WHAT I HAVE LEARNED FROM MY PATIENTS

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The thoughts in this lecture

- are highly personal
- are ***not*** legal advice
- probably do not apply to all doctors' personalities or styles
- probably do not apply to all types of medical practices
- may help some "junior MDs" and residents cope better with patients

“The treatments of today cannot be the treatments of tomorrow.”

C. Everett Koop, MD

The Patient
(WE Lower, MD)

- A patient is the most important person in our office.
- A patient is not dependent on us — we are dependent on them.
- A patient is not an interruption of our work day — they are the purpose of it.

The Patient
(WE Lower, MD)

- A patient is not an outsider to our business — they are our business.
- A patient is a person and not a statistic. It is our job to satisfy them.

- It may be wise to have a “mission statement” on patient care in your practice, prominently displayed and adhered to in your office and part of your employee manual and given to all new employees

- “The student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.” Sir William Osler
- “The art of medicine cannot be inherited, nor can it be copied from books.” Paracelsus (1563)

Some thoughts on the patient, the doctor, the staff, the office, and the OR

- Practice evidence-based medicine
- Pay attention to the details of history and eye exam
- Always address patient’s chief complaint, even though it may not relate to main Dx
- Listen to all patient has to say
- Maintain keen sense of observation of your patient

Evidence-based processes delivered to only 52% of patients

- Avg. 12 years for MDs to adopt care patterns established by NIH-sponsored clinical trials
- Only 72% of pts at risk receive flu vaccines; only 62% receive pneumococcal vaccines
- 60% of women don't get mammography exams
- Only 78% of pts with DM are followed with HgA1C levels; only 70% receive annual retinal exams
- Only 75% of pts hospitalized with an MI are discharged on ASA and a beta blocker

William L. Rich, MD

- Treat each patient as an individual, but try to talk at patient’s level
- Avoid “lost in translation”
- When entering exam room, greet all family first, then patient — recognize role of family as caregivers and often decision-makers
- Try to sit down (lower than patient) when talking to them

AAO Code of Ethics

Principle of ethics #2:
providing ophthalmological services

Ophthalmological services must be provided with compassion, respect for human dignity, honesty, and integrity

- Document, document, document
- Thorough and honest reporting of outcomes
- What is informed consent? Recognize levels of ignorance, bias, dementia, and other issues.

- Recognize denial in patients
- Recognize resistance in patients to changes in lifestyle, diet, etc.
- Be supportive but realistic; be honest with diagnosis
- Recognize patient’s major fears — total blindness, cancer, loss of independence, etc — and address them

- Emphasize the POSITIVES
- Do not neglect the negatives
- Compassion/empathy coupled with professionalism
- Recognize the high-expectation patient vs. low-expectation patient

Communications

- Answer all questions from family and patient
- Important role of your staff and of "handouts" in this regard
- "Have I answered all of your questions?"
- OR and post-op calls

- “Patients place a high priority on communication of medical information, explanation, listening, and personal connection, rather than on the treatment itself”
- “The treatment is harder to judge”

- “We all want two things from our doctors: competence and caring attitude. But we judge them almost exclusively on the attitude. We have no frame of reference for competence.”

AAO Code of Ethics

Principle of ethics #4:
communication with patients

Open communication with the patient is essential

- ***Be very careful about words you use and the meaning you convey to the patient***

- Recognize the “difficult” patient
  - Poor historian
  - Upset with his condition
  - Upset with previous MDs and their management
  - Takes it out on your staff and you

Dealing with Difficult People

- ***"Fact:*** **Patients don't always know if they received proper treatment, but they do know if they were treated well.**

  "Staff has a great impact on patient care. Most patients interact with a staff member and develop an opinion regarding the physician and the practice before even seeing the office or meeting the physician."

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

Dealing with Difficult People

- "As sensitive staff it is helpful to recognize personality types in order to better interact with our patients. This certainly leads to improved communication on the business as well as the medical side of ophthalmology. And it helps prevent and resolve conflicts that can naturally occur when interacting with the public. We all tend to look at the world from a different set of glasses."

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

Dealing with Difficult People

- **"Why do we feel conflict is negative? Too often we equate it with friction, wasting of time, bruised feelings and embarrassment. And it can undermine morale in the office."**

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

Dealing with Difficult People

- "However, there is need for both disagreement and synergy to foster growth. A diversity of opinions is a healthy condition that often prevents stagnation and stimulates new ideas, techniques, etc. It can increase productivity, enhance learning and motivate people to act."

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

Dealing with Difficult People

- "There is not much we can do to change the aggressive behavior of others, but we can stop them from "chewing us up and spitting us out," and we can control our own reactions. Doing nothing when faced with disagreeable behavior only reinforces it. Our silence will ensure that it will continue. We can choose our response - we can act instead of react."

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

Why Patients Sue

- Advised to sue by a knowledgeable acquaintance (often a physician)
- Needed money
- Believed there is a cover-up
- Felt their child will have no future
- Wanted more information
- Wanted revenge or to protect others

S Vicchrilli, http://www.aao.org/aaoesite/bulletins/techniques.cfm

- Malingerers — NO! Neurotics — YES!
- Always assume the worst diagnosis and rule it out
- Freely offer 2nd opinion and referral, especially to patients uncomfortable with your diagnosis and recommendation

- **Patients rarely understand <u>statistics</u> and <u>percentages</u> — they simply want to know what is going to happen to *<u>them</u>*!**
- **Stress the variability of disease, treatment response, and lack of individual predictability (i.e., individuals vs. groups)**
- ***<u>Never</u>* guarantee, promise, or predict**

"We must not promise what we ought not, lest we be called on to perform what we cannot."

Abraham Lincoln

- Recognize “games patients play” (subconsciously, rarely overtly)
  - “Doc, I know (heard) you are the best“
  - “Doc, I know that you can help me“
  - “Doc, give me some good news”

- Treat the “whole patient”
  - “How is your health?”
  - “Social history”
  - “Interim history”
  - Address issues such as smoking, obesity, driving laws, etc.

- Even if you cannot improve patients' vision or solve their medical problems, try to help in other, ancillary areas: low vision aids; occupational therapy; cosmetic issues; comfort issues; help from the VA; free medicine programs for low-income patients; support groups; educational seminars; etc, etc

- Always keep the ball in the patient’s court
  - My parting words: “If you have any problems, call us at any time and we shall see you”
  - Dr. Francis Weld Peabody – 1925, at Harvard Medical School, said, “The secret of the care of the patient is in caring for the patient”

- Patient telephone calls
  - Document them
  - Offer to have the patient come in
  - Do not treat over the phone, even if you are 98% sure of the diagnosis

Spectrum of Patient Involvement

- Recognize that some patients will do anything to help themselves — vitamins, supplements, aids, internet, etc. — whereas others will do nothing to help their case — practice denial, miss appointments, blame others for their disease, etc.

Spectrum of Patient Involvement

- Patients need to be reminded of the principle of personal responsibility
- They cannot ignore consequences of genetic make-up, environment, and life-style choices

Spectrum of Patient Involvement

- Make patient assume ownership of their disease and recognize that their condition is ultimately their responsibility — you are merely advisor, consultant, helper, and surgeon

- “Open-door policy” — why it works
  - “Add-on” + cancellations = 0 (usually)
  - Good for the patients
  - Good for your practice
  - Good for referral and referring MD

- Preserve collegiality that all surgeons (ophthalmologists) share — even if others don’t
- Avoid contradictory messages from you and your staff — “everyone working from the same script”
- “The patient is the boss” — “The customer is always right”

- You are only as good as your weakest helper — staff education; hire the best
- Human talent in your staff is the ultimate resource
- Avoid “surprises” for the patients — long waits, need for driver, snacks for diabetic patients, etc — good pre-visit instructions

- Recognize that surgical indications have a spectrum of urgency and share this with the patient, e.g., endophthalmitis vs. 20/30 pucker
- “Candidate for surgery” concept
- Have patient request surgery in elective cases and document this (game re: “If it were you, doc?”)

- AAA: availability, ability, affability
  - Availability: “Open-door policy”
Place patient’s needs first

- AAA: availability, ability, affability
  - Ability: Have the best MDs and staff
    Lifelong CME

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation"

Sir William Osler

- **AAA: availability, ability, affability**
  - **Affability:** **Again, hire the best MDs with a humanistic approach to the patient**

"By the neglect of the study of the humanities, which has been far too general, the profession loses a very precious quality"

Sir William Osler

- **In the OR, the stakes are often at the highest level**
- **“Total discipline and zero tolerance for imperfections”**
- **Recognize that the patient is also often at the highest level of anxiety under the drapes**

- Not political correctness but total “OR correctness” – MD, assistants, and staff
- Avoid at all costs such words as:

- “Oops”
- “Oh! Oh!
- “Mistake” “broken” “problem”
- “Trouble” “error”
- “Don’t do this!”
- “I haven’t done this”
- “Sorry” “bad”
- “Blind”
- “We lost a (needle) (suture) (forceps) etc”
- Etc etc etc

Aequanimitas

"It is the quality which is most appreciated by the laity though often misunderstood by them (as cold-heartedness); and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients"

Sir William Osler

- “The half-life of scientific knowledge is 5 to 7 years, which makes learning a dynamic and perpetual process.” Claude Organ
- “Medicine is an absorbing, even possessive, profession, but the intellectual rewards, humanitarian service, and fulfillment are unsurpassed.” Michael DeBakey

- “Medicine is a grand and rapidly progressive discipline that requires a lifelong interest in things human. If you give that up at any time in your practice, you are lost.” Irvine Page

Harvey Cushing spoke of

- The surgeon as humanist
- The surgeon as student and life-long learner
- The surgeon as innovator
- The surgeon as educator
- The surgeon as scientist
- The surgeon as philosopher
- The surgeon as role model

All doctors and nurses should know that every clinical event has a core of uncertainty. Uncertainty itself imposes a significant burden on physicians, but the greater burden is the obligation to keep these uncertainties in mind and acknowledge them to the patient.

- Remember the value of “humbleness” — “there is so much that we don’t know”
- “Life is short, art is long; the crisis fleeting; experience perilous, and decisions difficult” — Hippocrates
- “Ask not for tasks equal to your powers but for powers equal to your tasks” — Helen Keller

- The doctor as a professional

And finally, the most important thing that patients have taught me is the meaning of

COURAGE