# Leeway

CHAPTER 23 - **The Patient Is U (Version 2)**
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*Each of us has a unique part to play in the healing of the world.*
*– Marianne Williamson*

Born into a devoutly Christian family, K.J. grew up with a faith that grounded him throughout his adult life. He took such Bible verses as Galatians 5:13 to heart, and the impulse to "serve [others] humbly in love" guided not only his personal life, but also his professional life. As a doctor, he was known to be exceptionally attentive, always putting his patients' needs above his own. K.J. worked to impart to a larger community the spirit behind his service.

K.J. established a lectureship at Harvard, Yale, and Columbia University College of Physicians and Surgeons. He called it the CT Lee Lectureship after the initials of his father. The program sponsored a dinner and a lecture once a year about the healing power of a Supreme Being. This Supreme Being is not necessarily Jesus; rather, it is a generic term for "a supreme being" in the various religions healthcare providers or patients may subscribe to. Knowing that his own faith reinforced his beliefs as a doctor, K.J. wanted to provide the future generations of healthcare providers an opportunity to explore their spirituality.

A few years ago, the dean of Columbia University College of Physicians and Surgeons asked K.J. if the school could repurpose the fellowship money to fund student scholarships. K.J. allowed the dean to do so, and his donations are now part of an effort to help Columbia's brightest medical students afford their tuition. At Harvard and Yale Medical Schools, however, the CT Lee Lectureship continues, in its original form, to this day.

From his days as an intern to his days as a professor at Yale Medical School, K.J. practiced medicine with compassion and respect for his patients. In the workplace, as well as in his many lectureships, he urged his colleagues to do the same. In fact, K.J.'s philosophy regarding patient care is to treat his patients as he would like to be treated. Three years ago, K.J. consolidated this philosophy into a not-for-profit foundation, The Patient Is U (TPIU) Foundation, which he co-founded with a Chinese businessman and philanthropist.

TPIU works to ensure that all healthcare givers are compassionate and helpful to the sick, patients and potential patients. But how do we measure compassion? Compassion, like beauty, is in the eyes of the beholder. So a crucial question to ask the caregivers is, "How would you like to be treated if you were the patient?" This question reflects the central mission and motto of TPIU: "treat every step of the medical process—appointment making, parking, locating the doctor's office, registration, encounter with the doctor, receiving testing, treatment, and etc.—as if you are the patient."

For K.J., the medical process does not start at the hospital but at the patient's home, where the patient tries to make an appointment with a doctor over the phone. Often, when a patient calls the doctor's office, the call goes straight to voicemail. *If you are in a medical emergency, hang up and dial 911*, the voicemail instructs the caller. Then it goes into a complicated "decision tree" for the patient to decipher. The patient is already anxious and could be a senior citizen.

There are two definitions of an emergency. Most physicians, when talking about an emergency, refer to a life or death situation. But if you believe in TPIU, the emergency is whatever the patient thinks is an emergency. A painful blocked ear after a flight can cause great discomfort

including dizziness. To an otolaryngologist, it is not an uncommon situation. To the suffering patient, it could be very uncomfortable and frightening. To the patient, it is not an emergency but it is an urgent matter.

K.J. believes that the doctor's phone system has to be user-friendly. Instead of a voicemail, a "live human being who is smart, compassionate, and caring" should answer the call and make an appointment for the patient as soon as possible, respecting the patient's definition of urgency.

The next step in the process is for the patient to drive to the hospital or doctor's office and find a parking space. Clear instructions with photos should be sent to the patients ahead of time. To streamline this experience, it is crucial to educate the parking attendants as well. The parking attendants must be polite and mindful of the fact that for most people, visiting a hospital causes much anxiety. They must, therefore, try to make the parking process as convenient and without stress as possible, guiding patients to areas that are closest to where they are seeing the doctor.

The next step is, of course, locating the doctor's office. A small doctor's office is usually easy to locate. Finding a specialist's office in a large health system can be very stressful for a sick patient. Upon entering the huge building, a user friendly large print paper map should be handed to the patient with highlighter markings leading the patient to the correct office. Concierge at the hotel's front desk does this for the hotel guests who are looking for a restaurant or a sightseeing spot. Upon the patient's arrival, the secretary should be warm and inviting, and the patient should never have to wait an hour or more to see the doctor. Sometimes, when the patient finally enters the examining room, there is no doctor inside, and the patient has to wait even longer to be treated.

"If you've made a reservation at a restaurant but have to wait for an hour to be seated, you'd walk right out. But for hospitals, the long waiting time is almost a culture," K.J. says. It is a dilemma, if the doctor is to accommodate "emergencies," the schedule is overbooked and waiting on the day of the appointment could be inevitable. Sometimes it is not the actual waiting but the attitude of the staff and doctor that counts. A genuine apology showing concern, especially by the doctor, goes a long way.

Minimizing the patients' waiting time is not the only task at hand. Sometimes, doctors neglect to follow up on medical test results, making patients anxious. Imagine that you just had a biopsy. A good doctor, of course, would always notify you and send you a copy of the report, as well as keeping your report on file. But some doctors, thinking that they "don't have the time" to notify each patient, say, "If you don't hear from me, it means the biopsy is normal."

"The report could have diagnosed cancer and was filed away without the knowledge of the doctor. The specimen could be misplaced. There are other possible mishaps. Patients deserve for the doctor to call back, regardless of the result," K.J. says.

It is especially important for surgeons to reach out to their patients. Before the patient decides to elect to have the surgical options, the doctor should explain to the patient as well as the relatives—since the patient is emotionally distressed and might forget the information—the specifics of the surgical process, including the benefits, the risks, potential complications and the ways in which these complications can be solved. Alternative treatments should be covered in equal details. Instead of using medical jargon that laypeople have trouble understanding, the doctor should use simple, everyday vocabulary and draw diagrams if necessary. In the United Kingdom in June 2018, an acronym was coined: BRAN – Benefits, Risks, Alternatives, do Nothing may be the best choice. We all should practice BRAN.

Once the patient opts for surgery, the responsible surgeon, not an intern or resident, should meet with the patient just before the operation. In this meeting, the surgeon must confirm the site

and the side of the body that will be operated on to prevent the disastrous, yet not entirely uncommon, mistake of operating on the wrong side or the wrong anatomical part.

All protocols, including "time out," without the responsible doctor may fail. The only protocol that doesn't fail is the responsible doctor talking to the patient before being sedated just before the surgery, preferably in the presence of the nurse, anesthesia and family member.

K.J. recommends his colleagues use the words "correct side" rather than "right side" to avoid potential confusion. For instance, if a surgeon is operating on the left ear of the patient, the surgeon should lightly touch this ear and ask, "Is this the correct ear to be operated on?" If the surgeon asks, "Is this the right ear?" the patient may construe the phrase "right ear" in two ways: the correct ear or the right—as opposed to the left—ear. "Correct ear," however, has only one possible interpretation.

After the surgery, the very surgeon who operated on the patient or a knowledgeable caring delegate should come out to the family and brief them on the patient's condition. When the patient has recovered from anesthesia, the responsible surgeon should discuss the surgery and its outcome with the patient. Who else could possibly know the patient's condition better than the surgeon? And when each patient is discharged, the responsible healthcare provider or a knowledgeable, caring delegate should call the patient and ask if the patient has any questions.

"Doctors whom I operated on expect me to do this. Why should laymen deserve any less?" K.J. asks.

All this seems like common sense, but common sense is sometimes "not so common." To K.J., being a doctor is never "just a job." It is a calling, a duty, and a way to serve others.

Attached to this chapter is the TPIU™ brochure.

# The Patient Is U Foundation


**Mission Statement**: To take care of patients as if you or your loved one is the patient

***Action Items:*** ***(1) To impart, educate and promote to all those who come into contact with the sick the importance of blending humanism with great outcome at a sensible cost. Knowledge to treat, heart to care.***

***(2) To educate the sick and their families to become better equipped to interact with the caregivers and navigate the complex system.***

# TPIU™ FOUNDATION

Providing excellent scientific medical care and achieving superb outcome are expected by every patient,
Humanistic, Compassionate Patient Care with unsurpassed "customer service" is paramount in any healthcare environment. We emphasize check and double check and the use of checklists.

TPIU Foundation's goals are to teach and share its philosophies to institutional healthcare providers such as hospitals, surgery centers, nursing homes as well as non-institutional providers such as doctors, nurses, medical secretaries and anyone who comes into contact with patients and their families. We will sponsor seminars, tutorials as well as mentorships. The process of caring for a patient starts with the initial phone call or visit to the web site. Phone calls to be answered promptly by a human and appointments given in a timely manner with easy, early access. The rest of the care to be equally accessible and rendered according to the principles of TPIU.

TPIU's other goal is to educate patients and potential patients on how to navigate a very complex healthcare system.

## Part I
## Samples of tutorials for healthcare providers

### WELCOME, GETTING TO KNOW YOU

1. The first contact between a patient and the healthcare provider is when the patient calls for an appointment. The phone should be answered by a human being within three to five rings. If voicemail is absolutely necessary the voicemail should be easy to navigate to receive an appointment efficiently and assist the caller to reach the doctor when necessary. Doctors are advised to call into their patient phone lines periodically to experience what the patients experience. Calling your "private" line will not get you the "patient experience."
2. Elective appointments to be given within ten working days unless the patient's schedule necessitates a later appointment. Urgent appointments to be given within 48 hours. Emergency appointments within the same day.
3. The registration and wait times in the general waiting area to be under 15 minutes.

### CARING FOR YOU

4. The Attending doctor is familiar with the patient's available medical history and condition *before* meeting the patient, and maintains attentive eye contact while the patient is presenting his/her symptoms and past medical history, medications, previous tests etc.
5. The Attending doctor examines the patient personally and not rely on physician extenders or students, interns, residents or fellows.
6. The Attending doctor reviews tests, imaging results and other clinical data and discuss them and the physical findings directly and thoroughly with the patient/family as well as advises the next steps.

7. The Attending doctors answer all the patient's questions and consider their wishes.
8. The scheduling of future tests or treatment is to be accomplished as efficiently as possible.
9. The Attending doctor reviews these new test results as soon as possible and discusses them with the patient/family. If the results are not ready when expected, the Attending doctor or his/her knowledgeable delegate is to call the patient to explain the delay and give an as accurate as possible, an estimate as to when the results will be ready.
10. The Attending doctor discusses treatment options (giving the pros and cons of each option as well as the risks for each option) and the post-operative care and expectations including but not limited to pain management. Following the UK acronym: BRAN – B=benefits, R=risks, A=alternatives, N=do nothing.

**TREATING YOU**

11. On the day of surgery/treatment, the Attending doctor (NOT a delegate) meets with the patient (before induction of anesthesia if anesthesia is needed) to triple check and confirm the type of surgery/treatment, site and side of the surgery/treatment to be performed.
12. As soon as surgery/treatment is finished, the Attending doctor or a delegate who is fully knowledgeable about the patient and the details of the care as well as the specialty meets with the family to go over the surgery/treatment. As soon as the patient is awake, the Attending doctor repeats this process with the patient directly as well as covering the postoperative care.
13. The Attending doctor makes rounds on the patient daily in a non-rushed fashion, answering all questions from the patient or family members. If he/she has to be out of town, a specific doctor can be delegated to care for the patient but he/she will have to be completely familiar with the patient's case and this doctor's credentials have to be commensurate with those of the original Attending doctor.

**AFTER YOU LEAVE**

14. The evening of the discharge, the Attending doctor or a delegate who is knowledgeable about the patient's care and that specialty speaks to the patient or family member by phone to see how things are and to answer any further questions. The responsible caregiver or a fully knowledgeable delegate to call again in another 48 to 72 hours.

**ALWAYS**

15. Phone calls to be returned efficiently and promptly within hours, definitely within the same day.
16. A knowledgeable physician extender or delegate should be conversant in that specialty of medicine as well as familiar with that patient's condition.
17. In most instances, any bad news is to be delivered by the Attending doctor. A physician delegate knowledgeable in that specialty and the patient's care can deliver the good news or routine results.
18. "A good doctor takes care of the disease; a great doctor takes care of the patient."

# Part II
# 10 Suggested Questions for the Patient to Ask

Please be sure you ask all your questions to make certain that you understand what disease you have and what the treatment will be. The following sample of questions is to help you to get started. Make a list of questions ahead of time and bring the list to the appointment. You may have other questions you and your family need to ask. Please do not be shy about asking them and getting the answers. It may be necessary for you to ask the same question more than once to make sure you get and understand the complete answer.

1. What caused my problem?
2. Please list the reason for the treatment you are proposing. The pros and cons of this treatment and all the possible side effects or complications that may happen.
3. If there are any alternative ways to treat me, please describe them as well as their pros and cons, including "no treatment."
4. Could you give me an estimate of the length of hospital stay, and recuperation period. The amount of time it takes for the usual patient to recover enough to fly.
5. Please give me enough details on the postoperative care involved in terms that a layman can understand.
6. Please tell me the number of such cases the surgeon has performed, the good and the bad outcome/the results, the side effects and complications if any, the mortality rate if any, the re-admission rate, if any.
7. Could you kindly give me a copy of the curriculum vitae (CV) of the surgeon and/or the responsible physician?
8. Please give me a copy of all my medical reports including doctors' notes and all tests results. If imaging studies were done, please give me the typed written report as well as an electronic copy of the images; for example, a disc or a flash drive or e-mailed them to me.
9. If there are pathology reports, please give me a copy of the typed report.
10. Is there anything else you need or want to tell me and my family?

# *Ten Commandments of Patient Care*

1. *A patient is the most important person in any medical practice.*

2. *A patient is not dependent upon us . . . we are dependent on him/her.*

3. *A patient is not an interruption of our work . . . he/she is the purpose of it.*

4. *A patient does us a favor when he/she calls . . . we are not doing him/her a favor by caring for him/her.*

5. *A patient is part of our business . . . not an outsider.*

6. *A patient is not a cold statistic . . . he/she is a flesh-and-blood human being with feelings and emotions like our own.*

7. *A patient is not someone to argue or match wits with.*

8. *A patient is one who brings us his/her wants . . . it is our job to fill those wants to the best of our ability.*

9. *A patient is deserving of the most courteous and attentive treatment we can give him/her.*

10. *Caring for patients is the reason for our jobs.*

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