

Outlook on Lifestyle

DR. GOTT



Peter Gott, M.D.

Getting along with patients

This is the final article in a series of methods suggested by an imaginary business consultant to help a doctor manage his office. The answers are meant to be whimsically jocular.

A quiz designed to test the physician's self-assessment of doctor-patient relationships:

A physician can best establish a meaningful doctor-patient relationship by:

- (a) maintaining a warm but professional manner.
- (b) being considerate and polite.
- (c) openly commenting on the patient's physical problems.
- (d) frequently kidding and teasing patients.

ANSWERS:

(a) Incorrect. This attitude may be interpreted as aloofness by all but the most experienced patient. The barrier that is thereby established interferes with a proper therapeutic relationship. The physician of today must be careful to avoid providing a father image because of seriously unrealistic expectations that stem from the classic father-son conflict. The Authority Figure physician, paternal and all-knowing, belongs more properly to the world of academic medicine.

(b) Incorrect. These qualities are signs of weakness. No self-respecting patient expects his doctor to be cordial unless they are together playing social games at the country club after office hours. In addition, the average physician is too busy filling out insurance forms to be polite. Many doctors have chosen to place the responsibility on the patient by posting, in the office signs that read: "Your consideration and politeness will be appreciated."

Other doctors have reminded their patients by making the following statement which has been approved

by the American Medical Judicial Committee: This statement, first used nationally by the Association of City Hospital Employees (Local 2199 of Teamsters International), is most effective if snarled at the patient with a terminal disease who wishes to reminisce about "the good old days": "The stresses of medical office practice require that the patient be considerate and polite to the doctor, not vice-versa."

(c) Correct. All experienced healers know the tremendous benefits resulting from verbalization of patient's problems. "You're the fattest woman I've seen in 20 years" or "You can't even walk straight with that arthritis" are common comments. The technique is especially useful with adolescent patients who are very sensitive to constructive criticism: "Hey, man, that zit on your forehead looks like a third eye!" or "Gee, your penis is small." This sort of straight talk sets the stage for close doctor-patient cooperation.

(d) Correct. Humor has its place in office practice by indicating to the patient that the doctor is basically a real man or woman. Just before taking the Pap test, a prosperous gynecologist routinely peers down between the stirrups and exclaims to his patients: "Say Ah!" This fun-filled comment invariably breaks the ice. Another wisecrack is appropriate for the elderly: "Well, Herb, I certainly never thought I'd see you alive for another year!"

Younger patients will always respond to remarks like: "I guess you're knocked-up again, Gladys!" or "You can bet that getting rid of the clap, Ellwood, will be almost as much fun as getting it!" Sick people appreciate good crude jocularity — particularly if it can be overheard by patients in other examining rooms.

Finally, patients must always be addressed by first names, preferably the wrong ones. It impresses people to know that the doctor cares enough to establish a first-name basis; a wrong first name reinforces the image of the physician as a hurried but kindly person, always eager to establish a good relationship and collect patients.

Send your questions to Dr. Gott in care of this newspaper at P.O. Box 91369, Cleveland, OH 44101-3369. Due to volume of mail, individual questions cannot be answered.

DEAR MEG



Meg Whitcomb

Tradition must bow to independence

DEAR MEG — Last June, our son met a lovely young woman. He is quite serious about her. We're delighted, because Fred is 38 and has never been in love. We were beginning to think he'd never get married.

But now he says he won't be spending Christmas with us. We're very disappointed because Christmas is the one time in the year when the whole family gets together. The children and their families come from Michigan, California and London, and we have a truly old-fashioned Christmas.

Our feelings are hurt because Fred won't be with us. He always plays Santa, and his nieces and nephews will miss him. He's not married to his girlfriend, so we think he should be with us. — TRADITION-BOUND, BUFFALO, N.Y.

DEAR TRADITION — The point isn't whether Fred is married or not. It's that he's an adult and is making decisions that meet his needs.

Tradition or not, his choices don't

have to suit you or the family. The clan will gather whether he's there or not. Dress somebody else up like Santa and enjoy yourselves. Maybe next year you'll celebrate with a new member of the family!

DEAR MEG — My friend Anita is 32. She has a job that pays well, but she prefers to live at home with her parents. She's never had a date in her life and doesn't talk to men unless it's absolutely necessary, like at work.

When we talk, Anita says she has a very full "fantasy life." She likes to talk about celebrities. Right now she has a crush on Michael Douglas. Last year it was Don Johnson. Maybe she does this because the guys made fun of her in school. But that was years ago.

I've known Anita since third grade, and I'm worried about her. Is this fantasy life of hers OK? — A FRIEND, COVINA, CALIF.

DEAR FRIEND — Probably not. A fantasy life is fine as long as it doesn't interfere with the real thing. At 32, Anita's teenage crushes on movie and TV stars are, at best, a sign of extreme immaturity.

Her excessive fear of men, dependence on her parents and lack of a

normal social life could signal an increasing inability to relate to others. She would benefit from a psychiatric appraisal.

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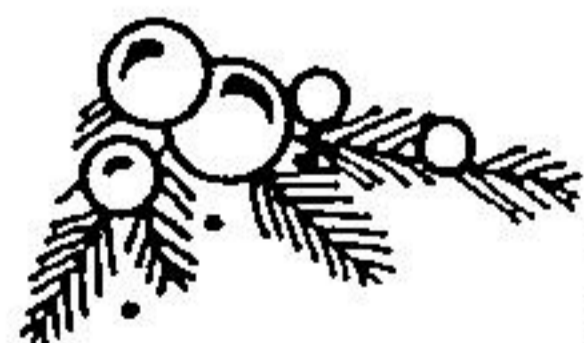
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