

Part of The Story Is Always Bad Medicine



By *Jamie Wells, M.D.* — September 24, 2018



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As a physician, it is pretty common to get unsolicited curbside consults in any and all locations - albeit on a plane, train, car, via text message, on a beach, street corner, even in a public restroom. Can you just look at this rash? People have a tendency to strip down their child when they hear there is a pediatrician in the mix, no matter the circumstance. Brazen requests for prescriptions for a “light antidepressant” or other drug for a stranger you never met are not rare.

It’s probably why I have lost my barometer of what normal is anymore given the medical urgencies to emergencies presented to me that are mistakenly masked as routine to the merely mundane inquiries that pop up regardless of terrain. The reaction to discovery of a doctor present or a keystroke away is so common and wide-ranging that it has been parodied on television sitcoms. Our modern world along with its technological advances has eroded many boundaries and prior norms. Nowadays, people are even using their Facebook status updates to crowd source obtaining diagnoses from those without an iota of medical training.

Less than, when it comes to symptom information, is just all bad in healthcare.

Often, there are a number of emotional factors at play, especially when lumps and bumps have been around long enough to instill fear - situations where deep down the person knows it should be properly evaluated and could be semi-serious to life-changing. Suppressing the panic by meeting an opportunity like emailing that friend of a friend you met the other week who happens to be a doctor helps enable minimization by downplaying the significance. Never underestimate the power of denial. If a doctor can get a quick email or look and the concerned individual get a quick “nothing to worry about,” then he can remain avoidant. In this psychological state, even a “well, if it continues, then you should have it checked out” can be falsely heard as an excuse for further delay. Those who seek confirmation bias, shall typically find confirmation bias.

All “nothing to worry abouts” are not the same. Asking a random dentist, who isn’t even yours, about back pain could simply result in a polite vague response. Outside the exam room, the reply might be more a reflection of discomfort than substantive guidance. Healthcare providers always want to be helpful, but these scenarios often don't lend themselves to meeting the high standards they want for you (e.g. lack of equipment for reassurance of physical signs). The good news is any medical professional should be able to convey “sorry, that’s not my area” or “I really would ask your doctor.” And, though frustrating in the short-term, those are way more meaningful and helpful directives than winging it. The latter can often do harm. Let’s also not ignore the reality that any healthcare professional will want to protect your privacy, so initiating such discussion at the packed dinner table or public forums in earshot of friendly or unknown audiences will also compromise the information able to be asked and shared (e.g. what medicines do you take or did you take and why?, sexual history etc..).

There seems to be a pervasive lack of understanding at how important a thorough and comprehensive history and physical examination are to a swift and accurate diagnosis - along with knowledge of family history. Decisions and therapies based on a piece of the story, whether it is a snapshot of a small segment of skin behind the ear or an EKG taken, can yield not only wrong determinations, but also negative chain reactions that can cause more problems down the line. Medical errors can contribute to more suffering, delayed diagnosis and treatment and unnecessary interventions that cannot be undone.

Misperceptions abound that a skin issue is always dermatology. A bone fracture always orthopedic surgery. Shortness-of-breath must be lungs. Hence, the risky nature of the self-referral especially when made by a person lacking any medical background - such a practice can cause avoidable delays. That breathing difficulty might actually be from anemia complicated by a medication like a blood thinner. Yes, some things are simple and easy. Many can be. But, when you bypass and attempt to cut corners - a completely natural human tendency, you only manage to shortchange yourself. There are reasons why an excellent primary care doctor, who knows your entire history and family history, can best captain your medical ship to expedite appropriate specialist involvement.

Who among us isn't most satisfied by instant gratification? We love an answer now. But, any answer, well-informed or not, should not guide treatment. The right one is traditionally the safest and most optimal one. Speculation can inhibit great progress. Doing things the right way the first time in medicine yields the best dividends.

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