another physician. Most importantly, do not feel intimidated. Use your time wisely and comfortably, prioritizing your thoughts and concerns. Sometimes patients leave the office wishing they had more time to discuss other important details. Write down your concerns, but do not pull out a ten-foot list of questions. Prioritize your complaints. Visiting your doctor should be like taking your car in for repairs. Avoid the trap of bringing a long list of things that need to be done. It will only overwhelm the “serviceman” leaving little time for major work. As a result, not much will be accomplished. Be up front, but do not let the medical profession run over you. The new medical model is self-empowerment.

If you make an appointment, be specific as to how much time you would like. A doctor can schedule appointments from every ten minutes to every twenty minutes to one hour depending upon your needs.

One last word, never save an important question to the last as you are walking out of the doctor’s office. Last minute complaints get on the bus last. You likely will not get an answer.

Be willing to subject yourself to probing and prodding

Tests take time. Nothing is easy. Close quarters such as CT scans, MRIs and nuclear scanners can be claustrophobic. Metal probes, rubber hoses, and latex gloves all cause discomfort. Ask for sedation if concerned. Open MRIs are available. Most medical staff will help to ease any discomfort.

It is OK to take notes

Physicians sometimes forget that they talk in Latin. Ask for clarification if a term is not familiar. Medications often have long unfamiliar names, both generic and trade names. Diagnoses appear written in a foreign language. Ask for the proper spelling and meaning. Doctors often abbreviate words and medical records seem confusing. If you think that is a problem, try to decipher your next hospital bill.

If medications are given, ask these ten questions

If your doctor does not have time to answer these questions, then ask your nurse or pharmacist. These individuals are knowledgeable to answer the following questions:

- **What is the name of the drug product and what is it supposed to do?**
- **When and how do I take it?**
- **How long should I take it?**
- **Can the drug cause an allergic reaction?**
- **Should I avoid alcohol, any other drugs or supplements, and/or activities?**
- **What are the side effects?**
- **What if I miss a dose?**



- **Is it safe to become pregnant or to breast feed while taking this medication?**
- **Is there a safe generic version?**
- **Are there special storage requirements for my medicine?**

If in need of a specialist, know your options.

There is an old joke...four out of five physicians actually recommend another doctor. This is the age of specialization. It is especially true if hospitalized. Your hospital bill will reflect bills from doctors you cannot remember meeting or have never met such as anesthesiologists, radiologists, pathologists, etc. Doctor's referrals are based on many objectives. In general, your physician has dealt with many doctors in the community and has singled out the better physicians. Still it can be confusing especially in the hospital. Be sure to recognize who is in charge. This fact is very important as the more physicians on the case, the less is the responsibility.

Your physician may not be the "all knowing" provider, but has a team of associates, nurses, and specialists to treat your condition such as cancer teams, cardiac rehab specialists, diabetic counselors and group support leaders.

If a new patient, ask for a practice profile

Almost all physicians have a practice profile for new patients. In the profile will be a listing of associates, hours of the office, coverage, hospitals covered, insurance plans accepted and what to do in an emergency. These facts are very important. If your new doctor does not provide this detailed information, find another.

Get to know the office staff...jot down names

Your most important medical office ally is the staff, not the physician. Get to know the front office, the scheduling secretary, nurses, and billing representatives. These individuals are the key to your satisfaction with your physician. Keep them happy. The entire office staff is under more pressure with cost reductions, wages freezes, staff layoffs, and general downsizing.

Discuss advanced directives

It is very important to discuss end of life options with your doctor. Having an advanced directive or power of attorney is very helpful to decide crucial decisions in regard care. Expressing those concerns up front will help your family to reach future difficult decisions. Be sure to review these options with your doctor as necessary if your medical condition changes.

In summary

Your doctor relationship is a dance between you and the doctor. Each has a responsibility. Knowing this relationship will give you and your doctor the best opportunity to maintain your health. Dance to the music of life!



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