

A Growth in Biomedical Literacy is Changing
the Doctor-Patient Relationship!

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Some of my best friends are doctors! Because I've known several pretty well as friends, I'm less likely than some to join the madding crowd that flays medical men for being less than perfect and as human as the rest of us. As so frequently happens in our dealings with one another, the physician must suffer now our angry reaction to a disappointment we wrongly built for ourselves in preferring to believe him infallible.

We tend still to criticize in physicians motives and attitudes that we applaud or wryly approve in other professional men, whose display of human weakness we gladly tolerate as something akin to our own. If a lawyer admits to hopes for the well-moneyed good life, we cheer him on. If a physician confesses similar hopes, he can expect a cynical sneer. If a politician juggles his options skillfully into unexpected and tenuous compromises, we praise him as a consummate "realist". If a physician openly admits to a similar analysis of physiopathologic factors, medical possibilities, economic realities, and patient-family tensions, he can as likely as not expect to be accused of short-sighted procrastination, bungling incompetence, and plain inhumanity. And so it goes.

The doctor-patient relationship is undergoing considerable strain. The

process has been quickened by a growing biomedical literacy and awareness among the patient population. Just how welcome to the average physician a medically knowledgeable patient is, I can't definitely say. According to one stereotype of the physician, medical knowledge in a patient is about as welcome as rumored saintliness and grace in a parishioner is to an overworked parish priest.

I have been told by doctors themselves that they make no better or worse patients than other human beings, except possibly in one respect. The physician-patient is likely to be much more difficult to reassure as to the probability of a favorable outcome. He is simply too well informed of the worst of the possibilities to which even a slight illness exposes him. But his medical knowledge doesn't *per se* make for a significantly different doctor-patient relationship. Medical knowledge in a "lay" patient, however, may be troublesome simply because the physician may be unprepared for it, or interpret it as lack of confidence. None of us likes being surprised or being made to feel the fool. One can readily understand a doctor's irritation, after a simple and brief but sympathetic explanation of a complicated medical problem, if the patient then blandly throws him off balance with some such

rejoinder as: "I suppose you know, Doctor, that Cecil & Loeb says that an elevated CPK isn't all that pathognomonic for myocardial damage without some concomitant shift of the leukocytes and ESR."

But I doubt that the average physician today would be resentful of this kind of thing, if he could afford the time for the dialog that such a reply suddenly suggests may be necessary and useful. I've never encountered a doctor who was willing to give me one tenth the time that Marcus Welby¹ lavishes on a routine case of tonsillitis. Physicians' resentment of a *Reader's Digest* medical education was once so prevalent that a drug company almost sponsored my proposed solution of the basic problem. Still, medical knowledgeability is something physicians must expect in more and more of their patients. Not only is the younger generation more literate, but we are all exposed, as never before, to scientific and medical information of many different kinds from many different sources. I can remember when a library would not allow users to borrow medical texts. Cecil & Loeb was locked up along with Krafft-Ebbing in a caged shelf. God forbid that some poor unaccountably anxious adolescent should have been allowed to read about functions and disorders of the genital tract, let alone that his purpose might conceivably have been to read about symptoms of gonorrhoea.

But today medicine makes up some of the liveliest of newspaper and magazine material. Undoubtedly medical awareness and curiosity do create problems in managing patients, if they

hinder rather than facilitate communication. As physicians know only too well, the result, even in highly intelligent and sophisticated patients, can be unnecessary anxiety or unrealistic expectations. And doubtless medical knowledgeability gives a wearisome scope to the imagined ills of the hypochondriacal and neurotic. The physician may find himself forced in some such patients to treat with placebos the self-diagnosed diseases the patient is convinced he has. I doubt, however, that any reasonable physician resents a patient's self-diagnosis when it is obviously correct: "Hey, Doc, I think I've broke my arm!" So, why should any physician be resentful if the more scholarly patient makes a point of reading everything available on some less prevalent disorder.

In my opinion, the most anxiety-producing aspect of the doctor-patient relationship is plain lack of time. If the physician doesn't have ten minutes to discuss the patient's problem, there is a nagging fear that he may not have had the time to think about it adequately. Today an educated patient can leave a doctor's office, go to a medical library, and within half an hour be reading the latest journal articles on whatever disease he may have. No doubt his doing so may often generate more questions than it answers, since so few cases are identical.

Recently, ISI[®] was asked to do a literature search by one of our subscribers. He asked for information on an experimental drug. I discovered later that the man's wife had cancer. He believed her doctor was not being candid with him about possible new

therapies. It turned out the man was right. The physician had known of the drug, but for one reason or another had chosen not to disclose its availability to the patient's husband. One can readily appreciate the motives of both the physician and the scientist-client. The breakdown of trust and communication ruined what had been a fine relationship.

In another case, one of our readers discovered, in his routine scanning of *Current Contents*, several articles on the use of a drug he was taking daily. The articles, written in Europe, reported that intermittent treatment, once or twice a week, was as efficacious as daily treatment. Incidentally, the drug in question is extremely expensive. He brought the articles to the attention of his physician, who promptly reviewed them and modified the patient's intake of the drug. The physician was far from annoyed. He ordered extra copies of the articles and reviewed them at the next meeting of his "journal club."

The basic problem is one of communication and of the time that communication requires. That has not always been the case. Previously the physician knew he was expected to provide reassurance and support, and he could do so, as the very expression "bedside manner" suggests, with a minimum of almost ritualistic dialog. Now, he must expect to provide *explanation*, and whether he is dealing with the patient or with the patient's family, explanation takes time. As medical practice becomes more com-

plicated and more susceptible to alternatives and decision-making, the physician must expect to involve the patient and the patient's family in the process to the extent that they are equipped or merely wish to be involved. This kind of communication requires not only skill, *it takes time*. And I seriously suggest that patients be informed of its cost. It would be far better if physicians were simply to charge for time spent in this manner, rather than to attempt or be forced to avoid it, for whatever reason. It should be no surprise that *Marcus Welby, M.D.* has not only proved popular with TV audiences, but also been honored by medical societies. He is not only the doctor every patient would like to have; he is also the doctor every physician would undoubtedly like to be, *if he had the time!*

1. For the information of readers outside the United States, *Marcus Welby, M.D.* is the title and fictional hero of a currently popular series of television plays. Much of the series' appeal is due to the charm and warmth of Robert Young, the actor who portrays Dr. Welby, but the idealized doctor-patient relationships displayed by the weekly scripts are mainly responsible for the program's success. Dr. Welby, of course, has the time for ideal doctor-patient relationships; he sees only one patient a week.