

A LINE ON LIFE

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Physicians' Decisions *

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Many people get upset with their physicians, primarily because the physicians failed to diagnose their problems correctly. Usually you hear complaints about going to several doctors and none of them finding out what was wrong. Finally, the patient went to still another physician, and this physician diagnosed the problem relatively easily. Often the patient views the last physician as a "*miracle worker*" and the others as "*quacks*." How could these doctors overlook what the last physician seemed to discover so easily?

Medical decisions are not as clear-cut and objective as they may seem. Psychologists studied how these decisions are made, and the results are in a book called *Medical Problem Solving* (1978). They found that physicians — on the basis of their training and experience — tend to form a *few initial hypotheses* (hunches or guesses). Using these hypotheses, they search for more information that will help to confirm or eliminate the various possibilities. These hypotheses determine which diagnostic tests the physician will use and perhaps the initial medication that will be prescribed. If the evidence contradicts the initial diagnosis — using test results, new information about symptoms from the patient, and the physician's knowledge and experience -- new hypotheses will be generated. These will also be tested, until it appears that the problem has been diagnosed.

Most patients assume that the physician will ask them the right questions to get the necessary information. This will probably happen, if the initial hypotheses include the actual disorder. If not, physicians rely on information from their patients to put them on the correct path. All information is treated confidentially, but patients often hesitate to reveal important facts for a variety of reasons. They may not have followed their physician's initial instructions, may be embarrassed to give the information (usually concerning elimination or sexual activities), or may have rejected the information as being unimportant. To help any physician make an accurate diagnosis of your problems, you need to make them aware of all the life changes that preceded your problem. If the initial medication is ineffective or is causing unexpected side-effects, don't expect physicians to be aware of it by mental telepathy — *tell them what is happening!*

If all possible diagnoses are considered, and each one is thoroughly tested and evaluated, then medical decisions can be very accurate. However, since this involves subjective judgment to a large extent, it can go wrong — unless the physician makes use of basic decision-making principles. (You can use these principles too!)

The first is to **list alternative hypotheses**. (Don't restrict yourself to just one or two.) Physicians usually start with the most common diagnoses that fit the information in each case. However, they also try to keep in mind other, less common diagnoses that could seriously endanger the patient if they were overlooked.

Second, physicians **selectively collect information**. At this point, physicians usually order laboratory tests that will either confirm or rule out the diagnoses being considered. Physicians need to balance the benefits of the information to be gained from the tests against their financial cost, potential health risks, and possible side effects.

Lastly, physicians **assemble all the data and determine possible courses of action**. When doing this, physicians need to keep in mind that the patient may be suffering from more than a single ailment. Even when the diagnosis is relatively certain, physicians still need to weigh the benefits against the risks of various possible types of treatments.

Some people try to become their own physicians. When confronted with anxiety-provoking problems, they feel too overwhelmed with the problem to deal with it directly. Instead, they try to run away from their problems by self-prescribing something that merely reduces the immediate anxiety — typically alcohol or some other drugs. However -- without the training and experience of physicians — they fail to see the long-term financial costs, health risks, and other side effects. Even though alcohol and other drugs have devastating long-term effects on millions of lives, it is very difficult to stop their use. This is because their immediate effect is rewarding — temporarily, they reduce anxiety and make the person feel better. Whenever we have a problem, we need to be aware of our own limitations and be willing to seek help from others.

**Physicians are not mind readers.
You need to provide personal information,
so they can help you get better.**

Even though we may be in awe of the knowledge and abilities of physicians, they are still *only human beings*. They are not gods! To help us, they need our help. Any time you go to a physician, provide as much information as you can — especially the names of drugs you are currently using or other doctors you have consulted. (Let the physician separate what is important from what is not.)

Once the physician diagnoses the problem and prescribes the treatment, much of the treatment is up to us. Pills don't help us — if they stay in the bottle. Likewise diets and exercise will be ineffective, if we decide not to follow them. Even though we need to rely on the decisions that physicians make, *the final decision is always ours*.

* Adapted from Charles G. Morris' *Psychology: An Introduction*, Prentice-Hall, 1985, pages 268-269.