This discussion is not about choosing the right doctor; rather, it is about choosing an appropriate doctor for you. All of us wish to go to a doctor who is “medically and technically well trained, skilled, sophisticated, knowledgeable, caring, and a considerate human being experienced in treating diseases”. She/he is the one who saves lives, and thus, deserves applause and respect.

Today, however, many unqualified people, like quacks and fake professionals are taking advantage of this trust or ‘blind faith’ of the laity. It is necessary to recognise and visit a qualified doctor, as per specific requirements. There are many facets of the doctor-patient interaction, which may influence the treatment and outcomes, both for the patient and the doctor.

I shall restrict this discussion to only allopathic modality of medicine. That permits us to talk about only MBBS and higher degree holding doctors with affiliation to the Medical Council of India or any State Medical Council (in India).

It is not uncommon and unusual to see an optician or optometrist seeing all patients with eye problems, whereas he is authorised to prescribe eyeglasses after a certified and recognised ophthalmologist (an MS/DNB degree or diploma holder in ophthalmology) has recommended the same. All other eye diseases are to be addressed by the latter.

Similarly, paramedics are often seen prescribing medicines and injecting drugs on their own, which is a criminal malpractice. It is illegal, unethical and totally against the basic tenets of medical science. Here, it is important for a patient and a caretaker to know whom to consult and to verify the identity and veracity of the doctor.

There are specialisations and sub/super-specialisations of doctors for various body organs/systems. Although, there can definitely be some overlaps of the treatment areas, most of the fields are well defined for each speciality.

How To Choose Your Doctor?

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SHORT FEATURE
In case one is not clear which doctor is to be consulted for an issue, a physician is to be approached first, for an adult patient and a paediatrician for a child.

For instance, for headache, a medical specialist or neurologist needs to be approached, not the surgeon or neurosurgeon. For dialysis patients, a medical specialist or nephrologist is the right doctor, not the surgeon or urologist. For chemotherapy, medical oncologist is the appropriate doctor, not the radiation oncologist or surgical oncologist. For joint pains, in the elderly an orthopaedician can be seen, but for joint pains in general, consult a medical specialist or a rheumatologist. The list is long, but these are the common diseases and general references. Rather than looking for an affordable doctor, one should give priority to access and approach the appropriate specialty.

The issue of choosing a good doctor amongst the concerned specialty doctors is equally significant. A qualified and knowledgeable doctor will generally see patients of his own specialty only and honestly guide the others to respective branches. Modern allopathy practice is all evidence-based medicine. Hence treatment-wise, most specialist doctors will follow the universal standard guidelines.

Of course, the patient-doctor interaction helps to establish comfortable rapport. More important at this level, would be to see the proximity of the clinic/hospital to patient’s home-place and availability of allied facilities, e.g., laboratory, scan centres and blood bank, etc. An intelligent doctor may prescribe you the latest and best available medicine. Nevertheless, a caring and rational doctor will evaluate the patient thoroughly, address your concerns and offer you to choose among the available therapeutic options and supportive care as per your expectations and affordability.

Therefore, the common perception, that a doctor with long waiting queues and difficult appointments or higher fee is the best, is a myth or misconception. For example, for an elderly patient, rather than just prescribing the latest available medicine, a caring and truly professional doctor may advise not to expect too much and provide domiciliary care at home, after assessing the social support, family resources and financial background. These are the subtle nuances which a layman may not understand. Only a confident rapport with the clinician can elicit such advice. Otherwise prescribing world-class medicines and procedures is not that big a deal.

It is necessary to pose genuine queries to the doctor. It is absolutely essential to know the diagnosis, treatment methods, expected outcomes and risk of complications. A good doctor would be pleased to quickly, precisely and aptly answer them. It must be borne in mind that doctors will have a limited time for each patient. Hence one must be concise and ask only relevant questions.

Of course, a doctor may sound rude or in a hurry sometimes, which may be a transient reaction to some personal problem. This does not by any means downgrade his skills or calibre. Ethically as well as professionally a doctor also wants good results. The role and responsibility of family and caregivers should be to fortify his efforts to produce fruitful results.

To err is human. No one can be picture perfect. Moreover, there are always personal opinions and preferences based on individual practice and experience. Also, there are many grey areas, where decisions are to be taken seeing the individual patient and family circumstances.

For instance, for a kidney failure patient, both long-term dialysis and kidney transplant are available and are successful options. Dialysis will require a donor, heavy expenditure, long term immunity suppressing drugs and a major surgery. On the other hand, dialysis will require regular hospital and dialysis centre visits, higher risk of infections and episodic pre/post-dialysis complications. Again, the dialysis can be haemodialysis, which is conducted at the hospital/clinic or peritoneal dialysis, which can be conducted at home, both having their associated pros and cons. So, the better you understand your needs and conditions, better will be the outcome.

Each patient is different and every ailment/disease behaves differently in every patient. Nothing can be generalised. Every patient is a new learning experience for the doctor.

The most difficult task before a doctor is proclaiming before the patient’s kin that there is nothing more that can be done in case of a terminally ill patient. The doctor cannot revert the process of death. This is the time to be calm and to accept the hard reality. This is a painful moment for the family, and an equally unpleasant experience for the doctor as well. The doctor might pretend to be emotionless, but the process of death is equally disturbing for him.

Of late, incidents of violence against doctors are on an alarming rise. This is an ominous sign. The health security of the community depends upon the confidence in the doctor-patient rapport. There are innumerable times, when doctors take risks or accept challenges to treat difficult patients.

The rapport between a doctor and a patient is not one-sided, it works on both sides. While the doctor needs to inculcate trust in the patient with his sincerity and honesty, patients and their caregivers too need to be more forthcoming and trusting of the doctor’s abilities.

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