

Your Doctor Said

WHAT?

Dr. Terrie Wurzbacher

Exposing The Communication Gap



Doctor-Patient Communication Examine or Not Examine? That Is The Question

Dr. Terrie Wurzbacher

I'm disturbed by a current trend in medicine. I've encountered this twice in the past year. With one doctor I just figured it was his youth. But, the other day it came up with a doctor I really respect.

It seems that doctors are now being taught that there really is no reason to do a physical examination on patients. This came from two different specialists. One was a gynecologist and the other a gastroenterology (digestive system) doctor.

Perhaps I'm worried (and maybe even offended) for a few reasons. One is that I'm older and therefore "old-school" – there weren't all these fancy tests when I was growing up in medicine. In fact, I learned how to practice long before CT/CAT scans or MRIs were invented and implemented. There were lots of lab tests but no where near what there are today. And, it took a long time to get some of them back. We sure didn't have computers in every room and x-rays on the computer. There weren't the tons of drugs then either (don't get me wrong, there were plenty of them but not to the degree we have now). Things were more expensive and less portable back then too.

Another reason is that I loved neurology and despite the many diagnostic equipment and procedures we have today, there is still a phenomenal amount of information that must be obtained from a physical examination on a patient with a neurological condition. So, I really did concentrate on learning the "how-to's" of doing an exam.

But I think the main reason I am surprised about this statement is that I'm an ER doctor and in the ER you have to rely on your eyes and ears to make quick decisions about a diagnosis and a treatment plan. Even though there are more sophisticated methods of diagnosing and caring for people in the ER now, you still have to know what you're looking for – you don't have the luxury of ordering everything (each thing takes time and may not be available) – you have to make up your mind what you think is going on with the patient and head directly for that. Your history and your physical are very important in trying to figure that out. Ironically, the history is probably the most important item in your armamentarium but it's also the thing you have the least time for.

But from the patient's perspective, the point of this article is to not be surprised if the doctor does not spend a lot (or any) time doing a physical exam on you. It doesn't mean

he doesn't care or doesn't think there's anything wrong with you. It most likely means that he's going to be doing some other tests and studies to help figure out what's going on with you. Do not be disgruntled or discouraged. Don't think he's a bad doctor. Don't think anything. Just wait and see what he does.

I've heard people say that they didn't think the doctor was very good because "he didn't examine me". They've said it with disdain too. Well, now we know why he didn't examine you!

Even though I still think it really is an important part of medicine, it's apparently fading in importance and in some ways that's good. In the past, if there was nothing found on exam, then the doctor was more likely to assume that there was nothing there and not look any further. So, the best approach to this new theory that the physical exam isn't that important should be to do an exam and observe the entire patient – but also to consider that they will need to look deeper if nothing was found.

You know what the best thing to do is though? Talk to your doctor and find out what his (or her) philosophy is about examinations and testing. Communication is the key to understanding what is being done to you and what needs to be done to you.

Dr. Wurzbacher is a retired Navy Emergency Medicine Physician who recognized about early in her career that she wasn't good at communication and more importantly that she was probably missing much of what her patients were trying to tell her. Although she was excellent at diagnosing conditions, patients generally need more than that. The Emergency Department is one (of many) places that being good at communication is essential since you have no records to work with and a short amount of time to glean information and make a diagnosis. So, she worked diligently at learning to really HEAR what her patients were telling her. Teaching young doctors and ancillary staff the personal aspects of medicine has become a passion of hers. Her book, "*Your Doctor Said What*" is intended to help patients not only understand why many doctors seem like aliens but also how to empower themselves to deal with them.

Check her out at <http://www.yourdoctorsaidwhat.com> and <http://www.yourdoctorsaidwhatblog.com>.