

# Through the Patient's Eyes: Our Expectations vs. Theirs

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If patients do not tell us what matters to them, we will continue to work them up the way we already do or that we want to. Take, for instance, the chest pain work up. Patients want to know what is causing their symptoms; we continue to do our “chest pain rule out” to ensure that they are not having a cardiac event. When our test results return showing a normal troponin, we may need to admit to ensure that they are not having an event, but have not come any closer to getting an answer to **their** question.

It is the same with abdominal pain. We listen for clues to what type of scan to get and what part to focus on, rather than what patients are concerned about or why they have come to see us. We put patients into our boxes and do the tests that we have, then try to explain that we didn't find what **we** were concerned about, but haven't answered the question or concern that **they** had in the first place.

Perhaps by asking “What concerns you the most today?,” we can better understand how to take care of people. Of course there will always be people who have unreasonable expectations, but then we can do our best to adjust or reset those expectations. If we do not ask and do not offer what we are able, people will continue to be confused as to what we are actually doing for them.

For example, a friend of mine has had terrible back pain and spasms for the last several weeks, leading him to the emergency department and his primary care doctor on several occasions. During one episode he also had SVT that broke with adenosine. On several of the visits he was admitted to the hospital for further workup, not for his back pain but for incidental findings that were uncovered during his initial visit. He wound up getting a liver biopsy for a lesion noted on his abdominal CT scan, then a cardiac rule out after the SVT. After six weeks of excruciating pain, many sleepless nights, and multiple visits to his PCP and the ED, he eventually went to a chiropractor because he was not getting any answers to his initial complaint. He remembers his visit to the chiropractor as the first time anyone actually touched his back and pressed on his vertebrae. Now, this might not be completely truthful and could be an exaggeration of memory, but it says that we (the allopathic medicine community) failed him, at least in his mind. He still had no relief after chiropractic treatment, but he had the peace of mind that his complaint was being heard and addressed.

I am not saying that what happened to him was wrong, or that I would have treated him any differently, but he is an educated man who, after several visits to the hospital and various doctors, states quite honestly that nothing was done for him — at least not for his back pain. Perhaps we are spending too much time worrying about what concerns **us** and not enough about what concerns **the patient**. Can you imagine if this

was the case at a restaurant? If the waiter had the ability to change your order based on what he felt you needed, without an understandable explanation? Sure, people come to us for our expertise and skill, but don't we have an obligation to address the actual reason the patient wants to be seen in the first place? Maybe we could address **their** concerns while taking care of our concerns with a better explanation than “Your back pain won't kill you, but your heart being damaged might.”

When I go to see my oncologist, we talk about how I am feeling and what my concerns are, and based on that and my scans and lab results we decide if and when I will need chemotherapy. If I went there expecting him to fix my back pain and never even told him that was my concern, of course I am going to leave unsatisfied. The major difference there is that I know what to expect from the oncologist. In the emergency department we are expected to be able to figure out and fix everything: illness, pain, lacerations, fractures, and even psychiatric issues. We know what our limitations are and what the limitations of the system are, but often our patients do not. We do not know what they expect, and instead of asking them for the real reason they have sought our care and attention, we place them into one of our pre-existing workups and move on to the next patient. When we give them the results of their tests without a clear explanation of what is going on, of course they are going to be unsatisfied. With abdominal pain we often need to adjust these expectations. If a patient wants to know what is going on, we often need to let them know that we might not come to a diagnosis or exact cause, but we can help them feel better while making sure there isn't a condition that requires immediate attention. This doesn't mean we are ignoring the complaint, but we are addressing it within the confines and limitations of our abilities.

Headaches are a perfect example of how I want negative test results when I work up someone for the worst headache of his life. If I find the cause, it will probably mean that he will need neurosurgical intervention and be in the hospital for some time, while his bleed or infection or whatever is treated. If I do not find the cause, then I can give him peace of mind, nausea medicine, and pain medications as needed.

Many patients don't understand our job or role as emergency physicians. They expect that we have the ability to diagnose everything for everyone. If we do not take a second to set expectations, we will continue to fail in caring for them and continue to be frustrated on a daily basis.

As for me, I continue to do relatively well. My Non-Hodgkins Lymphoma is at stage IV but I am still in the watch and wait phase. If I have B symptoms, such as fevers, night sweats, or weight loss, then I may need chemotherapy. Until that time comes, I am doing the best I can to become a better husband, doctor, son, brother, and friend. ■