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THE SAVVY PATIENT

The Ultimate Advocate for
Quality Health Care

Mark C. Pettus, M.D.

A CAPITAL CARES BOOK



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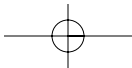
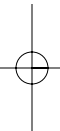
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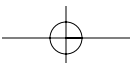
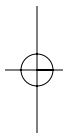
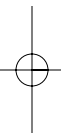
*To my wife LeeAnn, my sister Nancy, and my children
Anna and Alex. Words cannot express my love for you.
This book is largely about what I do when I am not at home.
I am grateful for your patience, love, and understanding.*

*To my courageous friend and colleague Jordan.
Your strength, faith, and wisdom are an inspiration.*



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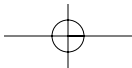
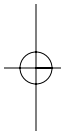
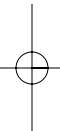
OPEN ANY publication that provides medical information and you will see, up front, a disclaimer. One important reason for the disclaimer is to make clear that any medical information must be interpreted on an individualized basis and discussed with your own physician (assuming you have one—many people do not) prior to the application of this newfound knowledge. As there is no one-size-fits all approach to health, wellness, and disease management, I have tried to focus on generalizations that I believe most people will find extremely beneficial when applied to their lives and to their health care encounters. The second reason for the disclaimer is to protect the author from possible litigation if an adverse or negative event occurs as a consequence of the advice given.

We live in a litigious society (see the Epilogue for further thoughts on this). Many decisions are made, enormous sums of money are spent, and much energy is invested with the explicit purpose of minimizing medical legal risk; that is, avoiding a lawsuit. This has gotten way out of control in health care and in every other aspect of our social enterprise. With that said, the author (that would be me) will not assume responsibility for any adverse events that may occur as a consequence of your application of the advice to follow. I would be glad to assume, however, at least partial responsibility for any meaningful and positive outcomes that occur.

Stated more succinctly:

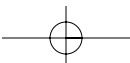
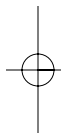
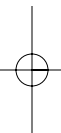
“Be careful about reading health books. You may die of a misprint.”

—MARK TWAIN



“There is a strong feeling abroad among people . . . you see it in the newspapers—that we doctors are given over nowadays to science; That we care much more for the disease and its scientific aspects than for the individual patient . . . you have to keep your heart soft and tender lest you have too great a contempt for your fellow creatures.”

—WILLIAM OSLER, M.D.



CONTENTS

How to Use This Book	000	
Introduction	000	
CHAPTER 1	Finding a Primary Care Provider: What to Look For	000
CHAPTER 2	The Pre-Hospital Emergency System: Those Critical First Moments	000
CHAPTER 3	The Emergency Department: Organized Chaos	000
CHAPTER 4	Coping in the Midst of Illness	000
CHAPTER 5	The ICU/CCU Experience: Surviving the Storm	000
CHAPTER 6	Advanced Care Planning: Understanding Advanced Directives and Acting as a Proxy/Agent	000
CHAPTER 7	The Family Meeting: Where Do We Go from Here?	000
CHAPTER 8	Spirituality, Religion and Health: Is This a Match Made in Heaven?	000
CHAPTER 9	Making Difficult Medical Decisions: Knowing What Questions to Ask	000
CHAPTER 10	Preparing for Discharge From the Hospital: It's Not Always the Finish Line	000
CHAPTER 11	Taking Medications: To Heal, Not to Harm . . . and Less Expensive, Please	000
CHAPTER 12	Contemplating Nursing Home Placement: When Home May Not Be the Best Option	000
CHAPTER 13	Preparing for Surgery: Staying a Cut Above	000

CHAPTER 14	Complementary and Alternative Medicine: A Primer on “CAM” Therapy	000
CHAPTER 15	Health Care Literacy: You Don’t Know What You Don’t Know	000
CHAPTER 16	Managing Conflict: Anger and Opportunity	000
CHAPTER 17	Health Care Coverage: What Do You Got?	000
CHAPTER 18	Tests: Getting to Know All About You, What You Need to Know	000
CHAPTER 19	Medical Education: Patient as Teacher	000
CHAPTER 20	Parting Wisdom: The Best Advice I Can Give Anyone for a Long and Happy Life	000
	Epilogue	000
	References	000
	Suggested Reading	000
	About the Author	000
	Index	000

HOW TO USE THIS BOOK

THIS IS a book that you may not necessarily want to read from beginning to end. It's really more of a personalized reference text than a book to be read cover to cover. The chapters focus on specific health care scenarios that may or may not be relevant to your particular circumstances. These scenarios were chosen because of their common occurrence and because of their difficult and challenging nature. The overwhelming majority of questions and concerns shared with me and experienced by me over the last twenty years fall into one or more of these scenarios. You may, for example, already have a primary care physician. You may be struggling with the situation of a loved one who is critically ill, or a health care provider whose attitude leaves you angry and frustrated. I view *The Savvy Patient* as more of a reference companion that you can use as your individual circumstances require. Some chapters, for example on coping with illness or on spirituality and health, may have broader interest as they speak to general dimensions of the health care encounter.

A lot of technical information is integrated into the book. I apologize in advance if some of the material seems overwhelming. I strongly feel that some proficiency on the technical side can serve you well. If it seems confusing, it may serve as a good starting point for discussing the issue with your own physician.

Feel free to skip around among chapters, to find the information you want. As this is my first book, I anticipate much response, both positive and constructive. My ability to explain complicated problems to patients and families in person may be more effective than my ability to write about such problems. I am open to learning from your responses and shared experiences. This will not only allow me to refine the book for future consideration but also to add your feedback to a growing "library" of health care experiences that will allow me to be more effective as a physician and educator. Feel free to contact me with your thoughts and ideas.

I have tried to keep the chapters concise and focused. Each chapter opens with objectives for the chapter. There are many bullet points to emphasize key concepts. Each chapter ends with “Do Not Miss: Take Home Points” that summarize and reinforce the most important messages and conclusions.

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INTRODUCTION

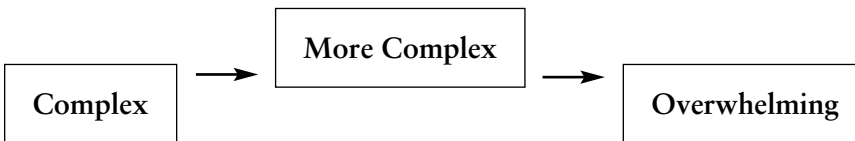
THERE'S AN old joke. Two people are sitting in a Catskill mountain resort restaurant. As the food is served one person takes a bite and says, "My, the food here is terrible." The other responds, "Yeah . . . and in such small portions." This is how many people I meet characterize their health-care encounters. They can be impersonal, confusing, and unsatisfactory. And they are over much too quickly. Have you ever been really frustrated by a health-care encounter? Have you recently had a health-care experience where you were left with more questions than answers? If your answer is a resounding yes, you are a member of a large and growing club.

Our health-care system is a remarkable enterprise. It has become incredibly sophisticated. We are all witness to the unprecedented pace of advances and breakthroughs. Our health-care system is also becoming increasingly difficult and challenging for patients or "consumers" to navigate. Health-care encounters encompass many dimensions, not always visible to the naked eye or obvious in the spoken word. The most well-intentioned people, provider and patient alike, sometimes fall short of meeting mutual expectations.

It is my purpose in *The Savvy Patient* to demystify the average health care encounter. I wish to make your experiences more informed and more effective. It is my objective to inspire and empower you with a greater understanding of how our complex health-care system works and how you can make it work better for you. It is my objective to provide you with as much insight as possible as you contemplate the relevance of the health care and the health-care system in your life. While confronting health and health-care issues can be daunting and frustrating at times, I hope some or all of the content in *The Savvy Patient* will resonate with your interests and serve to compassionately satisfy an appetite too often left dissatisfied and with a bitter aftertaste.

Health-care consumption has skyrocketed in America. With an aging

baby boomer population, longer life expectancy, and growing complexity with respect to health-care organization and delivery, there has never been a greater need to be empowered as a savvy health care consumer and self-advocate. If the health care system were a chemical reaction, it would look something like this:



I hope to help you appreciate the lens through which health care providers see their complex worlds. I hope to help you understand the emotions and feelings of health-care providers and how to derive opportunities for better service from that understanding. It is indeed my purpose to help you be the best advocate possible for you and for your loved ones. I hope to help you see and understand how you can have greater *influence* over the quality of your health and health-care experiences.

Encounters for health-care professionals and patients alike can be quite challenging. The stakes are sometimes very high. The pace of activity is brisk. Circumstances may overwhelm. You may feel like you are riding on a fragile, unsafe, and emotionally consuming roller coaster. Patience—the virtue, not the person—will be pushed to the limit. Information will sometimes be conflicting and will come from many sources. You may hear different perspectives from your care providers, and you most certainly will hear many unsolicited opinions. People like talking about their health-care experiences as much as they like talking about the weather. It is hard at times to know what to believe. Health-care professionals may use unintelligible medical jargon, without realizing that you do not have a clue to its meaning. You may be reluctant to ask for clarification for fear of appearing stupid or taking up too much time. These are ripe conditions for quality shortfalls. Why is this? The awareness, skills, and systems necessary for effective navigation are often lacking or are compromised by virtue of challenging and stressful interpersonal circumstances for everyone involved.

Not all health-care professionals, caring and committed though they may be, possess the skills necessary to excel interpersonally. Not all patients and families can cope and function at their best under the burden

of illness. It is impossible for you as a patient or family member to take full advantage of a system you do not clearly understand. What information is of the highest value or quality? How do you feel about your role in the process of receiving medical information and making medical decisions? How can your needs, preferences, and values best be expressed to serve your health? How much information do you need to satisfy your values? This is critical in examining your health care. It is necessary now more than ever before to be savvy about your health. My goal in this book is to get you moving in the right direction. This is hard work! It is also well worth it.

I graduated from medical school over twenty years ago. Afterward I completed a three-year internship and residency in internal medicine, the study of adult diseases. From there I went on to complete a fellowship (specialty training after residency) in nephrology. Nephrology is the study of kidney diseases and high blood pressure in its more complex forms. I have now been practicing medicine for over fifteen years in the beautiful Berkshires in western Massachusetts. *The Savvy Patient* was inspired and made possible by the many relationships I have had with patients and their families over the last twenty years. It is by way of these relationships that my awareness, interest, and understanding of the common questions and concerns raised in *The Savvy Patient* have been sharpened. Over the last twenty years, as a physician, a family care provider, and as a health-care consumer, I have been to some pretty interesting places. Not exotic locations, but up close and personal with the human condition via many encounters across the spectrum of health care.

I have applied the most sophisticated science, technology, and pharmaceuticals. I have looked into the eyes and held the hands of many people like you, your parents, and your grandparents. I have observed and shared with patients and families all that can be shared in the context of a health-care encounter. I have had countless discussions with patients and families about their wishes regarding CPR, being placed on a breathing machine, needing to be in a nursing home, confronting terminal illness, starting dialysis, discontinuing dialysis, organ donation, and other subjects. I have shared the sanctity of end of life care with many, many people. Difficult and challenging though these circumstances can be, as a physician-patient advocate, I have viewed this opportunity with reverence. I see these remarkable encounters as a picture window to the soul. I have entered this "secret garden" with eyes, mind, spirit, and heart wide open. *The Savvy Patient* is an attempt to describe what I have seen and experienced in this secret garden over the last twenty years. It is my hope to transform these experiences into insights and advice that will leave you feeling more clear,

connected, and comfortable with whatever circumstance you and your family may be confronting.

I have tried, in writing *The Savvy Patient*, to reach out in a personal way, as I have tried to do in practice (with variable success). I can speak personally and empathetically. I know what it is like to care for sick family members. Both my parents had numerous medical problems, probably similar to what you or a loved one may be confronting—diabetes, high blood pressure, high cholesterol, heart disease. Both my parents were smokers. And in a painfully ironic way, both my parents had kidney failure and required dialysis treatments to stay alive. I am, after all, a kidney specialist, a career decision made long before their medical problems developed. I suspect there are not many nephrologists who have experienced the enormous irony of witnessing irreversible kidney failure in both parents! My parents died at much too young an age. I was angry and saddened by their unfair plight. Their pain was my pain. Their uncertainty was at times my uncertainty. Their frustration was my frustration. I knew too much, and at the same time, not enough. I have experienced many of the needs and concerns that countless patients and families have shared with me over the years. I have seen remarkable outcomes of modern science. I have marveled at the resilient strength and courage of the human spirit. I have seen the potent combination of science and spirit transcend the most trying of circumstances.

If there is a principle or core value that resonates in the stories and information to follow, it is this:

Relationships rule. Relationships are the basis for trusting partnerships. Any health-care encounter should be defined as a partnership between you and your care providers.

I am convinced that the quality of the relationship between patient and care provider ultimately defines the quality of the encounter. Of course we always want our medical outcomes to be excellent. Medical outcomes, however, are only part of the equation. The process of how we got to the outcome, in addition to the outcome itself, is of vital importance to patients

and families I have cared for. The interpersonal dimension of these experiences is what people carry in their hearts and minds at the end of the day. People crave quality face-time. People are much more likely to be “moved” by the quality of the human exchange than they are by the experience of sophisticated technology. The desire, of course, is to have both!

Physicians and patients alike often cite time constraints as obstacles to achieving quality encounters in health care. Surely, the demands on

health-care professionals have never been greater. Individuals also bring more complex issues to the average health-care encounter. Without question, more time shared between physicians and patients would benefit all involved. Interestingly, the average clinical encounter for an internist has not changed significantly over the last fifteen years. It has decreased, on average, from seventeen minutes to approximately fifteen minutes. *Face-time is at a premium!* We are moving forward at high speed in the health-care express lane. The very nature of the health-care encounter has shifted, to a large extent unintentionally, from a patient-provider covenant to a more scientifically and technologically sophisticated and automated endeavor. The once time-honored personal space between patient and provider has become an overcrowded dance floor full of third-party personnel.

While the average time per outpatient primary care encounter has not changed considerably (a fact that surprises many clinicians), the nature of our encounters has changed a lot. The nature and complexity of the circumstances you and your physicians confront are much greater now than in the past. Options once limited to a patient-physician conversation and a handful of testing/treatment considerations have become much more complicated. With a vast array of tests, treatment options, and complex information to share and comprehend, we have unintentionally undermined our capacity to “cash in” on the people dividend. We all struggle with a growing awareness that quality face-time is slipping away. We all struggle with the frustration of experiences that fall short of our needs and expectations. The health-care encounter is more fragmented, specialized, and compartmentalized. For physicians, the fifteen-minute encounter has become more challenging, with many issues to address, necessitating a rapid process of prioritization. For the patient, it is more common for important issues to seem rushed or minimized.

As an indirect consequence, the depth of the physician-patient encounter has become more “diluted” from a humanistic perspective. With growing constraints on the *quantity* of shared time, we need to reinvest our shared energy in areas we can more effectively influence, such as the *quality* of shared time.

It is a myth that a quality health care encounter is purely time dependent.

In a very short time, minutes or even instantaneously, I have experienced with patients and families an “in-the-moment” sharing that is experienced mutually as meaningful and of high quality. The effectiveness of any complex health care encounter goes only as far as the quality of sharing of the people involved. Clear communication of needs, concerns,

and expectations can be very challenging and is often missing in the average health care encounter. This is a *shared* responsibility between the physician and the patient. What allows health care providers to best apply their knowledge and skills? The answer is in the telling of your story. Your story is everything! Prepare to reveal anything that may shed light on your circumstances, physical, emotional, mental, and spiritual. Focus on what concerns you most. Try to resist the temptation to hold back. Time constraints may dictate which concerns need most to be addressed. Any important burden you bear, however, should eventually have time for discussion.

Which brings me to another important principal:

No one will ever have the potential to influence your health as much as you will. You also have much greater potential than you think to influence the quality of your health-care experiences.

As marvelous as the scientific and technologic innovations in health care have been, there is simply no role more meaningful or important than that which you play in your life each day. Health maintenance, disease prevention, and treatment are serious responsibilities shared among you, your family, and your care providers. Consider your response to these questions

very carefully and honestly:

- Are you doing all you can to promote your health and wellness?
- Do you see yourself as an active contributor to your health-care experiences and how your needs are met?
- Do you feel you can have greater influence on those caring for you?
- Do you see your relationship with your doctor as a partnership?
- What is the difference between *real* and *ideal* as it relates to your commitment to health and your health-care encounters?

If you are anything like me, the answer is that the difference between real and ideal is a *big* difference. How important is it for you to examine successful ways to transform that big difference to minimal or *no* difference? Helping you to attain greater awareness, understanding, and commitment to your role in the health-care partnership and how you can be more successful in this partnership is the goal of *The Savvy Patient*.

It is my impression that many people become frustrated by a lack of clarity with “what’s going on” in the midst of a health-care encounter. These can be challenging encounters to sort out. Ours is a difficult system to understand! It is hard even for those who work in the system. Another

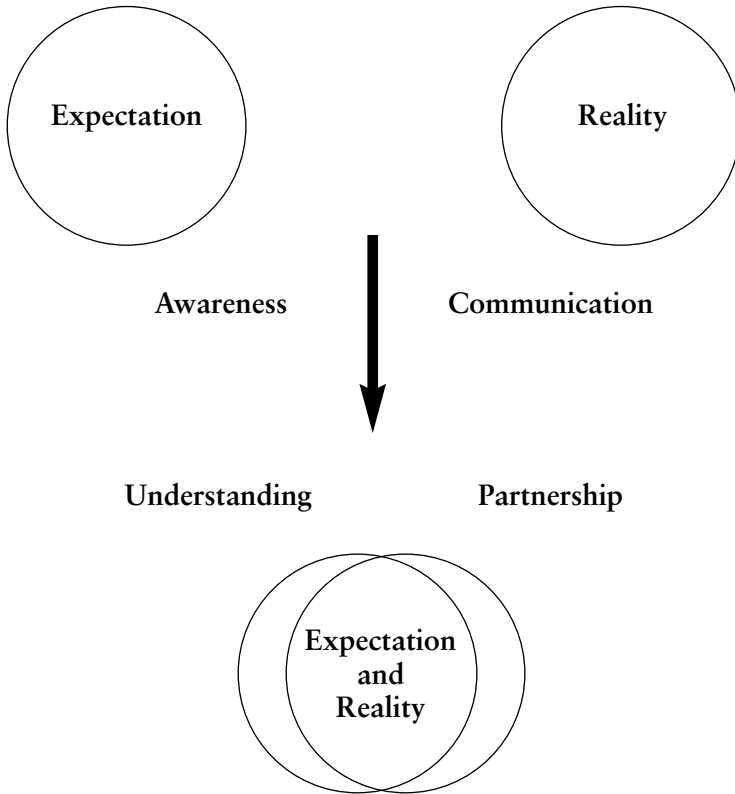
important objective of *The Savvy Patient* is to empower you by giving you an “insider’s” perspective on our health-care system. It is my hope that this book will allow you to more effectively anticipate, recognize, and manage health care scenarios that are critically important and that all too often meet with frustration.

Emotions have the deceptive potential to undermine our effectiveness, despite our best intentions and analytical skills. When I examine poor health-care encounters, skills such as listening, communication, negotiation, influence, conflict resolution, and empathetic expression are conspicuously deficient or totally absent. The final common pathway for these shortcomings is the creation of an *expectation-reality gap*. When our experiences are miles apart from our expectations, the results are erosion of trust and perpetuation of frustration and anger.

Despite this, you can play a vital role in working with your health-care providers to close these gaps in understanding that lead to quality shortcomings. For you and your family, the “system” may seem impossible to budge or figure out. And though our system may not easily lend itself to change or understanding, individuals always have the potential and power to examine all available options present within the context of our health care encounters. *The Savvy Patient* is more oriented to the interpersonal dimensions of the health-care encounter. While providing timely and practical state-of-the-art information on disease prevention and health promotion, it is more tailored to assist you in the *systems and processes* within which care is received. Chapters on medical decision making, conflict resolution, communication, and the power of the family meeting are unique perspectives, not found in most reference texts. If I could reduce the contents of *The Savvy Patient* to a simple picture, it would look something like the figure on page 000.

Now it would be reasonable for you to be saying, “C’mon Pettus . . . this is your responsibility . . . not mine!” And I would not disagree. Health care professionals and the sophisticated resources available to them must be integrated in ways that allow basic human values such as respect, compassion, communication, and understanding to be nurtured and sustained. What you know and how you relate to individuals responsible for your care have the greatest potential to influence your health-care encounter positively. We are after all, people treating people. I will attempt to help you appreciate the perspective of the health-care professional. Is it possible for you to influence health-care professionals to make satisfaction of your needs and values more likely? The answer is a resounding yes! Physicians and patients need to rally together to reclaim center stage in the moment of health care.

Transforming the Health Care Experience



Our local health-care system, like many, is investing resources to make the patient encounter a more effective one. With greater understanding of our system, more meaningful insight into the perspective of health-care providers, and with an awareness of your contribution to the encounter, the health-care experience can be taken to a higher level. Many patients and families feel “out of control” when they encounter the health-care system. Patients and families relinquish considerable control over their circumstances, particularly when ill. This can be frightening and unsettling. A theme woven throughout this book is that of ongoing potential for more positive and effective self-control, regardless of the circumstances.

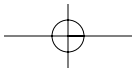
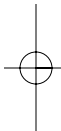
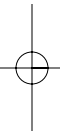
The health care system in America is remarkable *and* far from perfect. I have attempted to integrate stories from patients and families I have cared for with practical and personal advice that will allow you to

INTRODUCTION

xxv

better leverage your health-care encounters and your health in general. The medical information I have incorporated is a combination of the best available current medical evidence, time-proven principles, and sincere heartfelt common sense. While this is a book that examines some challenging realities about our health-care encounters and about our lives, this is more a book about hope, faith, and transformation in the vast potential of the human encounter.

I hope health-care professionals and consumers alike will benefit from *The Savvy Patient*. I am very interested in your thoughts, experiences, and feedback.



CHAPTER 1

FINDING A PRIMARY CARE PROVIDER: WHAT TO LOOK FOR

“Don’t live in a town where there are no doctors.”

—Jewish Proverb

THE OBJECTIVES of this chapter are:

- To review the evolving role that primary care providers play in your health care.
- To review why it is essential to have an excellent primary care provider
- To highlight the ingredients of a good primary care provider and practice
- To provide sample questions you can use to gauge the quality of the physician-practice

A logical place to start a book on navigating our health care system is with finding a good doctor who can provide primary care—a *primary care provider*, or PCP. Though it seems self-evident that finding a primary care provider is of utmost importance, many people I meet either do not have one or if they do, cannot tell me who the doctor is. I know a lot of people who have barbers or hairdressers, auto mechanics, travel agents, financial advisers, accountants, realtors, and repairmen. These are among the many people we often need in our lives to serve our values

and needs, and who, ideally, we can trust and count on to provide quality and reliable service.

Why isn't everyone connected with a doctor or a physicians' practice? Shouldn't everyone have one? Yes—but finding a primary care provider is not always an easy process. I have observed that the absence of a physician-practice in many peoples' lives speaks to a very large systemic problem in American health care. What I mean is that the problem has more to do with health care finance, organization, and delivery, than it has to do with individuals. However, many people, and you may be one, have insurance (employer based, private, or government funded); have access to excellent physicians; and yet have not made the connection. You could have a doctor-practice available to meet your needs but for many reasons, some beyond your control, you do not.

It is important to keep in mind that when you find a primary care provider, you are in fact becoming attached to a practice. Although the ideal is to see the same person as much as possible, circumstances such as emergencies, after-hours needs, turnover, and practice organization and activity will often result in your interacting with other members of the practice. They may include other physicians, physician assistants, nurse practitioners, registered nurses, and medical assistants.

The challenge is twofold. You want to find a physician who is first, available and second, a good fit. The office staff, in any physician practice, plays a key role in determining the quality of the encounter. The staff should be professional, interested, and caring. The attitudes and behaviors of an office staff are a reflection of the attitudes and philosophies of the physician leadership within the practice. For example, are receptionists clear, engaging, and polite? Are attitudes professional and caring? They should be, always. During a health care encounter, observe how the staff relates to you and to each other. How does your physician relate to staff and vice versa? Is there a "team" feeling? Is there an esprit de corps? Does the staff seem pleasant? Are they a cohesive crew? They should be.

How important is it to have a primary care provider? At the turn of the twentieth century, all physicians did all things. Surgery as a specialty soon followed. In the 1950s the general practitioner began to give way to specialized care, reflecting the growth and sophistication of biomedical and clinical capacity. Significant growth of specialization followed, diminishing to some extent the spectrum of care provided by primary care clinicians. The decentralization of care shifted back in the HMO era of the eighties. In this unproven model of health care management, the primary care provider resumed center stage as the "gatekeeper." Flow of care, by necessity, went through the primary care provider in an effort to enhance

efficiency, and to improve resource use and outcomes, with greater emphasis on health maintenance and disease prevention.

Worthy though the philosophy of care may have been, it created a wedge between physicians and patients with onerous paperwork, referrals, pre-approvals, and the precarious conflict between controlling costs and providing care. This model of care is becoming, for the most part, history. The role of the primary care provider continues to evolve. The following points are clear to me:

- People desire choice of care providers, with as few restrictions as possible.
- People are willing to make reasonable choices when provided with reasonable information.
- Specialists do not want to provide primary care.
- As we age, have more medical problems, take more medications, and tell a more complex story, the need for someone to pull it together, as the primary caring historian, will never be greater.
- Primary care physicians such as family practitioners and internists need to be compensated more equitably, commensurate with the value they contribute to patients' overall care.

Why is it so common for people to be without a primary care provider? One common reason is lack of health care insurance.

No Insurance = No Doctor

Maybe you have had a change in insurance requiring a change in your provider. You may have moved to a new location or your physician may have left the area. Perhaps you are uncertain about how to find a doctor. Other sentiments I hear frequently include

- "I'm in good health. I really don't need a doctor."
- "I've gone this long without a doctor and nothing has happened to me."
- "Doctors I've had in the past have changed just as I'm getting to know them."
- "I hate doctors. All they do is order a lot of tests."
- "I am afraid of what they might find. What I don't know can't hurt me."
- "My father never saw a doctor and lived to be eighty-five!"
- "It's hard for me to find a doctor I really like."

Perhaps some of this sounds familiar.

Some areas in our country are experiencing shortages of primary care providers. My own community has that problem. There are many reasons for this.

- Physicians, like people working in other industries, tend to be migratory because of personal factors such as family needs, quality of life, and opportunity.
- External factors such as malpractice insurance premiums, potential for practice growth, and market forces influence the decision to stay in a particular area for a long period of time. Massachusetts, where I live, has a growing reputation for very high practice costs, low rates of reimbursement, and a high cost of living. For a growing number of physicians this is not a suitable practice environment. While no one's empathy tank for physician income will be on full, many physicians confront enormous overhead, malpractice premium costs, and capital investment expenditures; for example, for new information technology systems. It can simply be too expensive to practice in some areas.
- Physicians who historically have provided primary care in addition to specialty care (e.g. cardiology, gastroenterology, and rheumatology) now often limit their practices to specialty-consulting care.
- There has also been a decline nationally in medical students' interest in pursuing careers in primary care (e.g. pediatrics, internal medicine, and family practice). Issues pertaining to quality of life, such as income (enormous educational debt, often exceeding \$150,000 upon graduating from medical school) and on-call responsibility are important considerations in the minds of medical students, strongly influencing career choice.

A diminished provider pool, however, does not fully explain the disproportionate number of people without a primary care provider. The disparity of provider supply and increasing health care demand has placed greater burdens on our emergency departments and urgent care facilities. Many people feel they have no choice but to receive their care in these clinical settings. Excellent though that care may be, primary care is most effective when the emphasis is on health maintenance and disease prevention. Accessing the system only when you feel sick misses the fundamental point of health care.

As you will see repeatedly in the pages to follow, many of the most

dangerous medical problems are silent and often preventable. Waiting until you feel sick to “open the door” makes less possible the identification and potential treatment of problems that routine preventive care would otherwise allow more promptly. Recognition and treatment of diabetes, high blood pressure, and high lipid levels (cholesterol) are common examples. I will elaborate on this in chapter 20, “The Best Medical Advice Possible.”

Ideally, health care is about establishing long-term relationships between those who provide care and those in need of care. Having a sporadic and random sequence of encounters with clinicians with whom you have no meaningful relationship is far from the ideal of repeated encounters with providers who know you and with whom you feel comfortable and trusting.

Trust is at the core of any meaningful relationship.

Trust, in and of itself, is therapeutic and can only be strengthened over time and with commitment and sharing between you and your primary care provider. The ultimate goal is to find a physician who feels more like a trusted friend than a randomly assigned professional stranger. You may be saying: “Sure, Pettus, I’ll go out and find a great doctor tomorrow. There aren’t that many out there.” I sometimes hear this from people who have had an unsatisfactory experience with a previous physician or physicians and lose faith in the possibility of finding a good one. Don’t give up! They are out there and you can find them. The purpose of this chapter is to show you how.

If you do not have a physician, write this down and post it on your refrigerator:

Today I am going to start the process of finding my physician-practice. Four weeks from today and no later, I will have an appointment set up!

Be patient (no pun intended). Finding a physician-practice takes time and can be frustrating. Surely, the effort of finding individuals to whom you can comfortably entrust your life is worth it. Here the responsibility is largely on you. In the immortal (and modified) words of Woody from *Toy Story*, as he rallied his fellow toys to get a “buddy” in anticipation of a big move, “If you don’t have a primary care provider . . . get one!”

The types of providers available in our system include the following.

M.D.—MEDICAL DOCTOR

M.D.s are graduates of medical school, licensed to practice in their particular states, usually after completing a residency training program and if necessary, specialty fellowship training. I say usually because in some states it may be possible to get a license after only successful completion of an internship year after medical school. While this is uncommon, confirm that your physician has completed an accredited residency-training program. This can be done by asking the provider directly, inquiring through your state's Board of Registration in Medicine, or checking through your health insurance provider. There should be documented evidence of successful training for a minimum of three years after medical school. It would be extremely unlikely for any physician serving on a panel of providers for an insurer, or who receives Medicare or Medicaid payments, not to have this confirmed and documented. You should, however, appreciate that not all M.D.s are created equal.

D.O.—DOCTOR OF OSTEOPATHY

D.O.s train in much the same way as M.D.s. It is increasingly difficult to distinguish an osteopathic from an allopathic, or "traditional" M.D. curriculum in medical school. In addition to traditional allopathic techniques, osteopathic teaching places more emphasis on hands-on manipulation of the musculoskeletal system, such as the backbone, head, neck, and extremities. One of my roles as a teacher is to oversee the training of medical students and medical residents. Medical residents are graduates from both allopathic and osteopathic schools. In my experience there are few distinguishable differences, and in practice I do not even recognize a significant distinction between a D.O. and an M.D. The important issues are level of training, board eligibility and certification, state licensure, ethics of the highest standards, and the caring quality of the individual. Successful completion of a residency program, as for an M.D., should be the expectation.

P.A.—PHYSICIAN ASSISTANT

P.A.s usually require two years of intensive clinical training after four years of college. In 2002 it was estimated that 46,000 P.A.s were in clinical practice. Most P.A.s work in primary care practices such as family practice, general internal medicine, and pediatrics. A growing number are working in obstetrics, as well as some medical and surgical subspe-

cialties such as cardiology and orthopedics. You will encounter P.A.s in clinics and in hospital settings. Their responsibilities vary based on their experience and the practice needs of the supervising physician. They can conduct physical exams, diagnose and treat illnesses, counsel patients on preventive care, prescribe medications, and order and interpret tests. They are always under the supervision of a physician. Currently I supervise a P.A. who is essential as a member of the treatment team.

N.P.—NURSE PRACTITIONER

An N.P. is a registered nurse who is qualified, through advanced training, to assume some of the duties and responsibilities formerly assumed only by a physician. A nurse practitioner may provide comprehensive primary care evaluation and treatment. In addition, they may write prescriptions. They work under the supervision of a physician. Physician assistants and nurse practitioners are particularly important in the evaluation and management of less complex and non-emergency medical problems. If you call your physician-practice with a concern, who handles it and how it is handled will depend on the urgency and complexity of the concern.

Regardless of the training background of the provider, a relationship with a primary care provider is like a marriage. It requires mutual give and take, shared commitment to health and wellness, and like a marriage, should be nurtured “in sickness and in health.” Which of the following scenarios do you find yourself confronting?

I have a primary care provider whom I like.

You’re there! There is no substitute for having a physician you know, like, and trust. If you are aware of anyone who needs a physician, ask your doctor if he or she is accepting new patients. Congratulations, you are a member of a special club and can go on to the next chapter.

I have a primary care provider, but I do not feel satisfied with the quality of the encounters.

This is not an uncommon scenario. In my experience, the dissatisfaction a patient or client may feel has more to do with interpersonal issues than with competency issues. Most individuals assume that a standard of competence exists in a licensed professional. Most people are not able to distinguish gaps in clinical competency as they could an imperfection on an appliance, television screen, or sound system. Interpersonal skills are extremely important and readily accessible to the average observer.

However, they should not be equated with medical knowledge, technical expertise, or clinical reasoning skill.

Let me give you two examples. First, I was asked to do a consult in our hospital on a patient having some kidney problems. Her primary care provider asked me to see her to assist in this aspect of her hospital care. Her doctor had been a friend and colleague of mine for many years. I knew that he was an incredibly competent fellow, but also somewhat reserved and at times awkwardly shy. He had had only one or two previous encounters with this patient and I was very confident he would let nothing slip through the cracks. When I met his patient she said, "I would like to change my primary care provider." Naturally (and curiously) I asked why. She responded, "My doctor doesn't look at me directly when he talks to me. He seems to be more focused on my chart than on me. He seems quiet and I'm uncomfortable he may be hiding something from me and is uncertain." I reassured her about his clinical competence and explained his shy nature that might explain much of what she was observing. Though this might be a significant issue, understanding her doctor better very much changed the patient's perspective.

As a second example, I once asked my mother, "Do you like your nephrologist?"

"Oh yes," she replied, "Dr. Owen is a real peach."

Now I am as savvy a judge as anyone when it comes to nephrology and I was interested in learning more about her perception of his quality. "What else do you like about him?"

She responded, "Oh, he's a great doctor. He calls me Agnes. I feel comfortable whenever he comes around the dialysis unit. He sits down when he talks to me during his rounds."

Sitting face-to-face and looking eye to eye are very powerful body language behaviors when a physician is interacting with a patient during hospital rounds.

"He asks me how you're doing (referring to me). He's always in a pleasant mood."

You get the picture. Of course, I knew Dr. Owens to be a very well-trained and skilled clinician. My mother's perception of his skills had little to do with where he trained or if he had published in a major medical journal (which he had). She, like most people, assumed that his training and competence were sufficient. Her perceptions were shaped more by his interpersonal skills than by his analytical skills. Ahhh . . . to find a physician who has both.

If you have a primary care provider and do not feel satisfied with the quality of the relationship, try the following: Generate and write down a list of reasons you feel dissatisfied or uncomfortable. Attempt to separate

“style” or “interpersonal” issues from competency/care issues. Common examples of each include:

Interpersonal Characteristics

- Communication style
- Bedside manner
- Empathy—(relates to and understands your individual circumstances)
- Caring disposition
- Professionalism
- Respect for you, the patient
- Active listening—engaged, in the moment, and tuned in to nonverbal messages.
- Sense of humor
- Responsiveness—anticipates what is on your mind

Competence Concerns

- Inability to explain circumstances satisfactorily
- Repeatedly making decisions with adverse or bad consequences
- Frequent pattern of uncertainty
- Frequently missed, delayed, or wrong diagnosis and treatment
- Inappropriate behavior
- Lack of professionalism
- Failure to respond to or return important phone calls
- Tendency to order a lot of tests

It is possible you can avoid the challenge of finding another primary care provider by explicitly addressing interpersonal concerns, particularly if you feel your physician is smart enough. If you invest in a greater understanding of the circumstances, you may be surprised at the outcome. In the process you may learn something about yourself and help your provider to care more effectively for you and others. Physicians are people, too. Though most are quite intelligent, it is not necessarily true that acquiring an M.D. means having great people skills.

As Bernie Siegel says, the physician is the tourist. The patient is the native. This is such a poignant metaphor for the relationship. Creating and sustaining relationships is very hard work. A good physician understands the opportunity and value of discovering as much about your landscape as possible. The emphasis is as much on the experience as it is the diagnosis.

As Anatole Broyard, a writer for the *New York Times* and author of

Intoxicated By My Illness, wrote: “A doctor’s job would be so much more interesting and satisfying if he would occasionally let himself plunge into the patient, if he could lose his own fear of falling.”

If the effort of strengthening this connection seems much greater than the effort of finding another provider, then it’s time to move on.

I need a doctor and I’m starting from scratch.

Here are a few tips to consider: First, examine your health plan and determine whether you must choose from a list of providers. Finding someone you like only to learn they are not a provider in your plan is unfortunate and frustrating. If you are unfamiliar with the choices available, ask friends, family, or fellow workers for their opinions. It always makes sense to consider a physician who is already caring for someone you know and trust. In my experience, even the provider with a full practice may be willing to make an exception for a family member or a close friend of a current patient. There is no better advertisement, in my opinion, than the endorsement of someone you trust who can speak to the quality of care a physician provides. Find out what the person’s experiences have been like. Why does he or she like this provider? Would the individual recommend a family member to the physician? If you are seen in your local emergency department and need primary care follow-up, ask your treating provider for some recommendations.

If you are unable to come up with a personal reference, you might try contacting a local hospital. Many have physician referral services. Is there a patient relations person (or ombudsman) at your local hospital? He or she may have the “inside information” on local physicians and be able to guide you in a positive way. If all else fails, a random choice may turn out to be a good fit. Set up an introductory appointment (perhaps for a routine physical). The time to do this is when you are well, so that the encounter will be less urgent and distracting. As you undoubtedly know, the wait may be weeks to months. If you’re well, the wait will matter less. If the physician, as Anatole Broyard observed, “has no fear of falling” the wait will be well worth it!

Availability: Patient-Centered Access

A pervasive frustration for patients and physicians alike is the challenge of matching need with availability. Some needs result in visits that could have been managed over the telephone or, in a few practices, over the Internet. Needs best served by a prompt visit cannot always be seen to promptly.

Health care needs in a large, busy office practice are numerous and diverse. Our conventional office appointment model contributes to inefficient use of health care resources. The challenge of our health care delivery system is matching an individual's needs to the most appropriate resource, in the timeliest fashion. For example, your specific needs and concerns may require only a brief telephone conversation with an R.N., N.P., or M.D. On the other hand, you may have a problem that requires you to be seen on the day of the call. People who need to be seen should not have to wait, and people who need timely advice, available by telephone or e-mail, should not have to come in to the office. Some problems are appropriate for a physician extender such as a P.A. or N.P., and others are more complicated and best evaluated by a physician. Many physician practices are attempting to reconfigure office practice to better serve their patients. So as you attempt to find the right physician-practice for you, ask these questions:

- Do you always keep appointments open each day for more time-sensitive needs and urgent problems?
- Does the practice have evening or Saturday hours?
- Does the practice have a process for handling telephone calls?
- Who usually triages—screens and prioritizes—telephone calls to the office?
- Can I communicate with your providers directly by telephone or e-mail?
- Does the practice use a Web site for appointments, education, or advice?
- How does the practice handle urgent needs?

The Initial Encounter

The first appointment is an opportunity for you to interview the provider as much as for the provider to interview and get to know you. This is an important point. The flow of information is often unidirectional or “one-way” between a patient and a physician, particularly during an initial encounter. Necessary though this is at times, you should feel comfortable asking questions to allow you to determine whether the fit between you and the provider is right.

It is also important to ensure that your needs and concerns are adequately addressed. Before your initial meeting, take a moment to list the attributes you find most important in a physician. These might include a

personable demeanor, a caring quality, a sense of humor, an ability to communicate clearly, a willingness to be a good listener, good eye contact, and open-ended questions, for example. Ethnic and cultural background or gender may be important to you. Some people might care only about quality of training and credentials with less emphasis on personality. Some might put more emphasis on personality and interpersonal skills. In any event, the fit should feel comfortable.

Here are some revealing, non-threatening questions to ask your provider. You can minimize the risk of putting a physician on the defensive by framing your questions in the context of gaining more insight into the doctor's views on patient care. For example: "Dr. Smith, I know these questions may seem personal. As a physician, I know you understand how important your role is in my care. It is important to me that this be a comfortable fit for both of us."

1. **What do you love most about what you do?**
See if the doctor's eyes open wide and if his or her face lights up.
2. **What do you suppose other patients say about you?**
Look for the virtues you wish to find in an M.D.
3. **If you don't mind my asking, what do you like most about yourself?**
Humility should rule the day.
4. **What do you think is most important in your therapeutic relationships with patients?**
Does the response feel more like a covenant or more like a business partnership?
5. **What is your policy/philosophy for handling phone messages? Do patients ever e-mail the office?**
Well-defined policies for screening and prioritizing return of phone calls should be in place.
6. **Are you Board Certified? In what specialty/specialties?**
Board certification is recognition by a certifying medical specialty society that attests to an excellent and reasonable standard of competency—attained by passing a challenging examination. It is important to appreciate that Board certification measures the individual's analytical skills more than it does interpersonal competency.
7. **Are you a member of your specialty's medical society?**
8. **Do you care for your patients in the hospital or do you have hospitalist colleagues who do this?**

9. **Do you think spiritual wellness is an important aspect of one's health?**
This may be an important need and value for you and your health.
10. **How long have you been in practice?**
11. **Do you foresee any significant changes in your practice in the near future?** This might include addition or departure of some staff, changes in health insurer contractual agreements, change of location, etc.
12. **How long have you been in the community?**
13. **What would nurses at the hospital say about you?**
14. **Are you open-minded to feedback?**
A solid physician understands that ego should never interfere with acceptance of feedback. The ability to say "I'm sorry" and to learn from patients, families, and colleagues are hallmarks of humility. A physician who is not a responsive listener will not allow good advice to penetrate the filter of ego protection. There is little hope of personal and professional development—not a good choice.
15. **Do you like it here?**
Physicians who have practiced for long periods of time, for example longer than five or ten years in one community, are perhaps more rooted and less likely to leave. However, physicians who are starting out offer many advantages, as their batteries are fresh and their practices sometimes less busy. They are more likely to be in a position of accepting new patients.
16. **Do you have children?**
This gives the interaction a more personal quality. I have always loved it when patients ask me about my children or other interests.

This is just a sampling of questions to consider. You may, of course, think of other specific questions. The point here is to participate. This is an enormously important relationship! I believe most people, after one encounter, will have a sense of whether the fit is right based on the physician's response to these or some of these questions.

After the encounter, consider these self-awareness issues: Did the physician and staff make you feel comfortable? Did they look you in the eye or were they more focused on your chart and paperwork? Were you asked how you wanted to be addressed; for example, as "Mrs. Jones" or as "Virginia"? A hot button for my wife was being in our pediatrician's

office when our children were very young and being asked, “How is mom and baby?” This seemed rather generic and impersonal, well-intentioned though we knew the staff to be. Do you feel that you can trust the physician? Is his or her style a good fit? Listen to your gut feeling—our deeper instincts are telling. If it feels positive, you are there. If there is uncertainty, see how it goes in future encounters. It may be worth the time and effort to work with a physician on improving things that do not feel right rather than to find another provider. The truth is that many excellent health care providers may not be aware of behaviors, communication styles, or body language that affect others they see and care for. Awkward though it may feel, feedback regarding your observations will probably help you, your provider, and others in future encounters. If the vibes are bad, however, consider another choice. I feel it would even be fair, difficult though it would be, to ask the individual for a recommendation for someone who might provide a better fit.

Trusting Reassurance

The majority of information in *The Savvy Patient* examines the *art* of the health care encounter more than the science. Good encounters always require some mutual awareness and effectiveness of the “art” piece. If science is the body upon which medicine rests, the interpersonal art of communication, listening, humility, and empathy are the wings upon which it soars. As an aside, I firmly believe that all people, providers and recipients of care alike, can cultivate listening, communicating, and empathetic expression—the important interpersonal attributes. Innate though these skills are for some people, they are not automatically attached to the health care professional. Your ability to cultivate these skills is also essential to your satisfaction in health care encounters and in all life encounters

A good marker of an effective health care provider is the ability to succeed at delivering trusting reassurance. When I say “trusting reassurance,” I mean the kind of reassurance that will make you feel comforted, confident, and comprehending. A sense of equanimity should define these encounters. Reassurance is a large part of what physicians do and a substantial need for most people engaging our health care system. To be able to deliver trusting reassurance requires confidence in one’s analytic skills combined with an ability to be empathetic, to anticipate concerns (especially those that may be unspoken), to inform clearly, and to do so with an air of caring compassion. If you need reassurance or clarification

around a specific concern, raise it explicitly—no significant need or concern should remain silent. A good physician will *listen* with an open heart and open mind. As Helen Keller once said, “Deafness is darker by far than blindness.”

Hospitalist Physicians

A growing trend in the health care delivery system is for a more discrete separation of acute hospital care from outpatient ambulatory care. Many physicians certified in internal medicine, for example, are working as “hospitalists” in this new model. They work only in the hospital setting, effectively coordinating the care of patients admitted by their primary care providers. So how might this affect your care?

There will probably always be a need for a primary care provider, someone who can “pull it all together.” In a hospitalist model of care, if you require hospitalization, another physician team oversees your care in the hospital setting. Details of your care are communicated to your primary care provider at the time of your discharge from the hospital. Your primary care provider then resumes your outpatient care. This division of care has proven successful in recent years. It allows clinicians to focus on their offices and all of the care that occurs there. Hospitalist physicians can focus their skills on the acute care side, providing a more consistent presence in the hospital, coordinating care and services, and allowing more efficient use of time and resources. Some practices have physicians who work just in the hospital. Other practices may work with local hospitals that hire hospitalist physicians to provide this service. Regardless of the exact organization and delivery model, this appears to be a trend that is here to stay. Ultimately, as is true for all aspects of health care delivery, its success depends on clear communication and continuity across the spectrum of care.

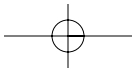
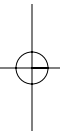
DO NOT MISS TAKE HOME POINTS:

1. If you do not have a primary care provider, make it a priority to find one. Having the same physician-practice also caring for your spouse and family can have tremendous advantages.
2. Take a moment to consider the characteristics that are important to you in a physician-practice. This is one of the most important relationships in your life.

3. Try to get some recommendations from trusted friends, family, co-workers, or health care personnel, such as experienced R.N.s, particularly in the emergency department or on the wards. These are often the best endorsements to have.
4. Physicians who have not been in practice as long are more likely to be taking new patients.
5. Write down appropriate questions before the encounter. Your goal should be to understand your primary care provider and his or her practice as much as it is the primary care provider's role to understand you.
6. If possible, make your first visit a complete physical exam to explore health maintenance, disease prevention (e.g., mammogram, colonoscopy, cholesterol, sugar, and other issues) and to gain a "feel" for the fit between you, your provider, and the practice.
7. If your first visit is more urgent and symptom oriented, before you leave the office make a follow-up appointment for a complete physical .
8. If you have more questions than time allows, ask your provider how best to address your needs and concerns.
9. View your relationship with a physician-practice as a health partnership. The Savvy Patient

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