

By Dr Jeremy Lim, Editorial Board Member

# Good Patients Better Doctors



All doctors are familiar with, to put it diplomatically, the ‘difficult patient’. This is the patient who enters your clinic with sheaths of printouts, seemingly determined to aggressively question and challenge your every opinion and recommendation. There are undoubtedly many ‘difficult patients’, but how many of us recognise and appreciate the converse, the ‘good patients’ who brighten our day and make us better doctors?

Medicine is a dangerous business these days, with august bodies such as the Institute of Medicine in the United States of America claiming that 100,000 lives are lost in American hospitals each year to preventable medical errors. Add the slew of publicised wrong-site surgeries, missed diagnoses and so on, and we could argue that patients, especially ‘good patients’ can play a vital role in making medicine safer for themselves and more satisfying and fulfilling for us. Dr Scott Haig, writing for Time.com last year, says emphatically: “Few patients realise how deeply they can affect their doctors... Our patients make or break our days.”

## WHY BE A ‘GOOD PATIENT’?

Dr Haig gives three justifications for being a ‘good patient’: a ‘good patient’ would be more likely to get free drug samples, a doctor who is comfortable and not defensive thinks and communicates better, ultimately providing better medical care and finally the unselfish reason that doctors work long hours and give up the best years of their lives in training for their patients’ ultimate benefit. He perhaps somewhat mournfully asks: “Why not show us some love? It’s not hard.”

I would add that ‘good patients’ help to spot potential medical errors such as wrong-site surgery and wrong medicine administration and also help us to make better diagnosis through the iterative process of explaining the signs and symptoms of the condition. In academic medicine, we exhort the necessity of peer review, but in the solitary confines of most practices, it is just the doctor and her patient who must come to the diagnosis and treatment.

## “PERSISTENCE PAYS OFF”

Early on in my residency training many years ago, I was called to the bedside of an elderly man who had undergone surgery a few hours earlier who was complaining incessantly of feeling cold. It was two in the morning and he had already been seen by the intern who had found nothing wrong and had prescribed more blankets! His vital signs were all normal other than a slightly raised heart rate and I was inclined to get back to bed as quickly as possible. However, his demeanour and insistence there was something wrong prompted a re-think and I sent off a series of cultures before starting him on a new antibiotic and infusing more fluids. The laboratory called me urgently the next day and the results vindicated him: he was suffering from septicaemia and could have died. His age and post-operative physiological state had masked the typical symptoms of infection.

Dr Jerome Groopman, author of the best-selling books *Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine* and *How Doctors Think* encourages patients to be more proactive, asserting that this helps the healthcare team to come to the best diagnosis and



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treatment. He advises: “It pays to be persistent; it pays to speak up.”

As doctors, do we truly want our patients to be assertive and “speak up”? I would argue that the age of paternalistic medicine is over and especially with the epidemic of chronic diseases well and truly underway, clinical care is now a partnership between the healthcare team, the patient and her family. ‘Good patients’ today not only accurately and concisely answer our questions but also ask questions that help us make their care better.

Patients regularly report a sense of intimidation when consulting us. The power dynamics and the

sense of rush and urgency that we infuse into our clinics can convert articulate and thoughtful individuals into cowering and frightened patients who meekly refrain from asking helpful questions and helpfully questioning answers. We can do more – I know a particularly successful doctor whose nurse gives out paper in the waiting area and asks patients to write down their questions and concerns. She has very good clinical outcomes despite a very busy practice and her patients love and respect her. Good patients make us better doctors; it is up to us to encourage our patients to be ‘good patients’ and help us be better doctors. ■