

Compassion and Patient Care

K. Jeffrey Miller, DC, MBA

Patients are often embattled in troubles which extend beyond their chief health complaint. Trouble with finances, insurance coverage, personal and family relationships, work, school and a million other problems are common during convalescence. It is difficult for health care workers to ignore the turmoil surrounding many of their patients. By nature and training most health care professionals are caring and compassionate individuals. Who would have it any other way?

Compassion can backfire on the health care worker. An obvious example here would be a health care provider becoming emotionally involved in the multiple hardships of patients, leading to undue stress and burnout. A less than obvious example is relaxing standard procedures in an effort to improve the patient's situation. The health care provider omits or adds procedures due to extraneous problems, not as a result of clinical need.

An example in chiropractic practice of relaxing the standard of care to assist the patient, could be taking a single x-ray of a spinal area. The patient in need of x-rays can't afford them, and so the doctor only takes a single view of the involved area. The standard of care in the majority of cases dictates at least two views taken at 90 degrees to each other. Should the doctor misdiagnose or mistreat the patient because of the absence of the second film, a malpractice claim could originate. There are times when a single view can be taken. However, these are exceptions and not the rule.

Situations similar to the example provided are easier to avoid for health care providers practicing in large institutions. Health care providers in hospitals or large institutions are following standards and rules established by unseen boards and committees. A patient's request for certain circumstances or favors can be denied by citing the policy of the administration. The health care provider is sympathetic, but removed from the role of the "bad guy."

Requests for special circumstances in a private clinical setting usually reach the decision maker immediately. There's no middle man. Since the majority of chiropractors nationwide are solo practitioners, DCs are on the front lines. The role of "bad guy" cannot be avoided. The patient evokes the doctor's sympathy, which can trigger a domino reaction of giving in and possibly relaxing standards of care.

This realization should alert doctors to the need to run a practice more like a bank than a car dealership. Consider: Banks generally treat everyone the same. Interest rates on loans or savings accounts, paperwork and checking rules apply to everyone. The majority of policies and procedures are not negotiable. Customers know this and consider it normal.

Business in a car dealership varies considerably. Dealers and customers expect to negotiate over almost everything: price, options, trade-in and financing are all up for grabs.

The example set by the bank is recommended for private practice. Ultimately, this is best for everyone

involved. This in no way implies that health care should be inflexible, unfriendly, cold or unaffordable. The idea is simply to uphold quality and professionalism in health care. Flexibility is permissible and reasonable as long as the standard of care is upheld.

MARCH 1999