Dynamic Chiropractic

DOCTOR-PATIENT

Your First Impression Always Deserves a Second Chance

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Doctor, have you ever had a patient you just couldn't "warm up to"? You know, the kind of patient who "irks" you, who has a hidden agenda to get something you haven't anticipated, perhaps causing you to want to hide in a closet when they come in for treatment. In other words, someone who is "not your favorite" patient.

I'm sure you have. I also suspect that at one time or another, you may have changed your opinion about a particular patient after you got to know more about their life.

I, too, have humbled myself by quickly forming a negative, first impression of a patient, only later to change that impression. I looked up the topic and found that much has been published and discussed about humans making first impressions about other humans. However, very little has been studied about health care providers and first impressions of patients.

One would think this could be a rich topic for research, but apparently not. Could it be that we provider types don't like to talk about how knee-jerk reactions to new patients may affect our clinical decision-making?

But I digress. Let's delve into some examples from my own practice in which my first impression of a patient shifted. One example is Frank and Candy, young, basically homeless trash-can scavengers. Frank and I first met when he was referred to my office after being hit by an automobile while on his bicycle. He was a bit manic and disruptive, socially inept, and carried 20-30 keys on a chain with his trucker's wallet. This was especially bizarre since he didn't seem to own anything that needed a key.

His girlfriend, Candy, had a psych disability that I could never identify, but did get a small disability stipend every month. I also treated Candy for free, since she always came with Frank. (*Note: Don't do this.*)

They never showed up for their appointments on time and took what seemed like forever to take off their keys, back braces, boots, knives, flashlights, etc. They had no perception of "time / space reality." But after several visits, I realized how many challenges they faced. At one time, they were living in a pickup truck camper shell on blocks. It was winter and they were trying to heat the shell with a makeshift fire pit under the floor.

When Frank was discharged from my treatment, he made me a glass etching nameplate for my desk. He had a big heart and seemed to be totally responsible for taking care of Candy. This was a decade ago. I hope they're OK.

Another example of a second chance for making a first impression was Mike. He was a macho character who hoped one visit could fix his acute sciatica. After my examination, when I told him I

suspected he had a herniated lumbar disc, he became combative. He refused a reasonable course of treatment or a possible MRI referral, and insinuated I was trying to sell him excessive treatments.

Thankfully, I kept my cool and calmly explained to him the options for diagnosis and treatment. He slowly settled down, and his story finally came out. He had health insurance, but with a ridiculously high deductible. More importantly, he was the sole caregiver for his wife, who was paralyzed from the neck down, while he was trying to work more than 40 hours a week. Now I understood.

Abbie was a different case altogether. As a new patient, she could not give a cogent history of her headache symptoms and general body pain. She seemed distant and distracted. As I examined her, everywhere I touched caused pain. After the first adjustment, she said she felt worse. By the third visit, when she claimed no benefit from treatment, I began to question her more about her self-care. It turns out she had not informed me of the many medications she took.

"Dr. Hanks, I'm a walking pharmacy," she finally confided, her eyes wet and welling up more, "and I don't know how much longer I can keep this up!" I wrote down the drugs she was taking, one by one, as the list got longer and longer. She was open to my referral to a pain management doctor and surprisingly, she did go. The clinical note I got back from the pain doc was encouraging.

Not to get maudlin, but the duty to take care of people is, of course, the most important task of our doctor responsibilities. Our own quirks and personality preferences must always take a back seat. Ever heard the phrase, "Our friends choose us, we don't choose them"? When I ponder that, I hear, "Our patients choose us, we don't choose them." Listening to the "deep stories" from my patients, I have learned that if any of us listens long enough, human suffering will seep through. Then we might know why a first impression is just that.

I forgot to mention another difficult patient, an old guy who always smells like a burned-out cigar (his clothes), tells inappropriate jokes and complains that our fees are too high. Has he had a second (or third, or fourth, etc.) chance to make a fresh, first impression? No. He is still the same verbose, unhygienic rascal he has been for the 30 years I have known him. Nonetheless, I think he is coming in for treatment this week ... and I and my staff are actually looking forward to it.

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