Physician, heal thyself

The story of the doctor who becomes a patient has often been told. Hollywood has done its take in *The Doctor.* Countless physicians have written personal anecdotes of their time on the other side of the great doctor/patient divide. So why is the tale worth retelling? Perhaps to remind us of our own humanity and what it means to be practising the healing art.

Anonymous

I never expected to get sick. I can't say I had much familiarity with the role of patient. At first, I didn't know how to play the part at all. I continued to work, assuming I had some fleeting viral illness that would duly run its course. Alas, it failed to do so and after staggering through a week of declining health, I gained enough insight to visit my local emergency room. I was poked, prodded, pronounced fit for service, and discharged. After repeating this performance for three consecutive days, I felt that it would be wise to insist upon admission. The wisdom of this decision would soon be sorely tested.

I was admitted to what is referred to as a "team." I never actually saw a team. However, occasionally one of the members of the team would drop by to remind me that I hadn't been forgotten. I did see many, many specialists. These specialists ordered many, many tests. I was, regrettably, an interesting case.

I was impressed by what our modern health care system can do. The technology available to us is truly dazzling. I suspect that when the patient is a physician, this technology is embraced to the fullest degree. However, it can be done so at the expense of less glamorous aspects of medicine: communication, diligence, and compassion.

I do not wish my story to be one of blame. Ultimately, each of my caregivers brought the best of their knowledge and skills to my illness. However, there were some areas in need of fine-tuning. Here are a few suggestions I'd like to pass along.

Let your patients know that someone is running the ship. I had tests ordered and completed by specialists that my admitting physician learned of only after the fact. I needed to know that there was a gatekeeper tracking the details and looking out for me. When I sensed a void, I attempted to fill it myself. I can't say I did a great job, but I tried.

Remember that it's good to talk. Pull up a chair. When a doctor hovers over your bed, itching to get out of the room, one is not filled with confidence. Neither is it heartening to hear the specialist discuss your case with his acolytes in the hallway outside your room before entering. Although admission to hospital can bring about many changes in patients, sudden deafness is usually not one of them.

Where possible, try to see patients as whole human beings. While working out the diagnosis in your area of expertise, be mindful that patients might have other basic needs. Nutrition is a fine example. I didn't expect to have to call a hospital dietitian myself to request her guidance. However, my loss of 10 pounds in one week and complete inability to eat did not strike a chord with my caregivers, so I seized the day, as it were.

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Give your patients a sense of hope. It sounds trite, but it means a lot when they're scared and feel like the world is falling apart. Even if you can't give them hope for a cure, there are other ways to help. Reassure them that you will be in to visit them regularly and answer their questions. When you don't have much time to spend with them, let them know that you'll be back when you do.

Explain your thinking as you order tests, interpret their results, and call on the assistance of your peers for their opinions. When you discharge your patients, give them as clear a sense as possible of what plans lie ahead. I found the uncertainties around my ongoing care far more challenging than the uncertainties of my illness itself.

In reflecting on the dark cloud of my experience, there were a few silver linings. Some physicians and nurses truly demonstrated their concern about my well-being. They were a tremendous source of strength. I gained some insight into what our patients go through on a daily basis: the endless repetition of histories and physicals, the hours of waiting, and the needless blood work drawn at unnatural hours of the day and night.

Most importantly, as I returned to practice, I learned to recognize the subtle edge of fear that can creep into a patient's voice when confronted by a new illness. I considered myself a caring physician before becoming sick, but in the interests of saving time, I too was vulnerable to not listening fully to my patients. It's a delicate balancing act and I'm still figuring it out, but I know now that I owe it to my patients to address their fears when I hear them, no matter how busy I am. Why else would I be here? BCMJ

Exercise your influence

One of the main goals of the Athletics and Recreation Committee is physical activity promotion. As physicians, we can have a significant impact on patients by encouraging them to be more active. A recent example is a project this committee participated in with the BC Recreation and Parks Association (BCRPA) where physicians gave pedometers to physically inactive patients and referred them to Community Action Sites for support in becoming more active. This project, which was carried out in Penticton and Abbotsford, turned out to be very successful with patients—it increased their physical activity by 100% and decreased their sedentary time by 25%. Although it was a short-term project covering only 6 weeks, it illustrates the importance of the role doctors play in health promotion. Funding for a similar longer-term project focusing on those at risk for diabetes has been applied for in conjunction with BCRPA.

As one of the coordinators of the pedometer project, I attended the second annual conference of the Chronic Disease Prevention Alliance of Canada (CDPAC) in November to present a poster of our project. The CDPAC was created by the Public Health Agency of Canada and primarily takes a population-health approach to disease prevention. The thing I found most fascinating at this conference was that physicians are not seen to be players in the important aspect of disease prevention; there was no physician representation at the conference. I suppose our fee guide reflects the fact that physicians are not expected to be participants in disease prevention since we don't get paid for this important activity.

However, should it remain this way? It has been clear from gains made in smoking cessation that physicians are quite successful in encouraging patients to quit smoking. Clearly, physicians can and should play a role in promoting health and preventing disease. I believe that physical activity is the next major area to focus on. Our small study and its success demonstrates that, as physicians, we can have a direct impact on patients. Employing the same tools that we have used for smoking cessation, the use of pedometers as a tool for patients to get feedback on their activity level can be reinforced by referring patients to activities in the community that will help them to become more active. Although our pedometer project did refer patients to community activities, few took advantage of these opportunities. More work needs to be done on these links.

There may soon be a fee code for prevention that we can use to bill for counseling patients about lifestyle since the General Physician Services Committee is currently working on this as part of the new fee agreement. Also, the BC Healthy Living Alliance, which is putting together a physical activity strategy for BC, hopes to have a physician-referral program as part of its plan. We hope this will allow patients to easily access pedometers and listings of resources in their communities that ultimately will help them to become—and remain—more active.

So now that the new year is here, let us help our patients get more physically active and, of course, let us lead by example. Let's be active for health.

—Ron Wilson, MD
Chair, Athletics and
Recreation Committee