

# **A Buyer's Guide to Healthcare**

**(or How to Be a Good Patient)**

Through my ten years or so as a practicing physician, I've realized that some patients get better care than others. Everyone knows that, but what most people don't realize is how much control they have over the quality of care they get. Below are nine reasons for this and for each, I've tried to illustrate how you can make a difference - how you can get better treatment, whether you're at a Harvard teaching hospital or a community hospital in Newark. Don't be a passive patient, or even worse don't unknowingly sabotage your care. You can make a huge difference in the way you're treated, and it's not that hard. Read through these eight points, be entertained by the anecdotes, but take them to heart - they could save your life one day.

# Honesty

Being completely honest with your doctor is so incredibly important. I ask all of my patients about smoking, alcohol use, sexual activity, and illicit drug use. I'm not interested in judging them, I just need to know. It's understandable why patients are reluctant to reveal delicate information, and sometimes it's justified. If a patient tells me that they smoke cigarettes, and I document it in their chart, and he applies for life insurance, the life insurance company can ask to see my medical record of him, and if they note that he has a history of smoking they can charge him a higher rate. It's perfectly reasonable to say to your doctor, "If I tell you that I smoke cigarettes, will you put it in my medical record." If he says yes, it's also reasonable to ask him if you answer honestly would he not document it in the chart. If he says that he would not be willing to do so, you can then say that you would prefer not to answer that question. I typically document everything but illicit drug use. I will say to patients, "Do you use any recreational drugs. I won't put your response into your medical record, but I will record it in a separate area that would not be part of your medical record, were an insurance company asks for it.

*When I was a resident, I saw a patient who had a seizure at a restaurant and was brought to the emergency room. He was a physician from another state who was on vacation and had never had a seizure before. I asked him about any medications he was or had been taking and about his alcohol use. Some legal and illegal drugs can cause someone to have a seizure. Withdrawal from alcohol and certain drugs like tranquilizers can also cause seizures. He denied any drug use or alcohol dependency, so I ordered a lot of tests, because the new onset of seizures in an adult can also be a sign of something serious like a brain tumor or meningitis.*

*After this patient had undergone a CAT scan of his head, an MRI of the brain, an EEG (brain scan), and was about to undergo a spinal tap, he finally admitted that he had been taking a large amount of xanax daily for several years, but had stopped a few days ago when he started his vacation. While a tremendous amount of money was spent on his work-up, luckily he didn't have any tests done that could have caused him harm. Yeah, he got a little more radiation from the CAT scan than he needed, and he could have had a reaction to the contrast material that we injected into his veins for the MRI, but a spinal tap can cause some serious problems. Most of the time it's an innocuous procedure with no adverse effects, it sometimes can cause severe long-lasting headaches, infections, and if done improperly paralysis.*

*This guy was a physician. He knew that the seizure was because of his withdrawal from the tranquilizer he was taking. I guess that his fear of being reported to the medical board was so great, that he didn't feel comfortable telling me about his tranquilizer use. Laws vary from state to state, but I would have only felt responsible to report him if I saw that he was practicing medicine while under the influence of chemicals that impaired his ability or judgment. He also could have said to me, "If I were to tell you about inappropriate drug use, would you report me to the medical board."*

*The first year I was practicing medicine I saw a patient who told me he has "pink eye." When I examined him, it did indeed look like he had conjunctivitis, an infection*

*of the eye. It's usually viral and gets better on its own, but standard procedure is to prescribe antibiotics, because if it is bacterial, it won't get better without treatment, and can cause permanent eye damage.*

*The patient came back to my office two days later, and the infection had become much more extensive. It had spread from the conjunctiva to the cornea, and he had dramatic swelling of the eye. I was puzzled, so I sent him to an eye hospital immediately. The next day he came back to my office with the report from the specialist. He had gonorrhea of the eye, because a sexual partner he had had ejaculated into his eye.*

*The patient had denied that he had sex with men when I first saw him several months before, and did not mention that someone had ejaculated into his eye the day before he developed the irritation.*

*Perhaps the best example of why one needs to be completely honest with his doctor is a situation that I have never encountered and hope never to. Cocaine use causes the heart to beat more rapidly, and people who have used cocaine often will have chest pain. Sometimes this chest pain is actually a heart attack induced by the rapid heart rate that cocaine causes. If you have done some cocaine and go to an emergency room because your having chest pain, if you don't tell them that you have done cocaine, you will be given the standard treatment for chest pain that is suspicious for a heart attack.*

*The standard treatment includes a drug called Lopressor, which is very effective in preventing heart damage when someone is having a heart attack, but if he's been using cocaine, the drug will still prevent heart damage, but will often increase the blood pressure so much that he will have a stroke. You don't want to have a stroke. Sometimes people recover completely from strokes, sometimes they wind up unable to speak, walk, or control their bowels.*

Your doctor isn't perfect. He's probably gotten fall-down drunk at least once in his life. He may even have used marijuana or cocaine. I bet he's probably done sexual acts he's embarrassed about. Even if he hasn't done any of that, he realizes that people are fallible, he doesn't expect you to be perfect, he doesn't want to judge you, he wants to do the best he can for you., and to do that he needs you to be honest.

# Be Engaged

I had a patient recently who came to my office with back pain. The pain was so bad that he was unable to walk without assistance. He had some neurological findings when I examined him, which suggested to me that he had something serious, like a disc pushing on a nerve, so I sent him for an MRI. It took him several weeks to get the MRI, and the MRI showed that he had a fracture of one of his vertebrae. A vertebral fracture in a man (men aren't predisposed to osteoporosis) is concerning. The most serious thing that could cause a fracture like that is multiple myeloma, which is fairly easy to diagnose with blood and urine tests. I emailed him a form to bring to a lab to get these tests done, but it took him another several weeks to get those tests done. It turned out that he did indeed have multiple myeloma, and when it was clear that that was what he likely had, I admitted him to the hospital. He died three weeks into his hospitalization. Multiple myeloma is hard to treat and is almost always eventually fatal. Had he been a little more proactive in getting the tests that I prescribed done, he could have perhaps lived a bit longer. I realize that he was depressed and didn't have the best social support, and I regret that I didn't do more to make sure that he got the tests he needed more quickly. I called him once or twice a week to see if he had done the tests, and I let him know that he could possibly have a life-threatening malignancy, but ultimately his not following my recommendations possibly cost him some months or even years of quality life.

When I see new patients, I send them to get bloodwork. If I notice a heart murmur or a hernia or an abdominal mass, I'll send them to get that evaluated. Most of the time, I will schedule a follow-up appointment to discuss the results of the studies I have ordered. Sometimes, however, if I know the patient is busy or he asks if we can follow-up on the phone, I will agree to that. So often, patients will not get the tests that I suggest done. So far, I haven't had any really negative outcomes, but I know that there are patients I have sent for an HIV test who didn't get one and are HIV-positive, don't know, and delay treatment because of this lack of knowledge.

When I prescribe medications I always try to explain carefully what the medication is for and how to take it correctly. There are studies that show that one third of patients don't take prescribed medications at all, another third take the medication somewhat correctly, and only one third take their medications exactly as prescribed.

Medication errors and adverse reactions to prescription drugs are the third leading cause of death in the United States. One source says that the poor handwriting of physicians results in 7,000 deaths a year. Adverse events due to prescription medication lead to more deaths than errors in prescribing or dispensing medication.

How you can be responsible:

1. •Get the tests and studies that your doctor recommends in a timely manner. If you're inclined not to do so, because you don't think they're necessary, ask your doctor why he's ordered them. Ask him what the consequences of not doing them could be. You don't have to blindly follow his recommendations, and he should be able to explain the reason why he feels it's important to do so.
2. •Doctors don't want to miss any abnormal results that need further follow-up, but they're human, and sometimes they do. If you want to make sure that the results of blood tests, x-rays, or other diagnostics are normal, the best way to ensure that is to schedule a follow-up visit with your doctor to go over the results. I know that it seems crazy to have to go back to the office to get these results. Understand that your doctor only gets paid when you are in his office. He doesn't get paid for calling you, leaving you a message when you don't answer, getting the message that you called, calling you back, and having you again not answer your phone. Then if he has something important to relate to you, and he crafts an email, he has spent more time that he won't get reimbursed for and he's still not sure that you've gotten and understood the information he's trying to relate to you.
3. •When you get a prescription for a medication make sure that you do not leave your doctor's office until you understand why the medication is being prescribed, how you are supposed to take it, how long you should be taking it for, and what any potential side effects may be.

4. •Always get your prescriptions filled from the same pharmacy. Most pharmacies have computer programs that will check to see if a drug you've been prescribed is safe, based on the other drugs you're taking and what medication allergies you have. In addition to the computer, you'll have your prescriptions filled by the same team of pharmacists who are probably the least utilized health care professionals. They have extensive training, most have a doctoral degree, and most know more about medications than the physicians who are prescribing them. You will never regret asking a pharmacist a question about a medication they are dispensing to you. If they bring a concern to your attention, you should alert your doctor before you decide to not take the medication, and explain the concerns of the pharmacist, or ask the pharmacist to call your doctor. Any good physician would be more than receptive to feedback/input from a pharmacist.
5. •If your doctor prescribes a medication that is very expensive, you should ask him if that particular medication is absolutely necessary. Often doctors don't realize how much medications cost
6. •If you can't read the prescription that your doctor gives you, there's a good chance that the pharmacist won't be able to either. Pharmacists are typically good about calling doctors to verify unclear prescriptions, but it's not the worst idea for you to understand what the prescription says yourself before you leave your doctor's office. Also, you may want to choose a doctor who utilizes an electronic medical record and generates prescriptions from a computer printer. The electronic medical record program will also check for errors. Additionally, some electronic medical record programs can directly transmit the prescription to the pharmacy, eliminating the need for you to drop off the Rx at the pharmacy and wait for them to fill it.

# Be Nice

I was working in a hospital recently, and I asked one of my colleagues, "Do you treat all of your patients the same."

"Of course," she replied, then she hesitated and said, "Well I guess not completely. I mean I don't go above and beyond for patients who are nasty or whose families are mean."

I was treating a patient at the time that had melanoma which had spread to his brain. He had had a CAT scan at the outpatient cancer center of the hospital I was working at, and they found these brain metastases. He didn't have any symptoms, but I was asked to admit him, because the oncologist wanted to give him IV steroids to reduce the risk of brain swelling. His wife was in the room when I evaluated and examined him. I will never forget this man. He was processing the fact that he had brain cancer, and limited time to live, but he wanted to be strong for his wife, and was telling me things like, "Okay, I can go home tonight, right? We'll be able to take care of this. No problem."

It was clear that he couldn't go home, both because he needed some more IV steroids, but more so because his wife was so frail and suffering from Parkinson's disease that there was no way she could take care of him, especially since steroids can make patients a little manic and have erratic behavior. I talked to them both about hospice and how they were going to deal with his end-of-life issues. It wasn't easy, but I feel like being very honest about things like this makes them less scary.

At some point, I realized that his wife probably hadn't been home for a while, and she seemed a little tired. I asked her when she had last eaten, and she gave me a vague answer that made me realize it had been a while. She wasn't sure if she had food at home, so I took her to the hospital cafeteria. She was a little overwhelmed by the choices that the cafeteria offered, so I suggested a turkey sandwich. When we got to the cash register, she was concerned about whether they took credit cards. I paid the \$2.50 for the sandwich and got her a ginger ale as well. We talked about her life. She told me that she graduated from U Penn, and worked in publishing in Manhattan before she got married. I asked her how she was going to get back to her house, and she said that she was going to drive. I was busy, and she was a slow eater, so I told her that I would be back in 15 minutes and would help her find her car and get her home. I really just wanted to drive her home myself.

I went back to the ward, and I called their son. When I explained the situation, he was shocked. It became clear that the father hadn't told any of his several children who were scattered around the country how sick he was or how frail their mother was. He was a 6 hour drive away, and he said he would head to the hospital right then. He was also a physician. I gave him my cell phone number if he wanted to get in touch with me.

When I went back to the cafeteria, she was gone. A phone call to her home went unanswered. I hoped for the best. The next morning, I went to her husband's room to ask him if his wife had made it home okay. When he said that he thought he had lost her, I was distraught, but a phone call to their home revealed that she had made it home intact and that he was just confused. I told the wife that I really wanted for her to stay at home and not drive. I assured her that I would take good care of her husband, and that she could stay home for a little while. I then called another of her children and explained the situation to her, and she made a call to her parents' church group. One of them went to her house and brought her to the hospital.

The man didn't need to be in the hospital at this point. I just kept him because I was worried that his wife wouldn't be able to care for him. The patient's son showed up a little later in the morning, and wanted to take his parents home. I dropped what I was doing, wrote the paperwork for his dad to be discharged, and printed out all of his labs, CAT scan results, and the name, address, phone number, and directions to his dad's oncologist, primary care doctor, and radiation oncologist.

His children were all so appreciative of everything I did. They were all successful professionals. It was so clear to me that this man had provided so much to his children, and raised them so well. It killed me to think that he cared so much about his children that even though he desperately needed help, he felt he needed to shield them from knowing how bad the situation had become.

Honestly, I would have driven his wife to the hospital if the church member hadn't shown up. I identified with these people so deeply, and I felt that my actions were so appreciated, that I would have done pretty much anything I could to help them out.

At the same time, I had another patient who I had inherited from another doctor when we changed shifts that day. It was around 10 am, and I hadn't had a chance to see him yet, as I had 24 patients to see that day – all of whom were new to me. The nurse tells me that the family wanted to see me about this patient. I go into the room, and there are five people circled around the bed. I introduced myself. None of them introduced themselves, and they all simultaneously started shooting out questions and challenges about what was being done for the patient. They were confrontational and not terribly nice. I honestly couldn't answer a lot of their questions, and I didn't know why their loved one was having trouble breathing. I don't like not knowing what's going on with my patients, so after examining the patient, I excused myself and went through his chart, I called a pulmonologist that he had seen and gotten his records faxed to me, and developed a plan for the care of the patient.

I want to take care of people. I love my job, and I want to do it the best I can. I spent several hours reviewing his medical records, talking with his pulmonologist, devising a plan to figure out what was going on, and then when I had the information I needed and realized that he needed to be transferred to another facility that could provide the services he needed, I spent another several hours arranging a transfer to the appropriate facility.

He got the care he needed, but I did treat him differently. I would never have given his wife my cell phone number. I wouldn't have bought her a sandwich.

There was a patient at a hospital that I used to work at. She was about three hundred pounds, had chronic bed sores, and was admitted to the hospital every few weeks for urinary tract infections. When she was admitted, the nurses had to roll her over and change the dressings on her backside twice a day. It was not a fun or easy job, but no nurse complained about having her as a patient. I'm sure that being hospitalized didn't make her super-happy, but every nurse, nurse's aide, janitor who came into her room to do anything for her, she made a point of thanking and praising. There may have been some folks who walked into her room dreading changing her dressing, but I assure you that her graciousness ensured that no one left her room feeling anything but valued.

Here are some ways you can be the kind of patient that people want to go above and beyond for:

1. •When the physician introduces himself, introduce yourself. I know he has your chart, but you'd be surprised how much of an impact saying, "Hi Dr. Smith, I'm Jane Doe, it's nice to meet you. How's your day going?" I know it's his job to want to know how you're doing, but even if you express a token interest in his humanity, he'll (likely unconsciously) be much more interested in your well-being
2. •Assign one of your family members as the liaison between you and the physician. I love talking to family and explaining things, but it's frustrating to have to explain the same thing to ten different family members and field questions from each of them. It will be beneficial for you, because you'll get information from the same person, and that information will be more comprehensive, because if the doctor only has to talk to one person, he will spend more time and explain things more completely. If I have to talk to five family members separately, they're going to get a condensed version of the story I would tell if I only had to tell it once.
3. • If you have a friend or family member in the hospital bring a box of chocolates or cookies and give them to the nurses, and say "We really appreciate how much you're doing for my Dad/Mom/Husband," he will get better care. Don't send "Get Well" cards; don't send flowers – feed the nurses if you really want to help.

When you're admitted to a hospital, the nurses are going to be responsible for most of your care. The physician will develop a plan of care, but the nurses are mostly responsible for carrying out that plan. The nurses will also be the ones who respond to your call for pain medication. They're going to help you go to the bathroom, and they'll be the ones who will page the doctor if they feel your plan of care needs to be modified.

Nurses are amazing people. They do things that most people couldn't imagine doing. They hold the hands of dying patients. They deal with arrogant and abusive doctors. They clean up patients who have had diarrhea or vomited in their beds.

# Be Proactive

My father was 60 years old when he went to an emergency room the Friday before Labor day with abdominal pain. I know it had to be really, really bad, because if he thought he had appendicitis, he would have tried to remove his appendix himself before going to a hospital. Luckily he was at a great academic medical center. Unfortunately he didn't have a primary care doctor who was affiliated with that hospital. He languished in the emergency room for 24 hours until they figured out he had a colon cancer that was obstructing his bowels. He had surgery to remove the tumor, he then had chemotherapy and was disease-free for a year or so, then he developed metastases to his lungs. He considered his options: chemotherapy to prolong his life by a few months, hospice care to make him comfortable and perhaps deal with his spiritual needs. He chose to shoot himself in the head and get it over with quickly. When I tried to figure out how this had all happened, I talked with his primary care doctor, the family practitioner who used to give me penicillin for strep throat, and he told me that he had pleaded with my Dad to get a colonoscopy for years before he died. First of all, all guidelines say that everyone should get a colonoscopy at age 50, second because he was having symptoms that were suspicious for colon cancer. Had he had a colonoscopy at age 50, I'm nearly 100% certain that an early colon malignancy would have been identified, treated, and my Father would be alive today. Colon cancer is slow growing, and if people followed the guidelines for colonoscopy screening, deaths from colon cancer would plummet.

Routine Pap smears have essentially made cervical cancer non-existent. Scraping a woman's cervix every year to check for precancerous cells, pretty much ensures that she will never develop cervical cancer.

A lot of insurance plans don't cover annual physical exams. And when one looks at the data that evaluates whether an annual physical exam is cost effective, often there is good data that the expense is not worth the benefits that early identification potential health problems may provide. However, there are many patients who have discovered that they had an elevated white blood cell count during a routine physical, making the diagnosis of leukemia before there were any physical symptoms, and potentially improved their chances of survival.

Not every physician ensures that their patients get recommended screening tests. They are either too busy or not aware of the recommendations.

How to be proactive:

1. •Ask your doctor if you are doing all the recommended preventative medical screening tests. If he is dismissive, ask him what they are, and at what age you should get them done. Also ask him what guidelines he is following. The US preventative Health Org, The ACP, The AAFP. They all differ slightly, but he should follow one of them, or a hybrid of several of them. At the very least he should be aware of these guidelines.
2. •Do the things you need to do. If you need a colonoscopy, get it done. Don't be freaked out about a tube being inserted into your rectum. If it were that heinous, millions of people wouldn't have gotten one. If you're too busy to get a Pap smear, think about how much of a wrench cervical cancer would throw into your schedule.

# Speak Your Mind

I saw a 25 year old patient when I was first in practice. He was a healthy guy. No medical history, no surgeries, no hospitalizations. He described some flu-like symptoms. I couldn't figure out why a young, healthy guy would take the day off of work to come to my office for a fever, body aches, and a sore throat. So I asked him, "I'm not sure what's going on. It seems like you have a viral illness that most people wouldn't go to the doctor for. What do you think is wrong with you?" At that point he finally admitted that he had been having unsafe sex with his HIV-positive boyfriend. It turned out that had acquired HIV and his symptoms were a result of that.

I've seen this phenomenon so often. A patient will come to me and have a good idea of what's wrong with them, but they're so scared that they won't admit what their fears are. Somehow, they think if they truly have the ailment that they fear, it will be obvious to the doctor. I understand this magical thinking, but it's crazy. If you know you've been exposed to HIV, if you know you have a lump in your breast, if you know that you've had rectal bleeding, and you come to me and don't tell me these things, I may figure it out without your input, but more likely I won't. Help me help you.

Why to suggest to your doctor what you think is wrong with you:

1. •A good doctor will try to ask all the pertinent questions to formulate an accurate diagnosis, but you know your body better than he does. He'll examine your breasts, but he may not find the tiny lump that you found in the shower. The fact that he doesn't find it, doesn't mean it's not there
2. •It may not be as bad as you think. Probably, it's not. You may think that the blood in your stool could only be colon cancer. If you don't tell your doctor that you're having blood in your stool, first off, he won't be on the lookout for colon cancer, and could miss a diagnosis that could cause you your life. More likely, he'll focus on that symptom, and figure out that you have a bleeding hemorrhoid or an anal fissure or inflammatory bowel syndrome.

# Second Opinions

## Get Second Opinions

My friends often ask me for medical advice, and honestly it thrills me to think that they trust me enough to ask. And I'm glad they do. No one is infallible. I know that, and when I have doubts about what I'm doing for a patient, I seek help. I don't think that every physician does that. There was a recent study that showed that 20 percent of patients who died in hospitals, did not suffer from the ailment for which they were being treated ([http://www.nytimes.com/2006/02/22/business/22leonhardt.html?\\_r=1](http://www.nytimes.com/2006/02/22/business/22leonhardt.html?_r=1) )

Medicine is incredibly and increasingly complex. When one is facing a serious illness or contemplating a major surgery, it makes sense to get a second opinion, and if the second opinion varies greatly from the first, then get a third. Your primary care doctor should have a network of specialist physicians whom he feels are competent and who communicate with him. Communication between specialists and your primary care physician is incredibly important.

I have a patient who is very stoic. I know that he has had chronic back pain, but rarely complains about it, and never had asked for pain medication. So I was very surprised when he called my office one morning saying that he was in the emergency room of a major hospital in New York. The emergency room physician wanted to discharge him home after giving him some pain medication, but he was worried that he wouldn't be able to bear the pain were he to go home. I spoke to the emergency room physician and convinced him that this patient should be admitted until his pain was under control. He was admitted to the care of a hospitalist, who tried many different medications to control his pain with little success. He got an MRI and then was seen by a neurosurgeon who said that he felt he needed emergency surgery, because he felt that the spinal canal was impinging on his spinal cord. I had examined this patient and seen the MRI report, and the report didn't seem to me to make sense given what I found on examining him. I was able to get a radiologist from another hospital to look at his MRI, and she felt that he had an infection of one of his intervertebral discs. I brought this to the attention of the hospitalist, and she told me that she didn't think that was likely, and that their radiologists and neurosurgeons were very good, and she didn't question their opinions. I was able to get him transferred to the other hospital, where they did some further studies and determined that he did have an infection. He didn't need surgery, and with several weeks of intensive antibiotic therapy, he recovered. I did some research about this condition, and I found that in one study over 40% of patients with this kind of infection had unnecessary back surgery.

Some ways you can ensure that you get accurately diagnosed and properly treated:

1. 1. Have a primary care physician who has a good network of specialists and is affiliated with at least two hospitals.
2. 2. Seek a second opinion when dealing with a serious illness, a major surgery, or when the initial opinion does not seem to make sense.
3. 3. Discuss the findings of specialists with your primary care doctor.
4. 4. Be very suspicious of physicians who discourage you to get a second opinion.
5. 5. It may be the case that you need emergency surgery or other intervention, but even in that case be sure that your primary care doctor is aware of the situation and is in communication with the surgeon.

Chose your healthcare providers carefully.

It's difficult to find a good primary care doctor. Usually people go through their insurance company's list of providers and pick a few physicians who are close to their office or home, call them, find that most aren't taking new patients, and then settle on the one who can see them the most quickly. Usually they need to see someone quickly, because they have an acute problem. The physicians that are going to be able to see a new patient quickly are either those just starting out in practice or those who see a ton of patients and are unlikely to spend enough time with you to adequately evaluate your needs and will likely be less than accessible when you have future concerns.

The best way to choose a primary care doctor is to do it before you need it. Ask friends, colleagues, and family whom they go to, and ask them if they like their doctor. You'd be surprised how many people see a

doctor that they're not totally satisfied with. If you're new to a city and don't have contacts to ask, look through your insurance book, find five or ten physicians that are convenient geographically. Don't make the mistake of choosing the doctor who is listed first in the directory; just because his name begins in A or B, doesn't mean that he's the best doctor.

Take this list of doctors that you've gotten from your contacts or your insurance book, and get online and do some research. There are many online services where patients rate physicians. Some are better than others. Here is my assessment of the most relevant:

**Yelp.com:** This website was started by a guy who was having a hard time finding a doctor in San Francisco. It's obviously grown tremendously both geographically and in terms of the types of businesses that are reviewed. Yelp has an algorithm that tries to prevent physicians from recruiting their friends to write positive reviews about them. It only posts reviews from users who have posted reviews about other businesses. It filters reviews from one-time reviewers. That means that if a doctor has a bunch of his friends write glowing reviews, most of them will be suppressed, unless he is smart enough to enlist friends who are frequent Yelp reviewers.

**Zocdoc.com:** This website allows patients to search physicians, see how they're rated, and actually make an appointment online with the doctor. They allow doctors to fax them reviews that patients fill out in their offices. They have no way of verifying that these reviews actually come from patients or have been fabricated by the doctor himself. They also have reviews that come from patients who have made an appointment through ZocDoc. ZocDoc sends them an email directly asking them to rate the doctor. These "verified reviews" are much more accurate, and cannot be influenced by the physician.

**Healthgrades.com:** This website uses several different things to evaluate the quality of physicians. They solicit ratings from patients, and a physician can rig these by asking his friends to rate him well. But they also take into account other things like the medical school the physician was graduated from, the residency program he completed, the research articles he's written, whether he is board-certified, the hospitals he is affiliated with, and whether he has had any malpractice suits or disciplinary actions against him.

None of these websites are great on their own. My suggestion is to utilize them together, in this fashion:

Consider the patient reviews on Yelp, and the verified reviews on ZocDoc. Ignore the patient reviews on HealthGrades, but consider the doctor's hospital affiliations, education, board certification, training, publications, malpractice and disciplinary actions that they list.

You want to see a physician who is board-certified. What that means is this:

1. He/she has graduated from a medical school in the United States or from a medical school in another country and has met the same standards that U.S. medical school graduates are held to.
2. He has completed a residency program in a specialty like internal medicine, family practice, pediatrics, or obstetrics and gynecology. These residency programs are at least three years in duration, and they give young physicians an opportunity to see a lot of patients with various common medical conditions.
3. He has passed a rigorous written and/or oral examination.
4. If your physician is not board-certified, there are only three reasons that would be acceptable:
  - A. They have just finished residency and have not gotten their scores from the board exam
  - B. They have been in practice for a year or more and decided to take a year off or failed the exam the first time.

# Alternative Medicine

## **Hold alternative medicine providers to the same standards that you use to judge traditional practitioners**

Americans spent \$34 Billion in 2009 for alternative medicine. Alternative medicine includes lots of disparate therapies. There are some alternative therapies that have good evidence for their efficacy. There are many more that don't.

Chiropractors are licensed by most states, and this licensing gives patients a sense that the modalities they use to treat patients are safe and effective. There is a large body of scientific evidence that suggests that chiropractic manipulation of the neck can damage the vertebral artery, one of the major vessels that provides blood supply to the brain. The vertebral artery travels through the cervical vertebrae. When the cervical vertebrae are manipulated by a chiropractor, sometimes the vertebral artery can be damaged. When a blood vessel is damaged, the body responds by creating a blood clot. If one develops a blood clot in the vertebral artery, and it dislodges, it can travel to the brain and cause a stroke. There are at least five articles in well-respected medical journals that substantiate this phenomenon.

Chiropractic manipulation of other parts of the spine is probably less dangerous, but there are few well-conducted studies that suggest that it's better for back pain relief than placebo. The issue here is that chiropractors have a philosophy about why people have back pain. The fundamental basis of chiropractic is that people with back pain have "subluxation" of their vertebrae – essentially their spines are misaligned, and physical manipulation will "realign" these deranged vertebrae. Chiropractors will usually make their patients get x-rays of their spines before they will treat them. They'll look at the x-rays and say that they see subluxation of the vertebrae. The problem with that is, when board-certified radiologists look at normal spinal x-rays and x-rays that chiropractors say are "subluxated," they can't see any difference. So essentially the fundamental premise of chiropractic is flawed and not substantiated by rigorous science.

Americans spend about \$15 billion annually on nutritional supplements and herbal remedies. Companies that make these products say things like, "Ginkgo can help support memory function." When consumers see these claims they naturally think that some governmental authority has verified them. That's not the case. A major piece of legislation that was passed in the 80's states that manufacturers of nutritional supplements can't make specific claims about their products. They can't say, "Ginkgo Biloba cures Alzheimer's disease." But they can make general claims like, "Ginkgo Biloba supports healthy brain function." It's a crazy loophole that most people aren't aware of, but the lobby for the nutritional supplement manufacturers was so strong, and consumers were so adamant that these supplements would be available without governmental oversight, that this bizarre piece of legislation was passed. Celebrities like Mel Gibson appeared in television spots saying, "Don't let the government deny you the right to have access to herbal remedies and nutritional supplements." The campaign was one of the most successful efforts to ensure passage of a piece of legislation. Many congressmen reported that they had never received more letters and phone calls about any other single issue.

The result of this legislation has unfortunately been that nutritional supplement and vitamin manufacturers can make claims, as long as they are vague enough, that the FDA does not verify, and they can produce products that no governmental body tests for purity. There is absolutely no guarantee that when you buy a bottle of St. John's Wort because you want a non-pharmaceutical approach to treat your depression, that there is actually St. John's Wort in those capsules. In fact there have been instances of companies putting drugs like prozac into capsules labeled, "St. John's Wort." The government is not obligated to test or verify the content of any of these products.

Patients often ask me about acupuncture. Acupuncture is probably rarely harmful, but no well-conducted study has ever shown it to be truly effective. The key here is "well-conducted." Acupuncture is most often used by patients who have chronic pain. Pain is a subjective phenomenon and is exquisitely sensitive to the placebo effect. Acupuncture is just about the best placebo one could devise. It's steeped in the mysterious history of thousands of years of Chinese medical practice, the acupuncturist is likely burning incense, and patients who have positive experiences with acupuncture after failing "traditional" medicine are incredibly vocal in their support. So how does one conduct a well-controlled trial of acupuncture? She can't

divide patients into a group that gets acupuncture and another that doesn't, that wouldn't control for the placebo effect.

What has been done to evaluate the efficacy of acupuncture are a handful of studies. First, researchers thought that it would be interesting to compare the efficacy of placing needles in the "correct" places with the efficacy of patients getting needles placed randomly; both groups had similar outcomes. Then researchers went a bit further and conducted studies that compared placing needles in the proper places with putting "sham" needles on patients, these blunt ended needles had an adhesive where the point would have been on a regular needle, so patients felt the pressure of the needle, but it did not actually pierce the skin. The results in both groups were the same.

There is an abundance of data about the efficacy of various medical and surgical interventions, most healthcare professionals utilize these data to make decisions about how to treat patients. I guess my ultimate test of any alternative healthcare practitioner would be to ask her what study has been done to ensure that the treatment she is going to give you will be safe and effective. If she cannot answer that question, I would be very suspicious.

This is not an anecdote that I enjoy telling, but I think it's important and all too common:

I was working a night shift in a New York city hospital, and I was paged by one of the nurses who was caring for a 43 year-old woman with advanced breast cancer. The nurse asked me to come evaluate the patient and possibly increase her pain medication. When I spoke to the nurse, before seeing the patient, he told me that the woman had been diagnosed with breast cancer over a year ago but did not want traditional treatment, so she had gone to an alternative practitioner who treated her with herbal remedies. Only when the cancer had become so advanced that traditional medicine could only offer her treatment to prolong her life by a few months and control her pain did she seek the care of an oncologist. It was not a question of if but only when this woman with two small children would die. I evaluated the woman, perhaps more quickly than I should have, and wrote orders based on the nurses recommendations. I wish I had been a stronger person and had been able to spend more time with this woman, but nothing I could say or do would have changed the inevitable, and it was too devastatingly sad for anything I could have said or done to make much of an impact.