

Notes From the Other Side

If you read my feature once in a while, you may remember almost 2 years ago I wrote about visiting the orthopedic clinic for a bad knee and getting some tips on practice flow and efficiency that I thought could be translated into oncology practice. Unfortunately, that knee became impossible, and I had a knee replacement. In the process, as a patient, I discovered (or rediscovered) some important and universal principles we should all consider.

Lesson 1: The Importance of Empathy

I checked in for surgery early on a Monday morning after enduring the usual preparations and feeling a bit apprehensive. Still, I was psyched; ready to go!

As I waited for my call to pre-op, I received a call instead from the orthopedic resident. My surgery was cancelled. What??? I had arranged what felt like 1,001 things to be ready for this. My whole life revolved around this date. Unfortunately, my surgeon was sick, and nothing could be done. I was devastated, but what helped is that everyone, right down to the admitting clerk, empathized with me and promised a prompt rescheduling. In fact, by the end of the day, I had received a call from the surgeon and also from his scheduler, and my surgery was rebooked for later that week. It reminded me of how often our patients have to endure interruptions in their care, such as low blood cell counts delaying therapy and complications requiring therapy interruptions. My concerns were trivial compared with theirs, of course. They are fighting for their lives. It reminded me, though, that we should never take these events lightly; we must respect the trauma that these disruptions cause. We can't prevent disruptions, but we can certainly empathize with and comfort our patients when they occur.

Lesson 2: The Value of Written Instructions

At discharge, I was given a lengthy treatise of postoperative instructions. I flipped through the pages quickly and tucked them in my satchel. After all, I know this stuff.

A few days later, my husband and I began debating the protocol of dressing changes. After some back and forth, I remembered my written instructions. There, in black and white, were the explicit instructions regarding dressing changes. Now, if my husband and I, who are both physicians, had to look up something this simple, just think about how difficult it must be for our patients to master the pharmacopeia required for complex chemotherapy or symptom management drugs, not to mention remembering what to do in case of fever or a myriad of other complications. It must be overwhelming. So, when I get back, I am going to review and beef up every set of instructions we have. You can't provide too much!

Lesson 3: The Critical Role of Navigators

When my surgery was scheduled, the most important person I met was the nurse navigator. I had her direct contact information. I could call her anytime. And I did. Now I admit, it was just to get a physical therapy referral, but she took care of it in the blink of an eye. Maybe this was a lesson I didn't need, as we use nurse navigators in my practice. But it reinforced my contention that these individuals play a critical role in our complex health-care system and literally become a lifeline for our patients.

Lesson 4: Know the Patient

Although most of my experiences were positive, a few were less so. Outside of the surgery team, few of my caregivers seemed to know who I was as a person. A young anesthesia resident, for instance, who came to do a nerve block, explained that he was using numbing



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doi: 10.6004/jnccn.2018.0068

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August 2018

medicine and a special machine to find my nerve. Maybe if he had read my chart more carefully, he would have understood that he could tell me he was using lidocaine and ultrasound guidance to locate the nerve. You get my drift. My point is that everyone (the intake clerk, assistants, nurses, doctors, and so on) should know more than your age, sex, birth date, and medical problem. We should at least know where you live, what you do for a living, and who is present from your family and friends to help.

Well, I have to sign off now. I have some exercises to do. My parting thought: The doctor who becomes a patient will most certainly become a better doctor.

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JNCCN-N-0269-0818