A PIECE OF MY MIND

The Power of "My"

Robert J. Laskowski, MD, MBA
Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania.

The phrase "my doctor" implies a relationship that is key to the practice of medicine. Understanding the implications of this relationship is vitally important, particularly in this time of rapid change in the structure of medical practice.

Some years ago, as a young research fellow, I wanted to determine the relationship, if any, between the use of technology, diagnostic tests, and patient satisfaction.

My simple hypothesis: If a patient expected a particular diagnostic test and the physician prescribed it, the patient would be more satisfied than a patient with similar expectations whose physician did not prescribe the "expected" test. The hypothesis *still* widely believed by many physicians. The surprising result for me was that I could not demonstrate the validity of the hypothesis. More specifically, any relationship between a diagnostic test being done or not and a patient's expectation was overwhelmed statistically by the patient's expectation that the physician "explain things." The expectation of "explanation" by the physician mattered much more than any test or, indeed, anything I was able to measure.

Over the subsequent years of my career as an internist, researcher, physician executive, and health system CEO, I came to know what most practicing physicians know from their experience: in medicine, relationships matter more than anything else. Yes, patients do have expectations; they may expect to have a particular diagnostic test, a prescription, or perhaps even a referral. In fact, as we have all experienced, some patients are quite vocal and insistent in articulating what they expect. Some are more open to listening to explanations about whether a particular test or therapy is likely to be helpful—or not. However, *all* patients want their physician to listen to them and to respond to their concerns. I have come to realize that my intuitive definition of "explanation" missed a vitally important qualifier—the "explanation" that a patient expects is an explanation addressed to the patient about his or her own concept of illness and the individual patient's unique desires.

What is important to patients is highly individualized. In my 37 years of practicing medicine, this emphasis on individuality has not changed. One patient's concern about a lingering cough may lie in his or her inability to get a good night's sleep and another's in the fear that he or she has cancer. The expectations are the patient's own, and any physician's explanation needs to be grounded in the individuality of a particular patient that can only be discerned in the context of relationship. It is this relationship that is succinctly and powerfully summarized in the diminutive pronoun "my."

The possessive pronoun "my" embodies relationship. Surprisingly, as ubiquitous as its use is in medicine—*my* experience, *my* practice, *my* group, *my* specialty, *my* hospital, and, most importantly, *my* patient, and *my* doctor—the powerful and important connotations of the word "my" often go unnoticed. As a primary care physician, I have often been both amused and honored when one of *my* patients who has seen a subspecialist colleague for a difficult complaint that fits poorly into the narrow confines of subspecialty care returns to see me having been told by the subspecialist, "You should go to see *your* doctor." The realm of primary care is often one of ambiguity and uncertainty, but it is always one of relationship. If a patient has a physician whom he or she considers "my doctor," much can be accomplished even when the illness is ill-defined and its course of treatment is not obvious. Such is the power of relationship.

Primary care physicians, however, do not have a monopoly on being someone's "my doctor." The essence of relationship is operationalized in listening. A doctor becomes a "my doctor" by understanding who the patient is as a person and, on that basis, acting as his or her confidant, expert advisor, and advocate. One highly satisfied patient shared with me her example. She had a complicated medical issue that required the use of an antibiotic to which she had a remote chance of having an anaphylactic reaction. Medical prudence dictated that the first dose be administered in a controlled setting complete with resuscitation cart and extra personnel on hand—an understandably worrying setting for the already anxious and very sick patient. The specialist who had to "explain" the necessity of the antibiotic and discuss the potential complications was meeting the patient for the very first time. Rather than recite a litany of complications steeped in medical jargon, the specialist spent the first 10 minutes of her consultation asking the patient about her life, her work, and her children and how she felt about her illness. Only then did the physician discuss the recommended treatment, its rationale, and the precautions. The patient did not see this initial conversation as a banal prologue to the "true" medical consultation; rather this initial discussion demonstrated the physician's interest in her as a person. As a result, the specialist was transformed from a physician into *this patient's* physician. Trust replaced fear as a doctor became a "my doctor."

The current world of medicine is a dizzying spectacle of change. New visions of medical practice are emerging. Large groups of physicians have largely supplanted small group practice. Medical teams staffing medical homes are operationalizing new approaches to coordinate care. Electronic health records and myriad clinical protocols are systematizing medical practice. In the midst of this restructuring, it is very important that we do not inadvertently lose sight of the power of the relationship between patient and physician. The systems we design and the technology we employ should help enhance the value of what we do, which is our ability to care for "my" patient. That is certainly what I want "my doctor" to do.

Corresponding Author: Robert J. Laskowski, MD, MBA (laskowskiadvisors@gmail.com).

Section Editor: Roxanne K. Young, Associate Senior Editor.

Additional Contributions: I would like to thank Michele A. Schiavoni for her editorial advice in preparing the manuscript.

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for the Disclosure of Potential Conflicts of Interest and none were reported.

Copyright 2016 American Medical Association. All rights reserved.

Downloaded From: http://jama.jamanetwork.com/ by Kevin Rosteing on 04/06/2016