Comment #1
So this is an intriguing dilemma: a healthy, fit physician is frustrated by and may have judgments about his patients who are obese. This is certainly understandable, but may affect his ability to optimally care for these patients. I wonder how he might deal with this frustration?

Comment #2
Interesting dilemma. Physicians are often individuals who have a lot of inner (and sometimes outer) resources, are used to succeeding in life, and controlling their fate. This can cause them to be impatient with others who do not have such resources available, or have different approaches to their lives. I wonder if you were in this physician's place, how you would feel and how you might manage your own frustration and judgmentalness

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Comment #1
Really excellent. You were thinking about the whole patient, not just the shoulder.

Comment #2
How great you noticed this. Part of the antidote to burn-out is to recognize what gratifies and fulfills you in medical practice. Usually it is the appreciation of patients!

Comment #3
As you will come to discover, good clinicians with continuity relationships make these decisions on a daily basis - who needs more time, who is a routine check that can be done quickly etc.

Comment #4
You made an important decision to spend more time with this patient and work toward a compromise. You are quite right that older patients who lose their wellness routine often take a turn for the worse physically and mentally. Yet at the same time, you also knew that by simply continuing his regimen, he was putting himself at risk for worse problems. By thinking about the whole person, you were able to craft a workable compromise and win the gratitude (as well as the likely adherence to treatment plan) of the patient Excellent work!

Comment #1
This sounds very frustrating. The patient is good at saying no to your suggestions - yet she keeps coming back. I wonder what she is looking for.

Comment #2
Okay, I understand this position. Given the time-limited nature of clinical interactions, it is tempting to say, "Here are your choices. Let me know if you are going to follow any of them." Might there be a middle ground?

Comment #3

This is certainly true, and is based on the ethical principle of autonomy. Yet it is often the case that what we call "informed choice" is a reaction to other, less rational factors - fear, denial, resistance. It is important to try to help patients make decisions that are truly informed and thought-through, as opposed to emotionally reactive.

Comment #4

Again, totally agree with you. Respect for and support of the patient are essential. This does not preclude having discussions about their understanding of their disease and what underlies their resistance to treatment.

Comment #5

Interesting dilemma. The question for me is always, at what point do we feel confident the patient is making a truly informed decision? Does the patient truly understand the explanations offered about her disease? Does she really understand how the suggested treatments might help? If so, what is the basis for her resistance? When you can follow the patient's logic (even if it seems illogical to you) you are in a better position to continue the dialogue - or accept with confidence that the patient has made a reasoned decision.

Comment #1

That's interesting. I wonder how this affects the pt's concern about his own back.

Comment #2

This is true in one way; although in another sense I think he told you a lot about his problems.

Comment #3

It is a hard lesson that patients are unlikely to accept medical advice that doesn't seem compatible - or possible - with their lives.

Comment #4

You and the patient had somewhat different agendas. You wanted to evaluate his back pain; the patient wanted to talk about the pain of his life. It might turn out that they are not unrelated.

Comment #5

And of course it's important to keep in mind that communication itself is culturally mediated. You mentioned that the patient was "Middle Eastern." I don't know if he was born here or elsewhere, but

some cultures have a much more discursive indirect communication than Americans, especially in talking about personal issues.

Comment #6

Sometimes by acknowledging the patient's agenda, you can redirect the conversation back to your agenda. Sometimes by sharing your frustration in a gentle and respectful manner, you can refocus the patient on what you want to find out. Start with common ground: "You're worried about your back, is that right? I hear how stressful life is right now for you, and I'd like to talk about that a little later (or next visit). If we could take a few minutes to focus on your back, I could get a better idea how to help you".

Comment #7

This is quite possible. This visit sounds like a cry for help. The pt probably needs help with back pain; and also with managing stress.

Comment #8

this is a thoughtful essay. You're beginning to realize that it is not always simple why people go to the doctor. It is not always simple how they present their problem. It is not always simple to find the information you need. It is not always simple to get the patient to do what you think is in their best interest. Welcome to clinical medicine!

In this case, you and your patient had different agendas. The key is to listen to and respect the patient's agenda (to talk about his stress) while not losing sight of your own (evaluating and treating his back pain). In terms of treatment, it is often not so simple. Patients will resist following recommendations that seem impossible in their life. So treatment is as much about negotiation as it is about instruction.

I found your final insight very wise. Indeed, to be a good doctor to this patient you will have to think about him as a whole person, not merely a back muscle spasm or a herniated disc. He is in pain on multiple levels. As you deduced, by listening empathically and by providing guidance that seems relevant to his life, you (and his physician) will be able to give him the help he needs.

Comment #1

This sounds like his disease-related dementia/paranoia talking. Also, you do not know whether his previous interactions with the healthcare system also contributed to his mistrust. It makes it a very difficult situation to address.

Comment #2

It sounds like you were doing everything right, with admirable patience. Indeed, you did "win him over," but unfortunately success was ephemeral. Again, this may have been the result of his cognitive changes.

Comment #3

I can understand how frustrating, even heartbreaking, this must have been - one step forward, and two steps backward. I wonder if you were present when the attendings appeared to actually conduct the procedures; could you have served as any sort of "bridge" back to his previous trust? It might not have made any difference, but it sounds like you were the one person who could pierce the veil of his paranoia, albeit temporarily.

Comment #4

Baby steps. This is a victory of sorts, but not the one you wanted. And you know valuable time is being lost. This is painful.

Comment #5

Thanks for sharing this example. In this case, I think your options were limited because of the patient's disease-related cognitive changes; and you definitely seemed to maximize every opportunity to build rapport and gain trust. I'm assuming that despite the dementia and paranoia, the patient was deemed competent to make decisions about his own healthcare. In that case, all you can do is what you did. It might have made some difference if you had been physically present when the attendings came to do these procedures - but perhaps you were, and it didn't help. In meeting with him, you might have reminded him that, even though he agreed to undergo the procedures with you, he backed away when the actual time came; how understandable that was, given his suspicions and fears; and to strategize how he could remember that you'd reassured him and given him your word that these were in his best interest. Again, these ideas might not have helped. The main thing is not to be dissuaded by "failure," but to keep thinking about creative ways of reaching the patient. Not every action succeeds in medicine, as you well know. It sounds like you did enough so that the process of persuasion had a chance of continuing on an outpatient basis. Kudos to you for the effort you bestowed on this person. It was clear you formed a real connection with him; it was simply not strong enough to override his disease.

Comment #1

I agree with you, it is a very hard message to deliver. This makes it especially hard to communicate, so thought needs to be given into how this is done. What do you think the patient needs from you? How can you help her fight back against the body shaming that is occurring? How can you support her for all the positive changes she's already made?

Comment #2

Great observation, Navneet. Easy to judge these thoughtless comments; yet how often do we hear very similar demeaning throw-away lines by health professionals.

Comment #3

Absolutely. When health professionals define this as a "simple" lifestyle "choice," then this justifies their blame of the patient when success is not achieved. When the physician (or med student) acknowledges the complexity of the situation and the factors mitigating against success, as you have done, then it should lead not to despair, but to greater empathy for the patient.

Comment #4

Your conclusions are excellent, and I'm glad you had such a positive role model to demonstrate the physician's role in supporting these difficult changes.

Comment #5

Excellent and insightful essay, Navneet. When successful outcomes are not achieved, not only is the patient frustrated, but so is the patient. It is sometimes hard for physicians to accept the challenges and uncertainties of clinical practice; and so to resolve their distress, they sometimes blame the patient: "Pt doesn't care about her health"; "Pt noncompliant with medical instructions." As you are willing to see, these are complicated situations; patients contend with many conflicting and competing priorities in their lives. and often struggle to follow-through in the perfect way the physician expects. Instead of shame and blame (which the patient, as you discovered, encounters in the larger society), these difficulties should be anticipated, and the patient should be supported and reinforced for her efforts

Comment #1

This is an excellent question. I would suggest that we could also ask, where is the social safety net?

Comment #2

Good point, Rachel. So even though mental illness is stigmatized in the Philippines and especially in immigrant families, in the face of severe depression/suicidality family would still rally around. I think in the larger American culture (if there is such a thing), mental illness alsocontinues to be stigmatizing; but sometimes family is not as ready to step forward to help. Then too, when private resources are not available, it can be extremely difficult to get appropriate mental help for people who desperately need it.

Comment #3

Excellent observation. Just one more example of the interaction of social determinants and disease.

Comment #4

It is true that, as a society, we have fewer family/communal ties than we used too. Then too, serious mental illness can cause family to withdraw.

Comment #5

I appreciate this comment. As a physician, it is important to understand the nature of your patients' support systems. It is also important to recognize that, although a physician cannot take the place of a loving family (and shouldn't try), a primary care doctor can be an important source of stability and security for patients who are otherwise adrift.

Comment #6

You made many good points in this essay. One is the enduring stigma of mental illness, which may be particularly severe in some cultures, but is a persistent problem across most cultures. Another is the variations in family solidarity from one culture to another. Although these are generalizations that must be held lightly, it is true that in our society, people with severe mental illness often become estranged from families, who may have tried hard to seek help for them unsuccessfully. Thank you also for sharing your own experience. Knowing you have people around you who care and love you is always an important part of healing.

Comment #1

Good awareness on your part, Sami. You saw that the best approach to attempting to resolve the pt's skepticism would be really listening, taking the pt's concerns seriously, and attempting to address them together. This takes time.

Comment #2

This is a very interesting insight. So you felt that the patient was trying to "be part of the team," contribute his research and insights. Ideally, the patient should always feel "part of the team," although in what sense this is true will vary greatly from patient to patient. It is a rather paternalistic model to expect the doctor to determine and the patient to simply acquiesce, although this model makes life more efficient for physicians.

Comment #3

Well done! There must be a basis for trust, and you started to build that trust by incorporating the patient's ideas into his care (when appropriate).

Comment #4

A very empathic statement. By trying to envision yourself in the patient's shoes, what seems annoying/frustrating/distracting often becomes much more understandable, and can offer you a key leading to improved adherence and cooperation and an overall better doctor-patient relationship.

Comment #5

I really respect how your attitude toward this patient evolved during the course of your care for him. It is easy to dismiss such patients as annoying, intrusive, demanding, simply as an added burden. You were able to imagine "being on the other side," willing to try to understand from the patient's perspective what was driving his behavior. Some of it was lack of trust (not really that surprising if you think about it - entrusting a bunch of white-coated strangers with your health and QoL); some of it was trying to regain some sense of control by contributing knowledge and ideas; and some of it may have had to do with wanting to play an active part in what was happening to his body. By understanding rather than judging these complex reactions, you laid the groundwork for building greater trust and successfully incorporating the patient as part of the team.