

How to talk to your doctor

Having talked to injured people, read medical records and talked to doctor over years, I have come to understand how best to talk to doctors about injuries. While you may not be able to follow all of these steps- the more you can follow, the better result you are likely to have from your injury.

1. Doctors are scientists. Give them scientific information.

Remember that at their core- Doctors are scientists who must gather information about their science experiment from the test subject-- you! They are continually testing the success of known medical procedures against your results. When your doctor asks- how are you doing- the doctor doesn't actually care if you are happy or sad or had a vacation. What the doctor really means by that question is this: "Since I last examined you, what results have you observed/ documented about the change in your physical condition as a result of my treatment recommendations?"

Keeping a list of your symptoms, tracking your pain levels, watching for improvements or changes due to treatment are all important scientific information. Help your doctor by being a good historian about what has changed and how. Keep a list or a calendar about your symptoms. Prepare for your visit by gathering this information onto one list.

2. Don't tell a story when a simple statement will work. You can only tell one story per visit.

Don't tell the doctor a long story as a way of explaining your pain. Describing how beautiful your lawn used to look (in fact, last year you won an award for your lawn), but lately the lawn has been looking so bad that the next door neighbor's kid (who your daughter used to babysit), stopped by to say that he could help you with your lawn. You had to have help, so you agreed- so now you are paying to have a kid mow your lawn. Instead you would say: Mowing my lawn increases my pain. These stories annoy your doctor because they delay gathering scientific evidence about your medical condition.

Some people believe that they have to convince the doctor that other people agree that what they are saying is true. So they always reference someone else to PROVE they are being truthful. "Oh, Doctor Smith, my pain has been so bad that I can't even take a bath. You can ask my wife- she had to start coming into the bathroom at night to get me washed up. She never had to do that before. She knows what I'm going through- just ask her." Instead you would say: My wife has to help me with my bath.

Stories are a very common way of communicating with friends and family. It feels good to tell a story. However, they are a terrible way to efficiently give scientific information. Your doctor will only have patience to listen one story. Pick your story carefully. Note: For orthopedics and neurosurgeons- you only get to tell one story every three visits.

3. The clock is always ticking. Hit the most important issues first.

You have 30 seconds to describe your current condition and report on how the last treatment that was prescribed changed your symptoms. GO! Can you do it off the top of your head? Unlikely. Practice saying your list of most important complaints out loud. Say it in the car on the way to the visit. Write it out if needed. It might sound like this:

Doctor: “How are you doing?” Remember this is code for: What scientific evidence can you report about how my treatment is working?

Poor Patient: Oh, good morning. I’m doing good. We just bought a new car and I was excited to drive it today. But you know, that medication you gave me really gave me the runs. Had to do some extra laundry if you know what I mean. And that splint gave me trouble- my wife will tell you- I had it on backwards and forwards and couldn’t get it to work. But really the biggest issue is that my swelling seems to be getting worse- I mean- look at this leg- have you ever seen anything like it?

Good patient: Good to see you doctor. I am most concerned because my swelling seems much worse. I had trouble with getting the splint on the right way and the medication gave me the runs. My pain isn’t as bad as the last visit, but I still have pain, especially when standing or walking long distances. Ice and keeping the foot up seem to help the most.

Put your most serious concern FIRST on your list. Studies show that patients like to ‘work up’ to the worst symptom. They like to make the story exciting! However, that is opposite to gathering scientific information. Your most significant problem should come first.

Poor Patient: Yea, its been a struggle. My knee’s bothering me, and my hip is a little achy- but I’ll tell you- nothing is like this here back pain. It goes from here all the way to my foot. What are you doing do for it, Doc?

Good patient: My back pain is severe and runs down my leg into my foot. I also have knee and hip pain.

Doctors are rewarded for being efficient collectors of information. They have many other patients and tasks. They need to move through their mental decision tree to make the best decision about what to do next. If you can be efficient, YOU WILL GET BETTER CARE. If you are not, they will collect whatever information they can glean and move on.

4. If nothing helps with your pain, your doctor will decide to do nothing.

Please remember this crucial fact- if it is true that nothing is helping your pain- the doctors will stop medical treatment. Why? Because every treatment has a risk. Doctors take an oath- First- do no harm. If treatment doesn’t help, it could cause harm and in the doctor’s view- must be stopped.

Many people report to their doctor that, “nothing is helping”. They want the doctor to know how frustrated and tired they are of the current treatment plan. They think if they tell the doctor- none of those other treatment helped me at all- that the doctor will pull out the Wonder Pill he was hiding and use it to fix them. What they don’t realize is their comments have the opposite effect. Telling the doctor that nothing helps encourages the doctor to stop all treatment.

Remember that your doctor is gathering scientific evidence. Did the medication take away the pain during the day, but it comes back at night? Did the treatment reduce the swelling but not the pain? Did the injection give ½ day of relief of pain? Or a week of 20% relief. Did physical therapy improve your pain while you were, but after a week made you worse? Your doctor needs this information to modify your treatment plan for what will work for you. These details are important. If anything works, even a little bit, even for a short period of time- let him know.

If you are tired and frustrated- it is okay to say so. “Doctor, it feels like I can’t get better even though I know we are both trying to get me there. I’m discouraged and sad.”

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