

GETTING THE MOST OUT OF YOUR DOCTOR:

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Make sure you understand and verbalize the plan.

Complaints from both my sister and father about inadequate communication from their doctors got me thinking...

True communication implies understanding. After the doctor or nurse announces a diagnosis, describes a course of action and prescribes treatment, REPEAT OUT LOUD your understanding of what you think you heard.

Don't worry about taking extra time: If you are concise you will save time in the end by preventing confusion.

Doctors, even ones who think they use lay person language, speak medical-ese that many people don't understand. Don't hold it against them – they've forgotten that prior to medical school they didn't know the meaning of medical terms that now have intuitive meaning to them.

Even when the language is understandable, sometimes the brain just gets stuck on one word. Cancer is one of those words. After hearing that word, most people don't hear much else. So say, "Please write down the diagnosis and plan. My mind went numb and I'm not able to understand much now."

Generally each visit should produce -

- 1) a diagnosis or testing to elucidate a diagnosis
- 2) treatment, including details about timing and duration
- 3) possible adverse effects of tests and treatment
- 4) contingencies for success or failure of the treatment.

You should understand each.

Example: The cardiologist tells you that you have aortic stenosis, you need a cardiac cath and the only definitive treatment is surgery. If you understand those words, you say, "One of my heart valves is too small and tight and I need to have a catheterization to see why and to see if I'm a good surgical candidate." You might ask when the cath is, how you are to keep from passing out in the meantime and what the risks of surgery are. Ask the specifics of what to expect with a catheterization, just to preclude misunderstanding and irritation with the doctor.

If you don't understand the words, don't fake it. Don't go home and tell your wife that everything's fine but you have to do a little test next Thursday. Ask what aortic, stenosis, and cardiac cath are. Then ask a slew of questions, like how did this happen, the risks of catheterization, when you will see the doctor again, if any medications should change and what symptoms should lead to a call to the doctor.

Another example: The doctor says you have a cold, probably a virus, and you should take Tylenol for fever and Sudafed for congestion, drink fluids and rest. You should

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say, "You think I have a virus. I'm supposed to take Tylenol if I have a fever (by the way, what temperature is a fever?), and Sudafed according to the package label. If you think I only have a virus, you must think I can go back to work tomorrow. I thought, since it had gone into my chest, that I need an antibiotic – If I had known I wouldn't get one, I wouldn't have come in. What if I get worse?" That should lead to an explanation of cut-off level for fever, why antibiotics are not used for viruses, how long you are contagious and the contingency plan if nothing improves.

You could have said, "I feel like death and you think I should go home with Tylenol??? How much more dead should I be before I get some real treatment???"

Don't say that. Sarcasm doesn't yield much unless you say it with a smile and your doctor has a sense of humor, an intact ego and a good mood that day. The odds of all four on a given day are small.

Personality types play into this: People who want to stay in denial listen to the diagnosis and plan, then go home to tell the kids that the doctor says she's "fine." Most times she's not lying, because that's what she thinks she heard. If she said, "So you think I'm fine and I don't need to do anything," she might have another chance to hear, "You have high blood pressure and astronomically elevated cholesterol. You need to lose 50 pounds, exercise and take this medication. Then see me in three months for a re-check."

Hypochondrias and anxious people over-hear what they believe are death knells. The doctor says, "You have an enlarged lymph node that is probably due to your skin infection. If it is still enlarged in two months, we can biopsy it. Don't keep rubbing it, since that will keep it irritated and enlarged." You hear, "I have cancer of the lymph system that started because of a skin infection. You can't biopsy it for two months, and don't want me to rub it because that will make the cancer spread." (*I kid you not: People really do misinterpret in this way.*)

You need to say what you think you heard as well as what you fear you heard. If you don't, it will gnaw at you and make your life miserable. And possibly really screw up your relationship with your doctor.