



Tips on the Best Ways to Communicate with Your Doctor

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Dr. Leclair:

Good afternoon. My name is Professor Susan Leclair. I'm a chancellor professor of medical laboratory science at the University of Massachusetts Dartmouth. I've been asked to do a series of these Patient Power productions to help you become a better advocate for yourself and the people that you love by getting you some familiarity with laboratory tests, how they're drawn, why they're done, what they mean and how better maybe to communicate with your healthcare providers.

So we're going to start with the fact that there is a language barrier. Actually, maybe there are two language barriers. When science was, I don't know, resurrected in the Renaissance, anybody who was a scientist could get burnt at the stake. So in order to protect themselves, they invented languages that no one else understood. Medicaese would be a good one. Physics is another one probably where they understood what the language meant but nobody else on the outside could.

And over time, we've just accepted that. But we live in a day and age where people need to understand what's going on scientifically, whether we're talking about whether or not a species is at risk for extinction or whether you had a blood sugar test, and you don't know what that means in terms of an answer. So I'm going to try and do that. And one of the things that I'm going to concentrate on in the beginning is making the conversation, or at least attempting to make the conversation between you and your healthcare provider a little clearer.

Physicians will speak medicalesse. That's what they've learned, they talk to each other that way, and they have a tendency to not know how to translate things into everyday English—not their fault, it's just the way they've been trained and the way they deal with things. Doesn't have anything to do with whether they're the most caring, kind physicians you've ever met or not.

It's just the way they think. It's the way they speak.

Before you think the only thing I'm going to do is dump on them, there's something called a patient, and patients have a way of thinking and a way of speaking, and that's really not everyday English either. That's a kind of a variation on a theme. So I'm going to give you a couple of examples.

The word "fine" is the first one that comes to mind. A physician asks you, "How do you feel?" And you say, "Fine." What do you mean, fine? It could actually mean you feel good. Or it could mean, I'm not going to tell you that I feel poorly or I have chest pain or that I'm out of breath all the time, because that might be serious and I'm afraid of it. Or you already don't like this guy or this gal, and you say fine because you think, you're the genius, you figure it out, because that's kind of the way patients respond to physicians asking questions that are personal, that are intrusive.

Of course, that's what they have to do, so it would be really kind of nice if you actually told them the truth about what you're doing. And the way to do that is to prepare yourself. If you know you're going to see a physician for maybe a referral, so you know it's a serious or at least of concern, write things down on a piece of paper. The things that embarrass you, the things that you think you really don't want to say out in public.

So, yeah, write down how many bowel movements you have on an average day. Write down how many stairs you take before you get out of breath. Write down in as detailed a manner as you can how you feel, and don't worry about the words. If you want to tell them that sometimes your brain feels like scrambled eggs, that may not make any sense to you, but they will be able to translate that interestingly enough into oh, maybe there's high blood pressure here. Maybe there's some change in here that I have to look at. So don't be afraid to use your words to be able to describe this.

I know a lot of patients will also say, "Well, I get in there, and I'm so tense that I forget things." Write it down. You won't forget it. Or, "He's in a hurry, I don't want to bother him or her. I know they're busy."

Well, if you've taken the time maybe the day before to write things down, then you're going to be able to pick up that card and say not, "My leg feels funny," but "My knee occasionally feels weak when I'm climbing the stairs." That's a little bit more preparation, but it's also a better communication skill to give them.

If you have questions, if this is not the first time you've been to this physician, and you have developed a communication, a kind of a conversation with them, put your questions down in writing, because something's going to happen, and you're going to forget one, and it's almost always the one you're most interested in. So bring them in on a piece of paper.

A lot of physicians will tell you that when they give a patient a serious disease, a diagnosis, you have a myeloproliferative disease, you have leukemia, you have anemia, you have whatever it is that you have, they will tell you that the single most common sign and symptom of a serious disease is deafness. Why? Because you hear the word, and you stop listening. You're trying to psychologically come to grips with the disease that you were pretty sure you knew something was wrong, but now you have a name for it, and so all of the rest of that conversation, that physician is doing a monolog. No one is listening to them.

So if you're going to go to a physician and you know there's going to be a lot of technical stuff or you know there's going to be a lot of or should be a lot of give and take in the conversation, bring a friend who is going to take notes or bring a tape recorder. No physician will be worried about that. They will say, "Oh, great. Then I don't have to worry about this. I can tell you, you have to take two pills in the morning, three pills at lunchtime, one pill at 4 o'clock and five pills at night, because, trust me, if you haven't written that down, you're going to get it wrong." So they're going to want to have you come in prepared.

They also need to understand they speak a different language. My personal favorite was of a physician who desperately wanted to explain something to a patient and said, "Oh, when you splenomegaly you have inappropriate satiation with cachexia." What? When your spleen gets big—your spleen is right here—it lays on top of your stomach. When it lays on top of your stomach, your stomach can't inflate when you eat, so you get inappropriate fullness. I used to be able to eat a whole pizza, and now I can only eat one piece. Yeah, that may be satiation, and it might be inappropriate because of the spleen.

What is cachexia? It's a type of weight loss, not the kind that most of us want. It's the kind of weight loss you get when you have protein loss, which, of course, is going to happen when you can't eat because your stomach is being crushed by the spleen that's too big. That's inappropriate satiation with cachexia. Physicians are going to say things like that.

Say to them, could you do that in English, please, one more time? Because that's English to them. And then they're going to stop and go, oh, wait, that means uh, and it may take them a few minutes to be able to figure out how to translate that into something. They really don't mind. They really want you to be an active part this conversation. You both have to speak. So be prepared for that.

Also be prepared for probably the worst thing that a patient ever hears. They look at the physician and say, "I got all of these abnormal lab tests, or—or I have all of this stuff, and I went on the 'net, and I know there are two different kinds of medication. Which one are you going to use?" And your physician says, "Well, we're going to A." And then you say, "Why?" And the typical response is, "You let me be the judge. I'm the doctor. You let me be—do the worrying.

Why do they say such an annoying thing? A lot of times it's because they don't know why they made that decision. They just look at you. You're 82 years old, you're frail looking, you have a history of hip problems, your heart's not working too well. They're taking all of that into account in a kind of holistic way and saying, "I like that medication better than that one," but they kind of won't be able to verbalize it to you right off the bat. So they back up and say, "You let me be the judge."

The translation to that is there are things about your history, there are things about you that need to be discussed, so now it's your responsibility to say to him or her, "Is it because I'm old? Is it because I have a heart condition? Is it because I only weigh 87 pounds?" And by giving them that kind of clue, that kind of encouragement, you will hear more of why they chose that medication over another one for you.

So, please, it's important for you and your physician to have a really good conversation. The more you can prepare, the more you can support them as they try and explain, the better it's going to be for you. And it's—it's going for work out better in the end for you.

If you have questions about what questions you should ask or how you should describe something, send the question to questions@patientpower.info, and we'll see what we can do for you. Remember, knowledge can be a big help in medicine. Thank you for listening.

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