

Privilege, part 2

“Every morning, I thank God I am alive and I thank God I have a job.”

I was recently on a cruise floating down the beautiful Rhine River when I heard these words. The staff aboard were mostly from eastern European countries. Since none of them appeared to be weight lifters, I assume this demographic is due to fiscal realities. I don't know about you, but I often have difficulty living, or in this case vacationing, off the backs of others. The staff working on my trip labored very hard and very long—often for more than 14 hours at a stretch. I would see the same staff toiling away in the morning and they would still be there when I headed, a little tipsy, off to bed. Later in the cruise I shared this observation with the head housekeeper, who thanked me for my concern but said the words above.

What a concept—first, “thank God I am alive.” As physicians we deal with life and death on an almost constant basis. We realize how fragile human life is and care for so many as their journey comes to a close. So many times we hear our patients lament their passing and wish they had enjoyed every moment more. We observe as patients cling to life simply

to spend more precious time with family and friends. They are so thankful to experience another sunrise, ensuring another day on this ball of dirt hurtling through space. We share in the joy of our patients who have been cured from cancer, recovered from a stroke, or fought off a serious infection. So why do we forget this simple yet valuable lesson and forget to give thanks for being alive? When was the last time you rolled out of bed and gave praise for still being here? I thought so.

How about, “thank God I have a job”? I often moan and complain about my job. I resent going to the hospital where I pay to park, am required to be on call, observe an apparent deterioration in patient care, and deal with administration. I then move to my office and battle with the often overwhelming volume of patients and their demands. I try to fit in time for the neverending tide of paperwork—forms, consult letters, test results, medicolegal reports, and more. Somewhere the daily phone calls and other miscellaneous tasks must be completed. Last, the details of being an employer and running a business must be fit in. I am often tired and grumpy.

I am sure those close to me could vouch for this.

“Thank God I have a job.” What kind of trick is this? Thankful that I have spent my time giving to others and getting paid for it? Thankful that this gives me the means to support myself and take a cruise down the Rhine in the first place? Hmm.

Being thankful doesn't come naturally to me. Maybe it is because I am so used to being privileged. I am afraid I have developed a sense of entitlement and feel I am owed an easier life with more time off, fabulous vacations, and all the good things I see on TV. I deserve that beautiful car, new house, and delicious dinners out.

From now on I am going to turn off my alarm and give thanks for the gift of another day. I am then going to fill myself with gratitude for being an integral part of the health care team. Okay, maybe I will focus on the first one for a while.

—DRR

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Seven medical office pet peeves

Maybe I'm getting old, somewhat jaded, and perhaps a little testy, but the last few months in my office have been quite frustrating for me, and especially for my MOA. We have worked together for 15 years and have weathered a lot. When I first hired her, I told her she would need to have a thick skin to cope with some of the day-to-day issues that she would be exposed to, and to her credit she has weathered the storms well.

I share an office with one other endocrinologist. We are not a large clinic with numerous staff—just two specialists sharing an office, each with our own MOA. So, anything that happens in the office is dealt with by these two individuals, no one else. Mine only takes phone calls, makes bookings, arranges tests for my patients, and arranges referrals.

I have overheard a number of conversations she has had with patients—both on the phone and in the office—that have underscored the difficulties that she encounters on a regular basis. Some of these interactions have gone on for far longer than they should as she patiently tries to explain the office procedures and maintain her cool in situations where I am sure she would love to hang up. She has been hung up on and berated on many occasions. I have had to intervene when I felt that she was being humiliated and getting nowhere.

We have sat down on a number of occasions to discuss and commiserate over these encounters and try to figure out how to get around them. We really don't know what the solutions are, but I have a few things I'd like to vent about, on my secretary's behalf.

Seven medical office pet peeves

1. Rudeness. Be nice to the MOA/receptionist. She is just doing her job and it can be a thankless one at times.

There is no advantage in being obnoxious to her.

2. Selective rudeness. Don't treat the MOA poorly then treat the doctor as if they walked on water. It really doesn't look good or help with rapport.

3. Late patients/no-shows. We have a policy that a new appointment must be confirmed within 1 week of the appointment date or it is canceled. This is not unusual and allows us to book other patients into the time slot. A specialist typically books 45 to 60 minutes for a consult, so if there is a no-show it wastes valuable time. So, don't confirm the appointment, show up late, and expect to be seen. If the initial appointment date was not conveyed to the patient from the referring doctor's office, we book the patient within the next 1 to 2 weeks.

4. Blaming mystery staff. We get a lot of comments that "someone else must have booked the appointment" or "someone else must have called to change the appointment date." I have just one MOA, and she keeps meticulous records because of such comments. If she makes a mistake she is held accountable. Patients need to be accountable as well.

5. Harassment regarding call-backs. I get 10 to 15 patient phone calls a day. I have a message book in which all

the calls are recorded. Unless a call is an emergency, I try to respond within 24 hours. My receptionist indicates this to the patient and says that I will usually get back to them by the end of the day. She frequently gets called back, asking, "Are you sure you gave her the message?" I have sometimes missed a message and for that I am accountable, but it's not her mistake.

6. Vigilante behavior. If a phone call is not responded to within 2 to 3 hours, please don't come into the office and ask to be seen then and there. The office is already fully booked.

7. Unrealistic expectations. Please don't complain about the long wait time for an appointment. My wait list is actually quite short: no more than 6 weeks (most specialists measure waits in months, not weeks). If you believe your problem is urgent, we ask that the referring doctor speak to me directly and the wait time may change. Urgent cases, specifically new diabetes and hyperthyroidism, are always seen within 1 week.

Okay, I've had my rant. Glad to get it off my chest. My hat is off to all the doctors' office staff! Their patience and commitment to patient care on the front line helps to make our jobs so much easier.

—SEH

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