

Editorial:

Pearls from the Third-Party Patient

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As the bond strengthens between third parties and their dependent physicians, with coding/documentation guidelines, so-called “evidence-based” cookbook clinical guidelines, “best practices,” pay for performance, and pay for outcome, patients who are “covered” by third parties become incidental, if not nearly invisible.

The following pearls of wisdom from the third-party patient are offered as feedback to the third-party-dependent physician.

1. “Hi ... how are you? ... see you next time...” does not constitute a clinical history.

2. That stethoscope hanging around your neck looks quite professional; however, would it be too much trouble to put the earpieces in your ears when you listen to my heart and lungs?

3. Doctor, I understand that the HMO/Medicare/third party demands efficient care, but is it really necessary to take away my oxygen every other month?

4. No, I wasn't trying to incite the other patients. It's just that while sitting in your overcrowded, overbooked waiting room, I was overcome with the urge to say “moo.”

5. That new computerized EMR notepad thing appended to your body is most impressive; however, would it be asking too much for you to stop playing with it long enough to examine me?

6. Would it be possible to see a real doctor? I can't help but notice that the nice young man wearing the white coat who just examined me looks a lot like my paperboy.

7. Doctor, is it true that the little gizmo in the hallway measures wind speed as you move quickly from room to room? By the way, did you wash your hands?

8. What exactly did you mean when you said that would be the best treatment, but I can't have it?

9. When do I get to talk?

10. I know the evidence-based clinical guideline says that I should be treated aggressively for pre-hypertension, but is it normal to pass out every time I take the pills?

11. No, there is nothing wrong with my vision. I was merely observing that my office visit was a bit of a blur.

12. What is a 99213, and is it terminal?

13. Could you please turn up the heat a bit? I got a little chilly modeling the latest in paper gown wear for an hour while waiting for my two-minute office visit.

14. Do you really expect me to believe that having patients run to and from the exam room is part of your new weight loss exercise program?

15. No, I was not having a seizure. I was merely waving my arms while sitting on the exam table, trying to get your attention.

16. What do you mean we only have time for one problem during this office visit? What about that smelly greenish black thing oozing pus on my leg?

17. Your diabetes teaching nurse seems like a really nice person, and I enjoyed chatting with her about best practices, but I don't have diabetes.

18. Yes, technically you're right. I have not had a Pap smear in more than two years, but I think you have me confused with my wife.

19. Doctor, would it be possible to slow your speech to the point where the sound comes out the same time as your lips move?

20. I respectfully disagree with your \$60,000 state-of-the-art EMR system. Despite what your EMR system says, I have never had genital herpes, and the only sisters I have are those who live with me at the convent.

If you recognize one or more of these pearls in your practice, perhaps it is time to consider a more ethical, Hippocratic form of practice: third-party-free practice. Unless, of course, you really enjoy treating incidental patients and practicing bureaucracy instead of medicine.

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