

Art of Doctoring Summary Notes. Group 1. Session 9 3/23/04

Guest speaker Dr. X:

Why do nice medical students become mean interns? Arrogance; they lose humility

Other factors are stress, and the resultant feeling they are “owed”

Be respectful of other staff, including other health care personnel; can learn a lot from nurses

Being a good doctor means not being a crappy doctor – just remember to be “normal”

There is a lack of communication between specialists

Medical student A who invited Dr. X told an anecdote of when she was on the ICU, and having a difficult time; X approached the husband of a young teacher who was dying, and asked him how he was doing. The man responded “Fine,” and X said, “No you’re not. Tell me how you really are.” The resultant exchange made her see what medicine should be all about, and restored her faith in doctoring

Secret of being a good doctor is being happy

Be responsible for your choice of career – medicine is still a noble profession, with many rewards

Dr. X himself had cancer as an intern, and several years ago was diagnosed with a painful chronic illness that made it impossible for him to continue to practice medicine; he now volunteers in the ICU, and recognizes that this is very important to his own survival
Sick people tend to be “cranky” – so do overworked, stressed out nurses and doctors; when you get two sets of cranky people together, bad things happen

Still, it is the responsibility of the doctor to help the patient through the crankiness, not the other way around

Better to make the patient feel “good” rather than argue; having a friendly face around “anchors” the patient in a scary situation

Lousy patient relationships means misery for the doctor

Important to make your own choices about how you want to practice medicine

10% of his practice was no charge – if someone taught him an interesting fact, he wouldn’t charge them; if a young couple was getting married, he wouldn’t charge

Talking to patients is important, especially when you don’t know what’s going on

He also makes personal disclosures to his patients – they know the names of his kids, what causes he supports; he knows the names of his patients’ grandkids

Social history shouldn’t be just smoking, alcohol use – should be “what makes you happy?”

He takes real enjoyment in his patients

Appreciates the lessons he learns from patients

What destroys relationships with patients? – forgetting that what the doctor says is what the patient clings to

Aloofness is not professional

“Some people like to stay on the pedestal” on which medicine still places them

Importance of finding out what the illness means to the patient

Watch use of medical language

Hospital stay is set up to do things in ways that are totally inconvenient for the patient

Most patients don’t really understand the doctor’s explanations

Importance of getting patients to write down questions, and doctor writing specific instructions for patients

Many examples of compassion in action – concrete behaviors to facilitate comfort and care

Don't rearrange the patient's hospital room – this is the patient's territory

Importance of preserving as much of the patient's autonomy as possible

Toughest families are the easiest to get on your side – acknowledge that they're in a tough situation, let them talk, hear their perspective, acknowledge their sense of powerlessness

Treat patients and family members both

When inconvenience or hurt patient, apologize!

B asked his opinion of Patch Adams – philosophy is great, some works for him personally, some doesn't; importance of always establishing patient preference before acting

It is always valuable to volunteer