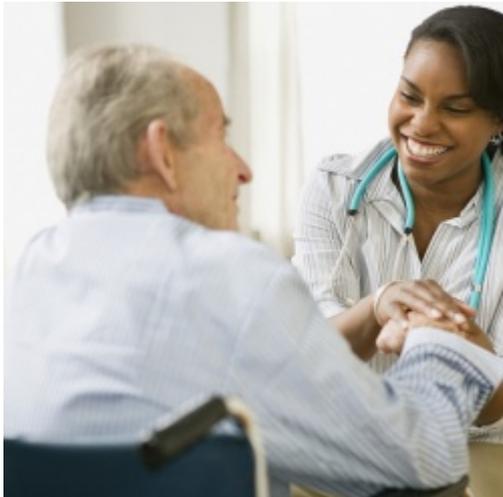


# By Not Seeing The Same Doctor, You May Be Risking Your Life



By Jamie Wells, M.D. — June 29, 2018



Credit: myfuture.com via flickr [1]

One thing is for certain in our so-called broken “health system,” devaluing and eroding of the doctor-patient relationship is par for the course these days, typically a first measure without any thoughtful consideration of the profound and extensive costs. With a newly published [BMJ Open](#) [2] study detailing the lethal impact of ignoring and undermining continuity of medical care, it is abundantly clear the price we pay in doing so is not only a monetary one.

This latest work adds to the litany of data - and exhaustive common sense - that the “[accumulated knowledge](#)” [2] acquired from repetitive, personal interactions between the patient and his physician has very real, tangible - not simply perceived - value. Continuing to de-prioritize that makes death a realistic consequence and expensive negative chain reactions the norm. I will speak more on that shortly, but first some context.

## The Bigger Picture

Those on the front lines of healthcare, doctor and patient, fight an uphill battle preserving the relationship’s sanctity. Between the debacle of electronic medical records and their lack of interoperability, increased clerical burdens, poor and dangerous staffing choices of non-doctors beyond the scope of their training and loss of physician autonomy, care delivery is increasingly fragmented and driving many practitioners to [leave the field](#) [3] (**almost 1 in 5 U.S. physicians** plan to reduce their clinical hours in the coming year and **nearly 1 in 50** expect to leave the field entirely in the next 2 years to focus on a different career).

The problem with this pattern of band-aiding a ruptured artery as policy is it is completely incongruous with providing superior medical care and curtailing healthcare’s overall financial

burdens. The self-proclaimed fixers (e.g. endless competing profit centers) who wield the power and influence, coercively implement false panaceas under the umbrella terms of “innovation” and “revolutionary” or “disruptive” strategy or technology. All traditionally at the expense of the primary stakeholders. It’s add more and more layers between doctor and patient, and deal with the collateral damage later - if at all. All the while ballooning industries that wouldn’t otherwise exist (e.g. coding specialists).

The core concepts behind improving medical care aren’t so difficult, why we complicate them is beyond me. Doing things correctly the first time in medicine, yields tremendous dividends. Bypass this route and escalating spending ensues. A fix prioritizing and centering around patient safety could considerably change the game.

## **Much evidence**

Such a solution starts with emphasizing and encouraging continuity of care. Clearly, I have said this so much (while banging my head against the wall from frustration) that my brilliant colleague and ACSH medical fellow Dr. Chuck Dinerstein knew this [BMJ Open](#) [2] piece would resonate. His attached note, “I thought you would be happy to jump on this as at least an I told you so.”

Oh, I don’t know, what do you think clued him in? Could it be any one of the following articles I have written in the last nearly two years:

- [Want To Fix Health Care? Start Valuing Doctors!](#) [3]
- [The Big Ideas In Medicine Often Come From The Front Lines, Not The Ivory Tower](#) [4]
- [Are Electronic Medical Records Ethical?](#) [5]
- [Unhealthiest Reality Of Obamacare: Lack Of Doctor Choice](#) [6]
- [Will More Nursing And Optometrists Lead To Erosion Of Patient-Centered Medicine?](#) [7]
- [The Word 'Doctor' May Not Mean What You Think It Means](#) [8]
- [New Budget Bill Gets It Right Relaxing ‘Meaningful Abuse’ -- Oops, ‘Use’-- Requirements](#) [9]
- [Hospital-Based Practices Do Worse Than Physician-Owned Ones](#) [10]
- [To Survive The Hospital, Make Sure Your Heart Stops On A Weekday](#) [11]
- [Canadian Health System, Like UK, 'Stretched To Max Capacity'](#) [12]
- [More Bad News For Single Payer Health System](#) [13]
- [Government ‘Torture’ Of Physicians: Where’s The Outrage?](#) [14]

Last week, I published a doctor’s guide to being your own advocate in healthcare (see [here](#) [15]). In an effort to close the loopholes in the current system, I frame the entire thing around holding tightly to continuity of care.

## New research conveys the seriousness

These pieces provide further evidence in support of the newest findings in *BMJ Open's* "[Continuity of care with doctors - a matter of life and death? A systematic review of continuity of care and mortality.](#)" <sup>[2]</sup> Researchers performed a comprehensive analysis of existing literature on the subject.

Here is what they found (link [here](#) <sup>[2]</sup>):

- Continuity of care (COC) is "associated with increased patient satisfaction, increased take-up of health promotion, greater adherence to medical advice and decreased use of hospital services."
- 82% of high-quality studies show significant reductions in mortality with increased COC - this significant protective effect spanned generalists and specialist doctors
- Vast majority were for all-cause mortality (repeated patient-doctor contact meant fewer deaths)

## The researchers conclude

[One study author](#), <sup>[16]</sup> Sir Denis Pereira Gray of St Leonard's Practice, says it best

*"Patients have long known that it matters which doctor they see and how well they can communicate with them. Until now arranging for patients to see the doctor of their choice has been considered a matter of convenience or courtesy: now it is clear it is about the quality of medical practice and is literally 'a matter of life and death'."*

- Another ([Professor Philip Evans](#) <sup>[16]</sup>, of the University of Exeter Medical School) adds

*"As medical technology and new treatments dominate the medical news, the human aspect of medical practice has been neglected. Our study shows it is potentially life-saving and should be prioritised."*

## In the end...

Valuing physicians, instead of employing countless measures that actively diminish their unique, extensive training, yields limitless dividends. If hospital and health system leadership, policy makers, politicians and those in a position to implement change took heed of this notion, patients would thrive, care teams would be emboldened and a likely enhanced bottom line would follow. Win win.

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**Links**

[1] <https://www.flickr.com/photos/myfuturedotcom/6052491503>

[2] <https://bmjopen.bmj.com/content/8/6/e021161>

[3] <https://www.acsh.org/news/2017/11/27/want-fix-health-care-start-valuing-doctors-12191>

[4] <https://www.acsh.org/news/2018/02/06/big-ideas-medicine-often-come-front-lines-not-ivory-tower-12534>

[5] <https://www.acsh.org/news/2018/04/17/are-electronic-medical-records-ethical-12848>

[6] <https://www.acsh.org/news/2017/02/08/unhealthiest-reality-obamacare-lack-doctor-choice-10835>

[7] <https://www.acsh.org/news/2017/03/22/will-more-nursing-and-optometrists-lead-erosion-patient-centered-medicine-11037>

[8] <https://www.acsh.org/news/2017/09/20/word-doctor-may-not-mean-what-you-think-it-means-11774>

[9] <https://www.acsh.org/news/2018/02/11/new-budget-bill-gets-it-right-relaxing-%E2%80%98meaningful-abuse%E2%80%99-oops-%E2%80%98use%E2%80%99-requirements-12560>

[10] <https://www.acsh.org/news/2017/04/13/hospital-based-practices-do-worse-physician-owned-ones-11124>

[11] <https://www.acsh.org/news/2016/11/07/survive-hospital-make-sure-your-heart-stops-weekday-10406>

[12] <https://www.acsh.org/news/2017/08/28/canadian-health-system-uk-stretched-max-capacity-11753>

[13] <https://www.acsh.org/news/2017/08/10/more-bad-news-single-payer-health-system-11673>

[14] <https://www.acsh.org/news/2016/09/15/government-torture-physicians%C2%A0where%E2%80%99s-outrage-10163>

[15] <https://www.acsh.org/news/2018/06/21/doctors-guide-how-be-patient-advocacy-rock-star-you-or-loved-one-13106>

[16] [https://eurekaalert.org/pub\\_releases/2018-06/uoel-sts062618.php](https://eurekaalert.org/pub_releases/2018-06/uoel-sts062618.php)