From the other side

Observations on doctors' attitudes and practices, and some suggestions, from someone who has had more exposure to the profession than she would wish

Sarita Agarwal

Fifteen years ago, three doctors were agreed I had TB and wanted to do a biopsy to confirm the diagnosis. For some reason, my family doctor held back, put me off all drugs but onto a histamine antagonist that made me sleep a lot. Within 10 days, the three "specialists" were all agreed it wasn't TB, just a virus attack.

Around the same time, my mother had a urinary tract infection. Between them, the kidney doctor and our family doctor couldn't agree on my mother's blood pressure - whether it was high, or normal. Eventually, her problem righted itself.

My mother had Parkinson's Plus (PSP) for six years. It was almost a textbook case of the illness, that neither my father nor I was prepared for. "Progressive degeneration" is a phrase that trips lightly off doctors' lips, but it doesn't even begin to describe the hell that all of us went through. Obviously, living through the disease lends a different perspective entirely.

Recently, I was diagnosed as having Stage I breast cancer. The first doctor I consulted couldn't feel the lump, insisted that I was feeling it wrong, and categorically stated it wasn't cancer.

One way or another, I have had greater exposure to doctors (all highly qualified, experienced, and eminent) and hospitals than I would have wished. It's given me a very personal viewpoint about the medical fraternity, profession and ethics. I state this viewpoint here, not because I expect or seek agreement - indeed, it is to be expected that patients and doctors will see things somewhat differently - but because I think a debate on these issues is long overdue. Since I'm not a medical professional, the terminology might not be right. Readers should have no problem getting the general gist though.

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Let me say this up front. I think doctors' attitude stinks; the more senior the doctor, the worse it gets. Arrogance, greed and indifference seem to have become the rule. Inefficiencies that would be slammed in the corporate world rule the roost here. There is a lack of accountability that would be completely unacceptable in other walks of life. Service norms are a non-existing concept. And while all this is true of modern life generally, slipping standards in the medical world have far more serious implications, since they put lives at risk. So, what advice would I give? None. I don't like getting unsolicited advice and I don't give it. What I do have are some observations and suggestions:

Always remember, life doesn't stop when illness comes along. A living is still to be earned, kids are to be fed, a house is to be taken care of. That's apart from the legal, financial, familial problems that are a part of daily living. Sensitivity to these realities goes a long way to patient well-being, which is surely the prime objective.

Patients may not know as much about your medical speciality as you do, but they aren't idiots, so don't treat them as such. Level with them about their illness, answer their questions, warn them about what to expect. It makes the entire experience less traumatic. For instance, I wish someone had bothered to explain that I would not be given water for several hours after surgery, because the after-effects of anasthesia would make me throw up. Those old saws about need-to-know, what-you-don't-know-can't- hurt-you, and if-we-tell-you-you-might-draw-back-but-if-you're- in-the-middle-of-it-you-can't ... keep them for national security and the armed forces.

Patients do not know as much about your medical speciality as you do . . . was that too sweeping a generalisation? I know that I knew as much as any lay person could, about PSP, when my mother was affected by it, and as far as I can see, I am not particularly exceptional in that respect. Today's customers - patients or caregivers - are info-driven, have already done their homework, and expect their doctors to be at least as informed. Already in the West, doctors have had to contend with patients asking about newer methods of treatment, basis information sourced from the Internet or TV shows. It will happen here too. While it is impossible to cover just about every alternative, especially the quack ones, just how many doctors can honestly claim to be on top of the latest developments in their fields? And if you aren't, why should any patient put their life in your hands?

While a doctor's opinion must always be final, a lot of times, the patient can and should be involved in the decision-making process ... AFTER giving them the information they need to make an informed decision. At the very least, explain why you are recommending the course of action you are recommending. It might surprise you to see how fast patients are able to understand you. And it is so unusual as to be greatly appreciated.

NEVER, ever let out your frustrations on a patient. It's objectionable, unethical, and just plain WRONG! If you have to, go punch a bag.

NEVER ever spend half an hour on the phone with your stockbroker while a patient with a fractured arm lies in pain on your examination table. This happened to my mother, and I lost all respect for the doctor concerned. It

wasn't just me either - the doctor has become notorious for the same reason, and in spite of his undoubted medical talents, patients have started going elsewhere.

Money is a vexed issue. Just because you were underpaid as a houseman, is no reason to run amok when you get the chance. Don't nickel and dime patients. Give them an honest idea of what the course of treatment will cost, so that they don't get a rude shock. Do not order unnecessary tests, just for the commissions they will fetch you. Do not fleece patients who you THINK can afford it, and justify your actions by saying, "I also do free work." Let patients select their charities. I had no objection to paying for hospital / doctor services based on a class I selected; the procedure was transparent. But I minded - very much - when I was put in the super-deluxe class by a doctor who didn't even bother to find out if I could really afford it. Another thing: I resent it when I'm told to take an X-ray, then charged again when I come to show you the X-ray. Even lawyers aren't so avaricious!

Have some regard for patient time. Medical emergencies are beyond your control, I realise, but if you will not be in before 4 pm, do not give appointments for 2 pm. Nowadays when I go to a doctor, I carry enough material to spend the night. However, my time is as precious as a doctor's, not least because I still need to go on earning a living in order to be able to afford the fee.

You might well have seen it all, but that's no reason to exhibit the patient to the world at large. Respect a patient's privacy. Examine in private, treat with minimum audience, do not discuss case details without permission.

Learn to listen. You might be a superb technician, but you will be a poor doctor if you do not listen to the patient.

Cut the red tape. Simplify the procedures. I have not been able to understand why not a single hospital has a board outlining admission procedures. It would make things so much simpler for patients and save on staff time spent repeating the same things 20 times a day. The computer field has a practice that the medical field would do well to adopt. Prepare a FAQ - a list of Frequently Asked Questions.

Have a checklist of procedures so that in the mad rush of patients, you don't miss out on anything. My surgeon gave me a list of tests to be done before admission to hospital, but forgot about the ECG, without which the anaesthetist could have refused to operate. It certainly wasn't due to lack of knowledge - just the fact that 99.9 per cent of his attention was elsewhere. Sure this is an overpopulated country and that puts a lot of pressure to finish a patient in two seconds. Be careful. Haste is how slips happen.

The family unit reigns. It has its strengths, especially in the absence of a welfare state, but what it means is that for every one doctor talking sense, there are 10 relatives spouting nonsense at the poor helpless patient, who is too emotionally and medically unfit to resist. Factor this into your dealings. Work around it, you can't fight it or wish it away.

Spare a thought for the caregiver. Physically and emotionally drained, financially spent, and often a helpless onlooker while disease eats away at a loved one. A smile and a few kind words won't hurt you and will provide succor and solace to the patient and the person who will be their main moral support. No excuses. Call it your debt to society.

Does all this sound impossibly demanding. Well, I believe this too: there are no guarantees, and nothing can save a patient whose time has come. All that doctors can do is their best. Doctors, whatever they might like to believe, are not God, but they have been given the gift of healing, to be used it wisely and well. Can you honestly say that is what you are doing?

Short notes

Hyping Hepatitis A vaccine

In the face of intense lobbying to include the Hepatitis A vaccine in the univeresal immunisation programme, this writer notes that the incidence of HAV is closely related to the society's level of economic development and environmental sanitation. In countries like India, with high endemicity, childhood infection is common and by the age of 10 to 15, most people have protective antibodies (with lifelong immunity) through subclinical infection with HAV. Thus at present there seems to be no urgency to include HAV in the universal immunisation programme, and it must be limited to seronegative individuals above the age of five, and in the high risk group. "We must remember that vaccines do not come cheap. Before giving the vaccine, testing for antibodies will be prudent and cost-effective."

Hepatitis A Vaccine. Drug disease doctor. 1999. 12 (1) 9-11.

Data distortion

An update on rational drug use describes the tactics the pharmaceutical industry uses to get doctors to prescribe their drug. One favourite: multiple publishing. Canadian researchers recently identified 20 published articles and several unpublished ones claiming benefits fora new antipsychotic, resperidone, heralded as a milestone in the treatment of schizophrenia. An investigation found that only two large and several small trials had been done but results had been reported several times, often deliberately disguising the fact that they were results previously published elsewhere under the names of other authors. The researchers conclude that such practices "have begun to subvert the role of medical publications from the unbiased reporting of data to the dissemination of information that carries with it a personal or corporate agenda."

Sweetening the pill: how drug companies influence doctors. Rational drugs. January 1999. Extracted from *MaLAM international news* 1997; 15: 9/10:4