

It's not what you say, it's what they hear. RED AUERBACH

The biggest problem in communication is the illusion that it has taken place. GEORGE BERNARD SHAW

IMPROVING DOCTOR-PATIENT COMMUNICATION:

PATIENTS SHOULD PROVIDE A LIST OF CURRENT MEDICAL CONCERNS TO THEIR DOCTOR*

Some 50 years ago, empirical studies of doctor-patient interactions found that doctors made their first interruption after the patient had talked for 18 seconds. For years, medical schools then taught 'listen to the patient, listen to the patient.' Recently the study was done again: 22 seconds.

In advance of any medical event, patients should prepare a written list of concerns, symptoms, questions. The list should be *recent and relevant to the current appointment*. The doctor may already have information about previous appointments and medical history in your Electronic Health Record. Add any prior images captured on your smart phone of a condition that may be transient or changing, such as a rash. The List may also report speculations by the patient: "Pain in my right side might be a gall-bladder issue, a grandparent and sibling had gall-bladder problems around my age." The patient makes several copies of the list, brings them to appointments, and hands the list to the doctor. Or, in telemedicine, the patient sends the list promptly at the moment the meeting begins.

The doctor, who did not get to be doctor by being a slow reader, can read several times faster than the patient can talk. After handing the list over, the patient should look pointedly at their own copy, hinting it is time to start reading, saying "Here it is, I have 5 issues." The list of medical concerns gets everything the patient initially has to say out on the table, without interruption. As the appointment continues, the list sets an agenda and schedule for the allocation of time. Doctors are currently taught to orally elicit all of the patient's agenda early in the visit and set priorities, and the list helps with that.

The list also makes sure the patient and doctor do not abandon lower-level issues. Each item on the list is, in effect, checked off as the appointment moves along. The patient might ostentatiously check off the first point on the list after it is discussed to indicate this list is what we're going to march through. A list read early in the appointment avoids one of the things that bothers doctors the most – patients saying "By the way, one more thing, I have chest pain," as the visit is concluding. This is usually the main problem patients are worried about, and is often something serious.

Patients should bring several copies of the list, since they may interact with doctors, nurses, medical students, techs. All get the list. For example, a doctor sometimes has a medical student in training who handles the initial discussion and then goes off to describe the situation to the doctor, who shows up later. Both student and doctor should receive copies of the list. Multiple copies are particularly effective in the emergency room (if the patient or a friend can prepare a list), since the patient will surely see many medical staff members in the emergency room. If the patient is transferred into the hospital, a refreshed and updated list is helpful.

* This section on medical problem lists written by Dr. David S. Smith (Yale Internal Medicine, author of *Field Guide to Bedside Diagnosis*) and by E T.

The **Medical Concerns List**, followed by a short study by the doctor, **enhances the efficiency, accuracy, and resolution of doctor-patient interactions**. It also helps reduce socially or situationally-determined answers to the doctor's questions that might be embarrassing to the patient. Instead, in a list, patient information is prepared in advance, free of social pressure. This list goes into the patient file and also assists the doctor in preparing notes for the patient record. **Don't send a pre-meeting email (doctors are busy with patients already), instead provide the List at the exact moment of need, the beginning of the appointment.**

Prepare your list in the serenity and privacy of your home

In your list, say what's going on, when it started, how often particular symptoms occur. Precise relevant details will help. If the problems involve occasional incidents, make a short video.

If relevant, mention your family history. **Review your list with someone who knows you well; they may see and recall things that you don't.** Review your recent medical lists and adventures. Do your homework, rehearse for your appointment.

If you search the web about your health concerns, go only to credible websites. The Mayo Clinic *symptoms* guide is helpful. Avoid the many predatory websites (which may be highly ranked by Google advertising), avoid web charlatans and crackpots (if their grandiose claims were true, where is their Nobel Prize in Medicine?), avoid drug company ads, other medical product pitches. **They are the result of targeted advertising**, targeted by the continuous tracking of your web activities.

Anticipate the exact moment of need for your list

Your list will serve you well when you're sitting on an examination table in a paper dress, stressed out, and it's hard to remember everything. No problem, because you've prepared your document at home in advance. Before surgery, mention your concerns to the anesthesiologist – “am skinny, don't overdose me” “Sore throat for a week after last anesthesia, my pipes are narrow” “Have had some PVCs for years.” Bring the list to every encounter. When you have complex or serious problems, take the list to a different doctor or specialty in a *different* (and higher ranked) medical system. Independent replication yields confirming or disconcerting or divergent results.

After an appointment

Think over and act on what happened. You might decide to take a skip on certain screening tests. Check up on your proposed treatment or test by looking at the *Choosing Wisely* website, and other reports of low-value treatments (described earlier in chapter 4). **Be very careful of getting caught up in cascades of over-diagnosis, over-testing, duplicate tests, over-treatment. In the U.S., patients are part of systematic business plans seeking to maximize profits.** For example, investment banks now own many Emergency Departments and ambulance services, notorious for high prices, surprise billing, and quick legal pursuit of unpaid bills.

Conclusion

Medical Concerns Lists (MCL) can help patients communicate with the medical world more effectively and precisely. These gains require no increase in size of vast medical business bureaucracies.

**CASE STUDY: LUCKY GOES TO THE ANIMAL MEDICAL CENTER WITH
HER LIST OF MEDICAL CONCERNS, IS DIAGNOSED AS A VERY GOOD DOG**

TO: Cardiology Department, Animal Medical Center, NYC

[client identification: names, emails, phones]

LUCKY is a Golden Retriever, 5 years old.

All her vaccinations up to date, including rabies.

In the last 2 years, 3 episodes of panting, wobbly rear legs, near collapse after vigorous exercise. Recently she panted with moderate exercise.

Heart rate: October 2018 **58** 2017 **108** 2016 **108**

The most recent episode three weeks ago led to October 15, 2018 meeting with our local vet. Lucky was examined, with special attention listening to heart, reported normal except for slow heart rate, from 58 current compared to previous years 108.

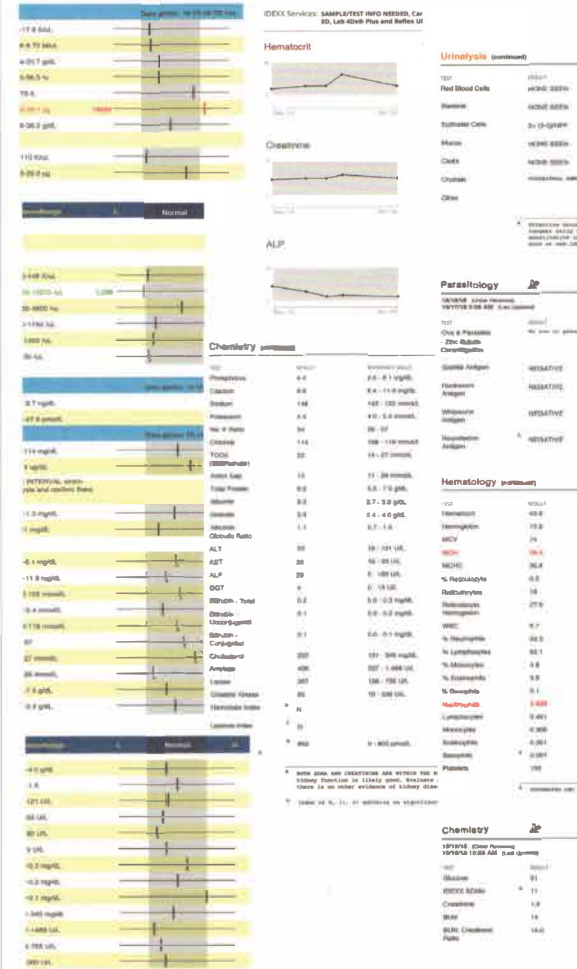
All Lucky test results from October 15, 2018 are attached (12 pages). Our local vet mentioned possible vagus nerve or thyroid problems. Two thyroid tests were done later: both showed normal.

The 3 unusual episodes of heavy panting (the only problems during 100s of vigorous play and exercise):

July 2017 hot day, vigorous exercise, wobbly hind legs and walking side-ways, recovered in 10 minutes, we thought it might be heat stroke.

August 2018 hot humid day, heavy exercise, wobbly hind legs, walking sideways, recovered in 15 minutes.

October 5, 2018 cool night, panting under *medium strong exercise*, wobbly legs as before, recovered in 15 minutes. After that, we apparently perhaps saw an increase in panting even during normal exercise.



LUCKY'S PREVIOUS TEST RESULTS

Following our policy of taking serious problems to leading medical centers, we took Lucky to the Animal Medical Center, New York City. After a long drive, Lucky met with 2 intern veterinarians. We presented both with a copy of her Medical Problem List of 12 pages of earlier test results, which the doctors studied carefully. Lucky then had an echo-cardiogram, electro-cardiogram, chest x-rays. A senior cardiologist then reviewed Lucky's List of Medical Concerns, comments by other vets, test results. All normal! The vagus-nerve hypothesis was ruled out because it affects *all 4 legs*, like "a canopy falling over the dog." (Lucky's List mentioned that only her hind legs became wobbly. We had no idea this meant anything, just described what we saw.) Then the cardiologist saying "100% normal, heart excellent, lungs pristine, as fit as LeBron or Steph. If it happens again, get it on video."

