

The Patient- Doctor Fit

Just before this note went to press, I attended two prostate cancer conferences. One of them dealt with awareness, early detection, and post-treatment options and care. In talking with attendees, one hears stories about their care and their doctors. One man was angry that his doctor told him he was okay because his PSA was under 4.0. When the patient saw the result was 3.98, he pushed for further tests and was found to have prostate cancer. Had he not pursued it, he would not have been diagnosed.

One wife was angry because her husband had a high PSA and his urologist was not alarmed, even though he is an African-American. She is a nurse and thought further tests should be done. As we have become aware over the past few years, African-Americans are likely to present the disease at younger ages than Caucasians, and the disease can be more aggressive. Subsequently, his biopsy showed him to have a Gleason score of 8.

These events are unfortunate. And they tarnish the reputations of many otherwise knowledgeable practitioners. These interactions highlight the need that patients, who are literally consumers of the health care product, exercise the same prudence and caution in purchasing health care as they would in purchasing any essential service.

Doctors also need to be pushed to meet the needs of the patient. One 40-year-old man kept asking his doctor for a PSA test. The doctor told him he was too young and that it was too soon. "You don't need it yet. I'll tell you when we need to do it," the doctor told his young patient. The man felt he should have a reference point. Prostate cancer is being diagnosed in ever-younger men. The test is not a capricious request. What should the man do? With the objective of getting the test done, he should tell the doctor to either do it or he or will go elsewhere for the test.

In another instance, a couple came to see a doctor regarding the diagnosis that the man had prostate cancer. During the session, the patient's wife asked a question. The doctor, a well-known chief of urology, said that he did not have to answer her questions because she was not the patient. Older patients are more likely to be intimidated, having grown up during the period when doctors were considered "God-like" and not to be questioned.

Recognize that some practitioners will not be able to handle patients voicing their needs. Patients must be tenacious about getting the information they need to manage their care. At times you will have to push strongly to be heard. Professionals in many areas know the techniques for making you back off, often by shaming you. Arrogance is not restricted to a few. I remember an incident where a doctor was outlining a strong program of medication. I started telling him something about the medication, and he stopped me with the statement "Who's the doctor?" Many doctors have the attitude, "Who are you to challenge me?" But patients do know their own bodies. These patients must then determine whether there is a good fit between the practitioner and themselves.

Health care has come a long way. These days, patients ask and can get copies of their records; however, there are still cases in which doctors have refused to give their patients PSA and Gleason results. Sometimes the rationale offered is, "It's too complicated. You wouldn't understand." Since we live in a highly mobile age, we may move in the near or long term and will have other health care providers. Patients need to provide their records to the new health care provider to receive optimal care. You do have the right, and the responsibility, to look out for yourself in all areas, including health care.