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Reconnecting With Patients: A Human-Centered Approach to Everyday Practice

Mr. Quigley:

This is *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and today I'm joined by my ReachMD colleague, Dr. Michael Greenberg, a dermatologist at the Illinois Dermatology Institute, to discuss how clinicians can humanize medicine. Dr. Greenberg, welcome to the program. It's great to have you on.

Dr. Greenberg:

Thank you. And first of all, it's Michael. Let's humanize this conversation.

Mr. Quigley:

Perfect. Love that, Michael. Thank you very much. So let's dive right in. And the first question I have for you is, it seems like there was once a time where clinicians made it their number one priority to develop strong, long-lasting relationships with their patients, and it seems like things in recent years have, to a degree, changed. What changed, and what is going on in medicine?

Dr. Greenberg:

I think things have done a 180, as has all of our society. Medicine just reflects what's going on in our society. The first thing we have to emphasize, and we have to keep reminding ourselves, is that practicing medicine is not a business. It's a privilege to practice medicine. I won't even call a job because it's not work. I'm 76 years old. I have no intention of retiring. And I've been in practice maybe 45 years. I get to take care of people and families who have been coming to me for all that time.

And part of the problem is the language we use and the semantics. Patients used to be part of our families. We knew them. We knew their brothers, their sisters, and their grandparents. Now they've become covered lives. We're no longer doctors. We're providers. When you change that—anytime you change semantics, you change the whole energy of the system.

Now, we really can get that back, though. There are simple ways, simple things we can do to humanize our practice on a patient-by-patient basis. So would you like to know some specifics?

Mr. Quigley:

I do. And from a patient perspective, that's actually something that I have experienced multiple times—going into the doctor, sitting in the waiting room on pins and needles waiting to learn what's going on, and then finally, the doctor comes in, and it's like a tornado just came through. They're in for one minute, and then they're gone, and I don't know what just happened. And then there's no time for me to ask questions that I have. That is something that I've experienced before as a patient. What are some strategies that clinicians can use to balance warmth and empathy when they do have a packed schedule and they don't have a ton of time to talk to the patients?

Dr. Greenberg:

Well, the first thing is you have to generate the warmth yourself. You have to see these people not as a burden that you have to rush through, but somebody you need to help. See them as a member of your family. Take care of every single patient as though they were a treasured friend or a family member. You need to quiet your mind and say, "I'm going to do the best I can with the time I have," and the first step involves coming in and sitting down like you mean to stay there for the rest of your life, even though you don't. Patients see that. They pick that up. It's like you don't stand when you talk to a patient. You don't hold onto the doorknob and peek your head in. You sit down and relax and take a breath and basically give the message, "I'm here."

Now let's talk about new patients for a second. This whole process only takes a minute or two. What I've learned to do is to, with every new patient, to say, "Tell me about yourself," and immediately, they start going on about their, their problem. I go, "No, no, no, no, no."

Tell me about you. I want to know about you. What type of work do you do? Are you married? Do you have children? Grandchildren? Whatever's appropriate. And then I go on with, "So, if you had a pet, would it be a dog or a cat?" And some people say, "I have a dog." "What kind of dog? I have a Maltipoo," I tell them. "And she's a little fluffy Muppet." We talk about that for one second. And then the next question is, being in Chicago, I'll say, "Sox or Cubs?"

And then I look at the patient—this has taken now less than a minute—and I go, "I just want you to know half of those questions have nothing to do with your skin problem. I don't treat skin. I treat people." You have established intimacy right then and there. You have humanized the practice. You are a human being. And then I go on to say, "I want to tell you about our practice for 30 seconds. We don't practice medicine here as a business. It's a privilege. You're going to get taken care of like you're my own family. I don't have all the time in the world, so let's use it appropriately. Tell me now how I can help you." That's how I introduce new patients to humanism.

Mr. Quigley:

Now, Michael, something you did bring up a little bit earlier is how there are time constraints when it comes to dealing with patients and building that relationship with them. What other barriers get in the way for clinicians to build that relationship with patients that aren't time constraints?

Dr. Greenberg:

Honestly, a lot of it does have to do with time because we get scared and worried about time, but when you're present to a patient for five minutes, they think you've been there for an hour. If you're not present with a patient for an hour, they don't think you've been in the room at all. They think you've spent two seconds with them.

So I had a bunch of nurses come to see me a number of years ago. They said, "Well, we used to have an hour at the patient's bedside, and now we have 10 minutes at best. What do we do?" And I looked at them and I said, "Make it the best 10 minutes that patient ever had." And it's amazing how that turns things around. Other constraints are all the paperwork and the regulatory stuff that we have to do for patients. We have to learn to farm that out to other people. We can't do that.

And you also have to put some time constraints for patients. For instance, we need to tell patients that we are constrained by time. Be really honest. "I can't do everything for you today, but I'm going to do everything excellently." That's very important that we clinicians explain to patients that part of the way we're acting has nothing to do with us. It has to do that we are time limited by the environment in which we live.

Mr. Quigley:

Thank you very much for that, Michael.

And for those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and today I'm joined by my ReachMD colleague, Dr. Michael Greenberg, to discuss how we can better improve the business of medicine.

Now, Michael, something that you've mentioned before is how we can build these better relationships between the clinician and the patient, and that makes the patient feel better. But how can it make the clinician feel better having these strong relationships with their patients?

Dr. Greenberg:

Well, when you become human with somebody and intimate, you learn and grow too. We're not there dictating to patients and writing prescriptions. We're growing emotionally and spiritually with our patients. And when you practice what I even call humane medicine, you get to go home happier. Maybe you're still tired, but you don't burn out as much.

And one of the things that needs to be fostered—and I'll use the word and then explain it in a second—is intimacy. Real intimacy is emotional intimacy. It's when you share yourself with your patients. For instance, I had prostate cancer 20 years ago. Every time a patient comes in with prostate cancer, I tell them, "Hey, I had that. You want to hear my experience with it?" And I only tell them good experiences. Patients love that. We want patients to know we're not alone. And so, if we open ourselves up emotionally to patients, they do better. We do better. We've really helped somebody that way by opening ourselves up.

What doctors need to remind ourselves of is that patients aren't coming to us for procedures or pills. They're coming to us for peace of mind. That is so key. And when a patient knows that you're human and you've experienced some of the stuff they're experiencing, they get peace of mind because you're an authority figure, and if it's happening to you, it can happen to them. And we need to learn little tricks to get patients to peace of mind.

For instance, when I get a diagnosis on a patient of a melanoma and I know it's going to be okay, I go, "Listen, here's my cell number. If you wake up at 2:00 in the morning and you're scared that this is going to be more serious than it is, I want you to call me. I'll talk you through it." Patients go, "Really?" And I go, "Yeah. And by the way, when this is all over and you're fine, I want you to erase my phone

number from your phone because I don't want you calling me about your grandchildren's acne." Immediately, I've given them hope, and I haven't just said, "Oh, it's okay. Don't worry about it." I've given them a tool. So we have to learn to change our language to give people peace of mind. That's another way you humanize the practice of medicine.

So there's another thing. Not every patient will be a dream patient. Let's talk reality here. There are some patients who just upset us and anger us. What I've learned in my own life and my own emotional growth is, when somebody is really angry or upset, it's because they're scared of something. Anger comes from fear, and when I get an angry patient or someone who's being not really abusive, not that it's their personality, but they're angry because they have a disease or they're worried about something, I talk to them about their fear. I say, "Fear is fantasized events appearing real. It's an acronym: fantasized events appearing real. And let's stay in the moment. You're upset because you think you're going to get a bad diagnosis, but you don't have it yet. You don't have that right now. Right now, you're doing fine."

This is really key. And when you get a patient who just really burns right through you and you're about to go into the next patient carrying all of that upset from that visit, don't go in that patient's room until you clean it out. In our office, we have a system. If I've gotten upset over a patient visit, before I go into the next patient, I ask one of my medical assistants or someone in the office to just listen to me, and I vent it out. And finally, when I get it out, then I go into the next patient. Otherwise, I'm going to carry that upset.

Mr. Quigley:

Now, Michael, before we wrap up, one last question for you. What's one change that you believe clinicians listening to this episode could make tomorrow to create a more human-centered experience in their practice and with their patients?

Dr. Greenberg:

Doctors need to remember why they became doctors. Some people went to medical school because they knew they'd have a secure financial future, but even that's changed for some of us with the way insurances pay and the way that our groups pay us. We became doctors because we wanted to help people, so just get focused on that. How can I be of service to this person sitting across from me in the office? And by the way, my patients call me Michael. They don't call me Dr. Greenberg. Some of the older patients have to be teased out of that, but they still do that.

I become a friend to my patients, and I go home every day from the office feeling tired from the work that I put in but feeling fulfilled because I showed up as a human being helping another human being. That's simply what medicine is. And remember that we're there for peace of mind. That's why I have no intention of retiring. I love what I do. And no, I don't spend two hours with every patient. I can't do that. But I try and make each moment with that patient the best moment in their lives, and the way I do this is by showing up as a human being, not as some guy up on a pedestal.

Mr. Quigley:

And that is an awesome way to wrap up this conversation, Dr. Greenberg. I want to thank my guest, Dr. Michael Greenberg, for joining me to discuss how clinicians can humanize interactions with their patients. Dr. Greenberg, it was great having you on the program.

Dr. Greenberg:

Well, Ryan, remember, it's Michael, not doctor.

Mr. Quigley:

That's right. We've got to make sure to humanize the conversation, right?

Dr. Greenberg:

That's exactly right. Thank you.

Mr. Quigley:

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