Can You Recommend a Doctor for My Brother’s Secretary’s Sister?

How would you respond to a phone call I got yesterday: “Chris, one of my old college professors called me last night. He is a healthy 67-year-old man with newly diagnosed prostate cancer who is not interested in watchful waiting. Which doctors in Richmond would you recommend?” My friend, a family practice doctor and accomplished healthcare consultant, wanted me to help provide a referral based on my knowledge of cancer care in that community.

Although I did give him some names and phone numbers, my role as the local family and neighbor cancer referral service always gives me pause. A couple of thoughts always run through my mind:

1. Do I have enough information to be helpful? Since the first referral for prostate cancer often determines the treatment, my response for this patient might significantly affect patient-centered outcomes. In this case, the referral question was posed by a doctor who knew what information to include (low PSA, T1, Gleasons 5—the real details). However, when my brother calls me about his secretary’s sister, it is much less clear.

2. I think I know how good the doctors are in my community but do I really know? I know which doctors have high complication rates, but I have no metrics to evaluate the technical aspects of care. For instance, if the consultant recommends robotic surgery, how much experience does the doctor have with this new technology? What are my favorite doctors’ continence, potency, and local failure rates? Frankly, I don’t have a clue. I know even less about the minute details of radiation, particularly whether the dose distribution of radioactive seed implants varies from one doctor to the next. Attending many guideline panel meetings for NCCN has given me a much greater appreciation for what I don’t know about the fine points of treatment beyond my particular subspecialty.

3. Are my consultants up to date? I know some of the doctors I work with go regularly to conferences and read journals. On the other hand, I don’t think NCCN guidelines have been assimilated by the technical specialties as they have been for medical oncologists. Groups like the American Urological Association have their own guidelines, but their web-based prostate cancer guideline is from 1995 and does not include use of hormones and radiation for locally advanced disease. NCCN guidelines are uniquely multidisciplinary (e.g., the chair is a surgeon) and help coordinate the handoffs between specialties.

4. Should I stay out of these situations altogether and let the system do its work? My guess is that about 85% of the time, the patient has already been guided along the appropriate pathway. Sometimes, though, I have made a difference—hurrying up diagnostic delays, sending patients to doctors with better ideas, and guiding them toward clinical trials.

Although I may not have performance data, I know which doctors talk with patients and look them in the eye. I know which ones come to the emergency department at 3 am, and which ones phone it in. I know who goes the extra mile. These are valuable insights to help family and neighbors when they call.

Not everyone has access or the willingness to travel to an NCCN institution or the published expert; as a result, we are called all the time to guide patients we don’t know along paths we aren’t sure of. For now, I must use softer criteria; I hope I’ll someday be able to make all my referrals with greater precision.