'What I Want My Patients to Know'

October 11, 2011 | Work/Life Balance [1], Healthcare Careers [2], Law & Malpractice [3], Overhead [4], Patient Relations [5], Patients [6], Technology [7]
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Why physician Katharina Scharruhn thinks about the public's view of doctors and the image she wishes they would see as diametrically opposed.

Because doctors run on a tight time schedule, patients often view us as too busy to give them the personal attention they would like to receive. Because we have so little time, we can appear uncaring and unwilling to listen to the needs of our patients. Worse, if you believe the media, we are pill pushers influenced by the two-cent pens that the pharmaceutical companies once provided us. Apparently, despite our many years of training, we are incapable of making our own informed decisions that are in the best interest of the patient.

In addition, we must not care about the high cost of the medications we are prescribing since we do not take the time to ask our patients whether they cut their meds in half to save money. And, with regard to the prescription meds that are sold on the street, we physicians are at fault here as well. After all, we are prescribing them, aren't we? (If I remember correctly though, weren't we taught to always believe the patient? Well, that must make us appear gullible and stupid.)

Even though it is 2011, I think the public still views a doctor’s lifestyle as consistent with the 70s TV show "Marcus Welby, M.D." You know the one; an easy life where physicians spent much of their time on the golf course. I remember a patient telling me that he was surprised that golf lessons weren't part of the med school curriculum. After all, isn't it required to play golf to obtain your MD? I think the public also views doctors as an integral part of the current healthcare crisis - in part because of all the money we make. We are still seen as overpaid. We apparently are cheap and do not tip well either. However, with regard to money management and investing, we easily fall victim to financial predators.

As doctors we want our patients to participate equally with us in clinical decisions that affect their healthcare. We are here to help guide them to better health; even though ultimately, they are responsible for their own well being. We continually strive for a balance between risk and benefit, between science and technology, and the needs of patients as human beings. What may be seen as a bad bedside manner could actually be shyness or a focus on work. It is sometimes difficult to admit what we don't know.

In order to make our practices work financially, we are on a tight time schedule. We are not paid for preventive medicine. This is a pet peeve of mine, but here again, insurance companies dictate what we get paid for. My hope is that this continues to get better. We are allopathic physicians. For us to embrace and be open to all the different modalities of alternative medicine is unrealistic; we are bound by a standard of care. If we feel this will end up in a court of law, and the plaintiff's attorney is jumping down our throats, we will not endorse anything alternative. You cannot go to an allopathic physician expecting to have your chakras aligned with crystals. It's just not something we do.

We are caring, dedicated and passionate. When a patient does not do well, we take it personally. If the patient does not speak up and ask for clarification, we assume he understands what is being said.

When we sign the contracts with insurance companies to take care of their patients, the insurance company essentially becomes our employer. We have agreed to the terms of the contract and need to work within the constraints of their regulations and formularies. Therefore, we walk a tight rope between what the insurance company allows under the specific healthcare plan that the patient signed up for and what is best for the patient. We are advocates for the patients but at times it seems the insurance companies pit the doctors against the patients and make us look like the bad guys.

Because of the fear of a potential lawsuit, we do practice defensive medicine. When we are sued, we take it very personally. Anyone who says it is not personal is a flipping idiot. I often find it ironic that we have to pay so much for malpractice insurance just to protect ourselves from the very people we are dedicated to helping. The calls that we take after hours are gratis, yet we are liable for what we
say and the advice we give. We are human just like our patients. We are not exempt from illness or fear or worry or doubt. We sacrifice time with our families because of our devotion to our patients. We work despite being ill or injured ourselves. It wasn't uncommon for me to be sicker than the patient I was treating.

With regard to golf, most of the doctors we know don't even play. Surprise! Just like anyone else, though, we need an outlet to recapture some sanity, so we can effectively deal with the stress and the demands of our jobs. But if you take golf as an example, since it is a difficult sport to master, the physical challenge of golf rivals the intellectual challenge of medicine and therefore provides a nice balance.

MD does not stand for Mucho Dinero. Becoming a doctor is not some financial bonanza. Many residents these days accumulate educational debt in the hundreds of thousands of dollars that accrues interest at a very high rate. I wonder if they will ever be able to pay it off. We do not endure many years of grueling work and sacrifice to become doctors for the money. We love science and medicine. If we were to do the math, it really doesn't pay to become a doctor. Just like you, the patient, we are also victims of the inability of the government to handle money effectively.

When patients accuse us of making too much money, I would like to know relative to whom; a movie star perhaps. Granted they have entertainment value, but could they save your life? Or, when was the last time you spoke to an attorney at 3:00 a.m. to obtain free advice?

For the small minority of us still in private practice, our overhead is exceptionally high, and we are not afforded some of the tax breaks other small businesses have because we are a medical office. Our take home pay is not anywhere near what the surveys state. Our health insurance premiums increased 43 percent this year. Personally, I am wondering where the extra money is going. I know it's not to the doctors.

In closing, we are frustrated with all the politics and the turmoil of the healthcare crisis in this country. We love medicine and hope that it will all work out in the end. In the meantime, we are here for you.

Katharina Scharruhn, MD, and her husband are both family physicians based in Placerville, Calif. They opened a private practice together in 1993. Dr. Scharruhn now practices administrative medicine; her mission is to help other physicians solve financial problems in their practices.

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