

# Here's My Phone Number – Don't Call Me!

By Dr Reuben Wong and Jane Tan

Physician accessibility has always been a cornerstone of the doctor-patient relationship: the patient who is suffering being able to reach his caring physician when he needs him most has been epitomised as the image of penultimate medical care, something we should aspire towards. But is it really so? Try asking a physician for his cell phone number, and you would be forgiven for thinking you were asking for the combination numbers to the family vault. Why is there such reluctance on the part of doctors to offer direct access to their patients?

## I want to call you...

With the explosion of the Internet and unprecedented access to healthcare nuggets, one would expect the role of the doctor as the fount of information to diminish. Incredibly, this has not happened, and up to 73% of patients in 2 large studies still consider their doctor as the most desired source of information. Expectations are also high, with 80% of patients from another study expecting their physician to be available by phone or e-mail following a consult.

## Please don't call me...

The physician's perspective, however, is often diametrically different. Common reasons cited include (1) fear of intrusion on the doctor's personal lives (picture your cell phone going off on the 11th green); (2) calls being disruptive (imagine fielding calls while running a packed clinic); (3) calls are seen as unnecessary (a survey highlighted a discrepancy in the perceived seriousness of the condition between the caller and the physician).

## Should I take the call...

Calls outside office hours often mean that doctors do not have ready access to patient's medical records. Practically it's near impossible to recall lab results, previous treatment regimes and the physician is often relying on recalled information provided by

the caller.

Am I medico-legally covered? Advice given over the phone is verbal with no written record, and when there is a dispute ("I said stop the Panadol..." "No doc, I heard you say up the dose of Propanolol!"), it's one man's word against another.

Am I being paid for this? Phone consults take time, effort and do constitute a professional opinion, and hence could be considered akin to a clinic visit. Or should they? Many physicians would find it difficult, if not impossible to bill their patients for a phone call (by length of the call, complexity of the case?) and assume their patients would balk at the idea.

## Aligning the interests of patient and physician

We believe the mismatch between the expectations of patients and concerns of physicians can be aligned.

First, the fear of opening the floodgates to a barrage of calls, appear to be unfounded. Studies show that when a direct line of communication is provided, the calls are far fewer than feared and are concentrated amongst a select group of individuals, who can be identified and proactive action taken.

Second, leaps in technology have allowed remote access to patient records and investigation results, and these can be pulled up even on a remote access enabled handheld PDA or computer. Similarly, technology has also allowed the logging and recording of the "phone or e-mail consult" for subsequent reference.

Third, phone or e-mail consults can be billed in an objective and unobtrusive fashion. In our article, we cite such a system that has been widely used in Australia.

## The roles and responsibilities of greater accessibility

Admittedly, it's not intuitive, but providing one's cell phone number or e-mail address will not only serve to improve the therapeutic relationship, but we suggest this

will paradoxically result in reduced physician visits and calls.

But it's a fine balance, and we seek to lay out a framework with guidelines on how to allow direct accessibility, in the context of a physician-patient relationship. These include:

1. Setting boundaries;
2. Recognising overuse of this accessibility, and rather than cutting it off, identify it as a reflection of a lack of trust;
3. Setting up a pre-emptive call schedule;
4. Forward planning to reduce unnecessary calls.

What we have provided here is a brief synopsis of a full length article addressing this issue (Wong RKM, Tan JSM, Drossman DA. Here's My Phone Number, Don't Call Me: Physician Accessibility in the Cell Phone and E-mail Era. *Digestive Diseases Sciences* 2010; 55:662-7). For a balanced viewpoint, do peruse the invited counterpoint editorial by Messers Anna Reisman of Yale and Mack Lipkin of NYU, in the same issue of the journal.

And whilst you're at it, send me your cell phone number! **SMA**



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