



Empowering the Naked Patient

Some plain talk for improving patient-doctor relationships.

It's not easy being a patient . . .

Fidgeting half-naked, covered by a large piece of paper and sitting on an even bigger one does not make most of us feel bold and inquisitive.

When we're sick or injured, we already feel vulnerable and scared. And it's hard to hold those paper gowns closed, write down important instructions, and look like the mature adult you are when you visit your doctor.

Appointments with health care professionals are a time of truths revealed, scary thoughts confronted, and even more frightening answers anticipated. No wonder so many people feel dissatisfied with their health care. It's not pleasant to remove our clothes for a veritable stranger, much less to allow him or her to touch us or administer potentially uncomfortable treatments. It's no surprise we feel submissive in the presence of our doctors and put them on pedestals.

And we must bare our souls to this stranger—called “doctor”—including our fears that an ongoing cough might be tuberculosis, the strange pain in our stomach is a bleeding ulcer, and the odd-looking growth on our left buttock is a melanoma. It's enough to make us want to skip the appointment altogether. But we arrive on time, wait for what seems an eternity, remove our clothes in the exam room, and wait again for the physician to rush in, stare us straight in the eye and ask, “What can I do for you today?” Some of us clam up and mention only the strange pain and cough, skipping the odd growth on the left buttock because we believe the

doctor is too busy or we just don't want to expose our bottoms. On the other hand, some of us go overboard and unravel a 20-minute diatribe of every sensation we've felt in our bodies—or those of our immediate family—for the past six months.

... and being a doctor is no picnic, either!

Doctor Feel-Much-Better-Soon walks in with 20+ years of experience and medical knowledge tucked between his ears, eager to analyze our problems, identify causes and suggest solutions and treatments. He's met with:

- Patient Mary Ann couldn't find a babysitter so she brought her two toddlers along who are screaming mightily in the background, grabbing every sterile instrument in sight, and smearing chocolate chip cookie goo across the cabinets. Patient Mary Ann's treatment doesn't go well and she returns for a follow-up appointment. The problem: she didn't hear the doctor's instructions over the roar of the kids and, thus, didn't follow them correctly.
- Patient Joe is in the midst of a discussion with his doctor when his cell phone rings. Instead of turning it off or allowing it to take a message, he answers the phone in the exam room, putting the doctor on hold.
- Patient Jane has a chronic condition and must be seen regularly. She shows up at the office with unrealistic expectations. In fact, the doctor tells her he can only *treat* her symptoms because a *cure* doesn't yet exist. She responds with, "Why don't you doctors do more research and find a cure for my condition?" And when the doctor responds, "I don't know," Jane shuts down all communication behind a wall of anger.

- Patient William spends valuable exam-room time ranting about the high cost of health care. This angry health care consumer announces that he won't pay his copay or for medications when, in fact, he has a pack of cigarettes in his pocket, a sleek new laptop in his briefcase, and just finished telling his doctor about a recent Las Vegas vacation.

The Frustration Flu is raging— and this brochure is “Step 1” of the cure.

There's an epidemic of anger and frustration about what's happening to medical care—call it the *Frustration Flu*. Health care has become big business with outside forces interfering with the doctor-patient relationship. Some doctors feel as though they're in a bad marriage with some patients because they're not communicating at all.

It's time to level the playing field and reinvent the health care game. Two things that both “teams” need to realize as they venture to heal this *Frustration Flu*:

1. Doctors aren't magicians and can't fix everything. They're just people who want to take care of other people and they've invested years of their lives to learn how.
2. Patients have the power to take control of both their health care and communication with doctors. Their chances for achieving good health depend on their active participation in the process.

This brochure is a prescription for patients to establish a proactive, healthy, and friendly relationship with their physicians. It's designed to help you better understand your

doctor and *your* responsibilities as a patient. **If you institute these practices as part of how you seek health care and your doctor doesn't respond in kind, speak to him about it and give him a copy of this brochure. If he still doesn't respond positively, get another doctor.** There are plenty of caring doctors out there. If you're forced to use certain doctors because of your insurance and they won't participate in becoming better communicators, talk to your health insurance provider or employer's human resources coordinator.

The three ingredients of healthy health care.

Healthy relationships are built on three basic principles. In order to develop the best possible relationship with your physician, both parties must make a commitment to each of the following:

Honesty: If you're not completely honest about what's happening in your life to affect your health, your physician can't treat you effectively. Likewise, it's your physician's responsibility to be straightforward and supply you with all of the facts in language you can understand. Medicine has not yet been perfected, so there will be times when a doctor may not have all the solutions, but he or she should be honest and tell you that is the case.

Mutual Respect: Both patients and physicians are human beings, plain and simple. Don't make the mistake of putting your doctor on a pedestal. Speak to him or her with respect, not fear. Likewise, physicians must remember that the "patient" has a name and should be treated with dignity.

Communication: Very little will be accomplished if both the patient and the doctor aren't open with each other. Make a commitment to build a good relationship by being an active

participant in your health care; become comfortable speaking with your physician.

Remember, physicians are people, too.

Your doctor, first and foremost, is a human being. Just like you, he gets up in the morning, walks the dog, brushes his teeth, and puts his clothes on. (In fact, he's even naked sometimes, too!) He's dedicated years to learning how to treat patients and their health problems. Most important, good doctors genuinely care about people. But there are a lot of myths surrounding "doctors." Let's address a few of the most popular here:

Myth 1: *All doctors are rich.* Young men and women become doctors because they want to help people. But they must earn a living for themselves and the staff members who work for them. They face the same frustrations with insurance companies as you do. In fact, they must pay additional staff just to get paid by your insurance company.

Myth 2: *Doctors can predict what will happen to me.* Good physicians make every attempt to address your health problems, but because medicine is not an exact science, they can't make promises. They can make only educated guesses about how things will turn out.

Myth 3: *Doctors should have all the answers to my problems.* Doctors can help you a great deal, but they can't fix all your problems. If they've exhausted all possibilities, good doctors refer a patient to another doctor who might have more expertise in a particular field.

Here's what you should expect from a good doctor.

Most doctors genuinely care about their patients. Some of the best doctors follow these basic rules for being happy and treating patients effectively. It's important for patients to understand these too, in order to build a trusting relationship and to know what it is that they should expect from a good doctor. Here is the *Best Doctors' Credo*:

- 1. Doctors should treat all patients as if they are members of their own families.* Each time a physician formulates a treatment plan, he or she should ask, "What would I do if the person sitting across from me in my exam room were a member of my immediate family and, even more important, what would I *not* suggest or do?" When doctors follow this rule, many of their patients treat them the same in return.
- 2. Doctors should always tell patients the truth—no matter how frightening the truth is.* Occasionally, a patient has left a practice, rather than face an uncomfortable reality. But the vast majority appreciates direct honesty and returns it in kind. In the long run, truth is the only sure route to happiness.
- 3. If another doctor can do it better, send your patient to him or her.* Physicians have a sacred duty to insure that their patients obtain the best care. Despite resistance from their own egos, physicians must realize that an appropriate referral to another doctor is sometimes the best way to earn both self-esteem and respect from patients.

A word about referrals: Sometimes patients get stuck in the HMO quandary and their primary physicians don't want to refer them to specialists. Here's what a patient should say in response:

"Doctor, I understand that you went to medical school to take care of people and I also understand that you're part of a managed care plan that forces you into

having a vested financial interest in spending the least amount of money. But, really, I don't think you would want to treat me for this condition when a specialist will do a much safer, better job, and I don't think you would refuse the referral to me if I were your daughter, would you?"

4. *Doctors need to learn to say, "I don't know" comfortably.* All of us hate to expose our ignorance, but patients (and colleagues) learn to trust and respect doctors when they admit their humanness. Owning up to the fact that they are not omniscient offers a healthy dose of humility. Patients generally understand that doctors can't know everything. Doctors' sacred responsibility to them demands that they tell them when they don't.

5. *Doctors must learn to say, "I'm sorry."* Because doctors are human, they will stray from these guidelines occasionally. Along the way, they should learn the value of a heartfelt apology.

It's your health, so take control!

As the patient, you've come to your physician for one of two things. Either you've got a medical problem that needs to be addressed, or you're keeping an eye on your health with regular, preventive check ups. Either way, you've got responsibilities that go beyond showing up and stating your complaints.

- **Stop Awfulizing.** Fear can make even the brightest people or those with the best memories become disorganized and forget to provide important information or to ask key questions. Even a routine visit to the doctor's office unleashes fearful thoughts, a process called *awfulizing*. Our minds

turn insignificant headaches into brain tumors or a week-old cough into a harbinger of doom. To avoid **awfulizing**, take a few minutes to organize your thoughts prior to your appointment:

Make a list of your questions, fears, and concerns.

Bring a pencil and paper, or even a tape recorder to take notes if you think you'll forget what the doctor may tell you.

- **Understand Your Insurance Benefits.** This is your job. Too many people think that because they paid a monthly premium, everything will be taken care of by either the doctor or his office staff. This is just not true. It might sound novel, but you need to understand your own insurance plan or call the health plan coordinator or customer service if you have questions, in *advance* of your appointment. If you do your part, your health care professional can spend valuable time *treating* you, rather than wasting time discussing your health insurance plan.

Physicians change plans regularly, so first make sure he or she is in your plan and that the services are covered, prior to the visit. Insurance books go out of date almost as soon as they're printed. Call your company to check if a specific doctor is a participating provider.

Bring insurance cards and any referral forms with you. In order for insurance to do its job, paperwork is a necessary evil.

Find out if you'll need to make any payments, such as a co-payment, and be prepared to make them at the time of the office visit. You wouldn't visit a hair salon or eat at a restaurant and expect to receive those services and be billed at a later time.

If you haven't taken these steps prior to your appointment, don't become angry with your doctor if you forgot to obtain your referral . . . and don't expect him or her to see you without proper authorization—it's against insurance company rules.

- **A Word About Emergencies And Waiting.** Nobody likes to wait to see a doctor. But it's almost impossible for a caring doctor to adhere to a strict appointment schedule. Some patients arrive with emergency conditions or complicated problems that take more time. Put yourself in the doctor's shoes when you start to drum your fingers, sigh loudly, and glance at your watch every two minutes. Instead, think about these things while you're waiting:

It's not the time spent waiting; it's the quality of the time you spend with your doctor.

If you've waited a considerable amount of time, it's OK to politely ask how long the wait might continue. If it's too long for you, ask to reschedule. The staff should be willing to reschedule you at a reasonably convenient time.

You should never feel rushed once you have your doctor's attention.

If extended waits are the rule, rather than the exception, speak to your physician about the situation.

If you wait two hours for a two-minute visit, find a new doctor.

- **Getting The Most Out Of Your Visit.** If you did your homework as described above, you'll be ready to present to your doctor a list of organized questions and fears. Don't hold back or lie, even if what you have to say is embarrassing or painful—your health and life may depend on it!

You don't have to be undressed during the whole visit. Nowadays, many doctors will conduct an exam, allow you to dress, and return for a discussion. If your doctor doesn't, ask him to give you five minutes to put yourself back together before having your talk.

Communication is a two-way process. Listening to what your doctor has to say is just as important as describing your problems. Take notes, bring a tape recorder, or ask him to write his instructions so you won't forget.

The exam room is not the place to discuss insurance problems, unless it's something your doctor needs to know (if your pharmacy plan, for example, requires long-term, mail-in prescriptions for your medicines).

Before you leave, make sure you understand the doctor's instructions, when or if you are to return, and get a timeline for laboratory results.

- **Following Instructions.** It may sound simple, but you must follow the instructions given by your physician in order to get well and/or stay that way. That's what you were hoping for, right? So, do this:

Schedule your return visit as soon as possible and record it in your date book or on your calendar.

Get your prescriptions filled and check with your pharmacist to make sure the new medications won't interact with those you already take. Then take the medications and complete the course. If you have problems with the drugs, call your doctor's office to report your concerns, rather than just stop taking the medication. He may need to adjust the dose or switch to something else.

Call your doctor's office with any questions that arise, but remember that a nurse or other staff member may be able to answer your questions. It isn't always necessary to speak with the doctor and it takes valuable time away from treating other patients. If it's a question that requires a conversation with your doctor, ask when you can expect a call back, leave a number where you can be reached, and keep the line clear for that call.

- **Following Up.** You have a right to expect a timely response to your questions and test results. But if you don't get the call you're expecting, take charge of the situation and call again. Messages and lab results get overlooked, phone numbers transposed, and names misspelled. In a healthy relationship, *both* partners take responsibility for successful communications.
- **Money Matters.** Good doctors don't practice medicine with a primary focus on making money, but they have to make money in order to practice good medicine.

There is a practical, business aspect to running a medical practice. Rent, salaries, and insurance must be paid in order for you to receive care.

Tell your doctor if you have a genuine problem paying for your care. Many doctors will adjust fees in cases of authentic hardship.

Pay your bills when they are due. Your physician deserves the same respect you give the phone company. Use a credit card, if needed, to make extended payments.

If you have a dispute with your insurance company, pay your physician. Expecting your doctor to wait an extended period of time while you solve your insurance problem is disrespectful.

If you're dissatisfied with your health care, here's what to do.

Communication is the key to solving problems. If you are unhappy, talk to your doctor or a member of his or her office staff. Express your feelings and listen to the response you receive. Reasonableness is the key to conflict resolution—anger and threatening language are not the best ways to get what you need.

If you are still unhappy with your doctor after making a reasonable attempt to resolve your issues—get a new one. Ask friends or another physician who you like to recommend a new doctor. There are lots of wonderful, caring doctors out there. Call prospective doctors' offices and find out their policies. Make an appointment and interview a new physician—even if you have no current medical problem and must pay for the visit yourself. The price of a short initial visit or two may be a well-spent investment if you end up with a caring, compassionate doctor.

Get to know the Patient's Bill of Rights.

The American Hospital Association adopted a Patient's Bill of Rights in 1973 and they were revised in 1992. Although they were initially written for patients who were in hospitals, here are highlights of those rights as they apply generally to the doctor-patient relationship for you to use as a resource as part of your efforts to build a healthy relationship with your doctor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to relevant, current and understandable information concerning diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
5. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action.
6. The patient has the right to have an advance directive (such as a living will, health care proxy or durable power of

attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the doctor and hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

7. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

8. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law.

9. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

10. The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision-making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions.

A final word of advice.

Honesty, intimacy and humility—the basis of the *Best Doctors' Credo* mentioned earlier—are not always the easiest ways for doctors to practice medicine or patients to receive treatment and care. Some patients and doctors are difficult and the current environment of medicine and insurance is not always physician—or patient—friendly.

Remember the ancient adage that you reap what you sow. If both patients and physicians offer friendship and compassion, both will be rewarded with a lifetime of satisfaction.

About this brochure:

This brochure is available by sending \$2 to:
Michael A. Greenberg, M.D.
850 Biesterfield Road, Suite 3002
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About the author:

Michael Greenberg, M.D., has, over the past 10 years, written extensively on the subjects of medicine and humanism with work appearing in numerous medical journals. For the past three years, he has been an anchor columnist for *American Medical News*.

After receiving his B.A. in biology at Case Western Reserve University in 1970 and his M.D. from the University of Illinois Abraham Lincoln School of Medicine in 1974, he completed his post-graduate work at Lutheran General Hospital as a first-year pediatric resident and then at the University of Illinois Hospital where he finished his residency in dermatology in 1978, serving as Chief Resident. He is board certified in dermatology, has been in private practice at the Alexian Brothers Medical Center since 1978, and is also an Associate Clinical Professor of Dermatology at the University of Illinois Hospital in Chicago.

Dr. Greenberg has spoken and taught both in the United States and overseas, particularly in England and Japan. He has created two charitable/educational foundations, Making

Medicine Work and The National Wellness Coalition, both dedicated to helping medicine retain its focus on care and compassion.

Dr. Greenberg genuinely likes people and wants to help them. He often writes about his experiences with patients from a human—not clinical—perspective for the benefit of other health care professionals. His writings are filled with stories of acts of kindness, sympathy, empathy, gratitude, respect, and friendship. In 1990, he authored *Off the Pedestal, Transforming the Business of Medicine*. His newest book, *A Man of Sorrows* (iUniverse.com, 2001, ISBN: 0-595-19422-2, \$15.95), is the story of Matthew Harrison, a young medical resident with a gift: the power to heal people by touching them. Matthew’s gift is unwelcomed by his colleagues. Forced to resign, he faces the loss of his career, his family, and his future. As he leaves the stone walls of the establishment, he begins a rocky journey through the clashing worlds of standard and alternative medicine. *A Man of Sorrows* is grounded in a world in which medicine has lost its soul. It’s a compelling story of the quest for spiritual transformation.

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