CPC Corner

health systems

Physician As Patient—Lessons Learned from the Experience

By Bennett Coplan, MD

Editor's Comment: Nothing is as valuable to life's learnings as walking in someone else's shoes. The same can be said for physicians when they become patients in a world that is supposed to be so familiar to them. Caregivers make all kinds of assumptions—some correct and some, as you read this testimony, very incorrect. Because personal testimonies provide such vivid pictures, I believe Dr Coplan's story will reinforce some basic principles of clinician-patient communication.

—Lee Jacobs, MD

The Accident

In November 2002, I fell off my bicycle. I only know what happened because of what I learned from the Highway Patrol reports as well as from talking with a witness. I fell on a steep downhill, skidded about 30 feet, and crunched my head into a guard rail. I was saved by the rail from falling 300 feet, by the helmet from further damage, and from pneumothoraces by the insertion of chest tubes by the safety crew. I was transported by helicopter to the trauma center, spent five days on the respirator, was transferred to an ICU, and then was moved to the KP Vallejo Rehabilitation Unit. I was still amnesic for the three weeks after the accident.

I had an in-depth experience as a patient with many lessons learned, some of which I would like to pass on to my physician colleagues. While I had great care, I have some communication advice that will help physicians and nurses when they care for a physician who becomes a patient.

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"I'm the Patient—Not the Doctor"

First, I needed to be treated as a patient, not as a doctor. My wife needed to be a patient's wife, not a doctor's wife. To assume that I knew something because of my medical training and experiences caused problems for us. During this time, I find we did best if people just treated us as typical patients. We either didn't remember many things, didn't know them in the first place, or weren't aware of changes. Prognosis, complications, risks, and side-effects all needed to be reviewed with us in the same fashion as any other patient.

In my foggy mental state, I had great difficulty connecting my own status with what I should have known. Also, I have been told by colleagues who visited that the staff in the ICU seemed afraid to touch me because I was a physician. They seemed more concerned about making a mistake than usual and therefore missed problems that might not have been missed on a nonphysician. For example, after several days, I became very restless. I was still very out of it and was given Haldol for my restlessness. When they reinserted the Foley catheter and the two liters of urine were released, there was no further restlessness or need for additional Haldol. No one had palpated my abdomen to determine my bladder size.

"Empathetic Listening Really is Important!"

Second, I did notice that some staff made empathetic statements, and others didn't. This may not seem important, but to me it definitely showed that people cared. Listening after asking, "How are you?" showed that the asker really cared and allowed me to tell things that were important to me with the result that I could feel that we could work together. "This must be tough," or "It must be hard to be on the patient side" are easy to say but turned out to be very important to me.

"Did I Hear You Say Something About Me?"

Third, once awake, I could hear everything that was said in the vicinity around me. I could even hear the talking out by the nurses' station very clearly. I was very "tuned in." Of course, I interpreted these conversations as being about me, even if they were talking about someone else. When you don't have anything else to do except listen, you hear everything.

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"Just the Basic Information—Not Too Much"

Fourth, I received a lot of information that went right over my head. I did better when I received answers to questions I asked, along with a few critical facts. I didn't need too much information. I was afraid there would be a test.

"The Most Important Support"

Fifth, I became aware of the importance of basic life elements. Having a loving and supportive wife and child are critical, and I hadn't been quite as aware of that as I am now.

A Parting Thought

I would like to finish with a story I heard from the mother of a friend of my daughter. We were having lunch soon after I had been released from the hospital, and I still had my eyepatch and crutches. After a little chat about my situation, the woman, who is a nurse practitioner at a Boston hospital, told me that her husband—who is an attending physician at the hospital—had had a cardiac bypass one year earlier. She was telling me about the experience, and I said, "That must have been tough." She started to cry. I immediately apologized for upsetting her. She said, "You don't understand. He had the best care and the best surgeons in America. Everything was done perfectly. But you are the first person to acknowledge how difficult it had been. It would have felt so good, and I would have felt like I was a part of the team." A simple statement allowing her to have feelings would have helped her through the ordeal. This example demonstrates the reality that empathy is part of excellent quality of care.

I've learned through my time as a patient that in these difficult times, emotional support for the patient is essential. I've learned by personal experience the value of good communication between physician and staff, and I believe that all of us need to continue to learn and practice these skills to provide the best care experience possible to each patient we care for. ❖

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Clinician Patient Communication Web Site: New Look, New Resources

In support of the KP Promise, "Caring with a Personal Touch," the Clinician-Patient Communication (CPC) Intranet site now offers you many more resources for enhancing your relationships with your patients and our members. Look for new resources, the newly organized popular Quick Guides by topic, as well as program descriptions and registration for CPC programs and registration across the Program.

The site also features useful Quick Guides topics, customized Four Habits Models for different clinicians and managers, and links to Ovid or *to The Permanente Journal* articles as well as to the popular CPC Consultant's Corner, by Scott Abramson, MD.

The Garfield Memorial Fund and the Interregional CPC leaders launched this informative CPC Intranet Web site in 2002 to support our clinicians by providing educational materials for communication skill development.

"Our editorial committee felt it was time to redesign our site to make it more useful for our clinicians. We are especially excited about the availability of listing all CPC regional programs with the ability for users to register online for some of the programs," says Sue Hee Sung, CPC Intranet site editor.

We welcome your feedback and ideas. Please visit the CPC Web site at the same address: http://kpnet.kp.org/cpc.