

# Ten Sins of Office Medicine

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### None of us wants to be “that doctor.”

We have all heard our patients complain about bad experiences with other doctors: “That doctor misdiagnosed this,” “never explained what was going on,” “is always late,” or “only spent five minutes with me.” Deserved or undeserved, these critiques should cause all of us to strive not to be “that doctor.”

After reading the article “Seven Sins in Modern Medicine,”<sup>1</sup> I decided to add to the list. Here are 10 sins I’ve seen or committed in my practice.

#### 1. Not addressing the patient’s expectations or hidden agenda.

Some patients want an antibiotic for their viral infection, an x-ray or MRI for their back pain, or narcotics for their pain. When these interventions are not clinically indicated, clearly explain why – even if the patient does not directly ask you for them.

#### 2. Not recognizing the patient’s real problem.

Examples include the patient who presents with chest pain but really has anxiety and depression, the patient who presents with upset stomach but really has unstable angina, or the 35-year-old patient who presents with bleeding hemorrhoids but really has colon cancer.

**3. Not recognizing that the patient has been waiting.** When a patient has had to wait more than 15 minutes, the first words out of your mouth when you greet the patient should be, “Thank you for waiting.” If possible, let your patient know why you are running late.

**4. Not praising an excellent physician.** When arranging consults with physicians you would be happy to see, let your patients know this fact so they can feel confident that they are in good hands.

**5. Not properly educating the patient.** If you want your patient to remember more than two things after the visit, put your instructions in writing. Visual aids also go a long way toward helping your patient understand what’s going on. Patients who have just been diagnosed with atrial fibrillation, depression, diabetes, Parkinson’s

disease, etc., should be given a thorough handout explaining the disease in simple language.

**6. Not being real about time constraints even when you are rushed.** When your obstetric patient is starting to push in the hospital, it is time to tell Mrs. Jones (who is going into detail about her fifth complaint), “Let’s schedule another visit.” Also, when patients bring in a long list of complaints, the first thing to do is to go over the list and identify which things might need to wait for a future visit.

#### 7. Not telling the patient what to do if a problem doesn’t get better.

Patients need to be reminded that they should call or return to your clinic if they don’t improve within a certain time frame so you can try additional treatment options (e.g., “If your back pain does not get better by Monday, we may need to see you again and consider a change in treatment”).

#### 8. Not telling the patient when to expect lab and x-ray results.

It is easy to exceed patients’ expectations if you tell them to expect results in one to two weeks but you call or send a letter in one to two days.

#### 9. Not having an adolescent’s parent in the exam room.

It never fails; you spend 10 minutes explaining to Junior how to treat his problem, but when his mother (who has been sitting in the waiting room) asks, “What did the doctor say?” he replies, “I don’t know.” In general, it’s better to have the parent in the room. If sensitive topics come up, kindly ask the parent to leave for a moment.

#### 10. Not advocating for vulnerable patients.

Some specialists are programmed to continue aggressive care even when it may not be helping terminal patients. You know your patients best and can often recognize when it is time to steer them toward palliative or hospice care. Letting patients and families know what you would do in the same situation can help them in their decision making.

If you are guilty of one of these “sins,” acknowledging it is the first step toward change. Besides, I hear confession is good for the soul. **FPM**

1. Garman A. Seven sins in modern medicine. *Fam Pract Manag.* 2014;21(3):36.

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