

Excerpts from
Don't Jettison Medicine

by Patricia L. Raymond MD with Robert A. Raymond

Don't Jettison Medicine has been designed for the medical professional at risk. We needed an acronym that would cover everyone from receptionists to rectal surgeons. In that spirit, we shall use the term HCP as the acronym of "Health Care Professional." Verbally, it is pronounced "Hiccup." It was the best we could come up with.

On the bright side, when you are sharing the insights from this masterful work around the operating table or the nurses' station, your verbalization of HCP will bring you great respect, a good shared laugh, or at the very least, a glass of water. Priceless.

On your choice of vocation:

After thirty-six hours on call, I finally made it home. I immediately rushed to the phone to call my parents. I had figured out what I wanted to be when I grew up; as I was twenty-nine years old, it was about time. My mom's only question when I told her about my experience was ... "Honey, did it make your ears wiggle?"

On focusing on what's important:

We don't give in to every little impulse that surrounds us. We know how to keep a grip on our screaming-monkey-mind and keep going. It's called focus.

We HCPs have it in buckets. Most professionals in our field have gone through long and intensive training to get where they are. HCPs work grueling hours in a tense, exacting environment and remain focused on the task at hand, in the order of severity. We don't worry about the facial blemish when the patient is bleeding to death.

If HCPs have a shortage of anything, it is time. Our society's chrono-deficiency is quite acute. There seems to be insufficient time for our patients, our families, and ourselves. If we could get time in a bottle, HCPs would buy it up in 55-gallon drums. But that's out.

That means triage. And triage means focus. And this is where you come in.

On expectations and satisfaction:

Traditional medical training is built on a foundation of 'pimping,' of aggressively getting in the face of your underlings (there's always someone in the hierarchy below you) and aggressively drilling them with questions until inevitably the answer is not known. When that point is reached, rather than praise for what is known, or a gentle prompt to read more, a harrumph of "these young studs don't know a thing" is the only response.

And those of us trained in this fashion did learn...how to pick on those smaller than us.

On building loyal relationships:

We HCPs, with the stresses and strains of our medical lives, at times look at our colleagues, coworkers, or employees as simply tools...an IV pole that goes back in a closet when it's not needed by us, with no independent life.

And it's easier to be impolite, curt, or short to an IV pole than to a real person.

On self care:

Sex...And, as the joke goes, now we have your attention.

Our society has hang-ups when it comes to discourse on intercourse.

So what do we know about it? Well, generally, it's pleasurable, which is a big one in the plus column. It's pretty easy. And, usually it requires no purchases or fiscal outlay.

More important than these casual observations were findings from the *British Medical Journal's* Caerphilly Study. For men, more sex means a longer life; those who have lower amounts of sex have a 1.5-2.0 times increased risk of death. When adolescent males whine, "I need it or I'm gonna die," they really are not far off the mark.

On preventing adverse outcomes:

If there is one certainty for HCPs, it is this: all of our patients die.

Oh, we might cure their sniffles and ease their tummy aches. Some might leave our care and go elsewhere. But it is completely certain that every one of them will eventually pass on to their final reward. As HCPs, we know that everyone dies, and some don't do it very neatly. Who better than a HCP to know exactly what the options are at the edges of life? Don't leave that decision, that onus, on your family.

Of course, we all have plans to get around to our living wills eventually. However, if there is one shared expression people have in front of the Pearly Gates, it is probably one of surprise.

On medical humor:

It's believed that only 20% of all HCPs are extroverts. That means that, once you exclude Hawkeye Pierce and Patch Adams from the mix, the rest of us tend to be introverts. Medicine is serious business, no place for monkeyshines, right?

I've let it be known that patients who celebrated the holiday that their colonoscopy examination fell on -- using their butt as a canvas -- could get a discount. Imagine my surprise when I pulled back the sheet covering an elderly lady patient on Lincoln's Birthday and found a miniaturized version (oh, the wonder of computers) of the Gettysburg Address taped to her nether cheek.

On staff strategies:

A dozen professionals support each doctor. Their tasks overlay one another in careful orchestration. They maneuver the patient, records, insurance, and doctor together. And this occurs over and over, a hundred or more times a day in a moderate-sized clinic.

And here is the sad fact: most medical offices are woefully understaffed.

Blame the economy. Blame huge medical corporations. Blame the human trait of being penny-wise and pound-foolish. But naming the culprit will not see it led away in handcuffs. Short staffing will probably be with us for a long time to come.

On best practices:

HCPs tend towards self-reliance and competence. Yet they also tend to be overworked and over-utilized. Once you've restarted a human heart, it follows that you should oversee the office billing, do the transcription, and stop the leaky toilet. After all, competence flows from your fingers.

And there goes another evening.

Be realistic -- would the lights shut off, the sun stop, and the world end if you *maybe* delegated some of these tasks to others? Unless the outcome is "APOCALYPSE," you should be able to bounce back.

On achieving quick rapport with patients:

You are fully clothed, your butt is not exposed, you got a good night's sleep, ate what you wanted for breakfast, and you're not in pain or frightened.

So be gracious to your patient. Knock on their door, and ask for permission to enter. Introduce yourself, and state your purpose. Explain what you are going to do to them. Ask for permission to examine them. Explain what you found.

On listening to patients:

Patients. You gotta love 'em.

They turn your orderly practice into a shambles. They wander the halls. In their interviews, they leave out critical information (like their hair is on fire) yet supply the minutia (their Aunt Millie's birthday). And they *taaaaaallllllkkkk sooooooo slllllllooooooww...*

Don't they realize that you are in the control tower at the Invalid Airport, that you've got twelve more on approach and an in-air emergency!?! Can't they get to the point? Can't they make way for the next patient? Don't they know it's "Greet 'em, treat 'em, and street 'em"?

On coping with angry patients:

Most malpractice cases against doctors, practices, and clinics come from service lapses. Delays in service, scheduling snafus, dropped communications -- all work to make the patient see red (and then, alas, green). Even if you aren't going to get sued over it, an angry patient speaking his mind takes time, which means more angry patients, and more mind speaking. See how it begins to snowball?

Worse, they might tell ten of their friends, and suddenly your waiting room is empty. So what was the true cost of not keeping that one patient happy?

On difficult patients:

When was the last time someone really steamed your clams? Think about all the times you've been dumped on, screamed at, pissed on, and abused.

Criticism hurts because it runs counter to our own self-image. It hurts because someone is telling us that we are, in essence, dumb, slow, stupid, obnoxious, or smelly. But what really hurts that, deep down, we know there is likely a grain of truth in it.

Ouch.

Look at all criticism truthfully, adjust your own behavior, and forgive the transgressions of others. Get over it or die mad.

It's either that or stew in your juices until your brains explode.

Yuck.

On inspiring patient loyalty:

We de-humanize our patients. We turn them into "product," endlessly flowing down the examination-room assembly line. And it works well.

After all, we're so damn happy, right?

Who are these people we poke and prod? Who are these people who come and see us with their pains, worries, and concerns?

Well, for one, they are our customers. They pay the bills that keep our lights on and our stethoscopes and K-Y cold. We exist to serve them by the best means possible. Wasn't there an oath about that?

And they're the reason we're here. In choosing our profession, we were granted entry into patients' lives, and even their bodies, by virtue of our white coat. They are our honor and responsibility.

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