

Being the Face of Medicine

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What does medicine look like? Sounds like a strange question, I'm sure; but as I see the challenges facing our country and perhaps the world, medicine, that is the availability and affordability of medical services, depends to a large degree on our impression or image of medical services. It is reflected in our willingness to pay for the services. Let me explain.

Most of us do not have a personal opportunity to face medical services. We are "well," at least relatively so. We don't need doctors, as a routine matter. Our image of or understanding of medical services comes to us anecdotally by way of someone else's experiences which may have come from some friend or relatives' medical experience.

At one point in my career, I was the President of the American Society for Medical Technology, which represented medical laboratory personnel. As their professional society, it was one of our responsibilities to paint a favorable public image of this important group of professionals. I was there for ten years; they were wonderful years. I really enjoyed building the association and watching the image of laboratory technologists and technicians grow, as more people recognized the essential role these professionals play in the healthcare process.

Recognizing how important the laboratory was in the healthcare system, we'd designed a public relations campaign around the theme: *The medical laboratory technologist gives assurance to your doctor's diagnosis.* It was well received by our member technologists who felt that it helped the public better appreciate how they fit into the healthcare system. A positive self-image is the first step in establishing a public image of a profession.

While serving ASMT, I went to Chicago to pay a courtesy call on the American Hospital Association where I was greeted cordially by their senior staff, given a grand tour, and told about the growing quality of hospital services in America, which came as a direct result of the AHA's Hospital Accreditation program. When I asked how many hospitals were accredited, I was told, "More today than yesterday." Not getting the response I really wanted, I asked, "Well, how many aren't accredited?" And the answer was, "Less today than yesterday!"

That gave me some assurance (not much), but I wondered how someone actually knew if *their* hospital was one of those on the accredited list. The AHA staff quickly assured me, "Come on, Steve, everybody knows if their hospital is accredited." Deciding not to argue with this "logic," I returned to Houston pondering the trip and the insight it had provided.

As fate would have it, the following week I developed a bronchial condition, which worsened as the nights followed days without treatment, to the point that I passed out from lack of breath on the living room floor. The family hastily called 911. I came to as the EMTs were loading me into the ambulance and asked, "Which hospital do you want us to take you to?" Good question, since Houston had so many choose from. Suddenly I realized I didn't

know and hadn't asked which ones *were* accredited. Quickly, painfully, breathlessly, I said, "The closest one!" This may be the choice process most often followed when an ambulance service is required.

Not being a healthcare professional but having worked for the association of medical laboratory professionals for a number of years, I thought I "knew" them, the services they provided, and the professionalism they displayed. Hospitalized for the first time in my life, I was about to "discover" healthcare at least in one hospital on a limited basis.

One of the first allied health professionals I met was a Respiratory Therapist to provide me with a breathing treatment. When the process was finished I and my breathing had improved, I engaged her in some polite conversation. "Long have you been doing this?" I asked. "Both weeks," was the response, not giving me much reassurance that she knew what she was doing.

She was followed by an EKG Technician who proceeded to attach electrodes to all the essential parts of my body, at least I assumed they were the "essential" parts; how was I to know, having never had the experience before. I asked her about the report she was making, as I watched the needle record an image on a spinning cylinder. "What does it mean," I asked, "when the needle dances on a high arch on the paper?" "Don't know," came the reply, "I just do the test, tear it off, and give it to the doctor." Oh, that's great, I thought, I could be having a heart attack and I'd have to wait until there was a doctor around to review the chart and by that time I could be dead!

On my last night I was advised not to eat anything after midnight because they planned to take my bodily functions in the morning. I heeded the request, although no one offered me anything to eat after 8 pm, let alone midnight. When morning came, I waited for the nurse, or technician, or someone to come in take my bodily functions, but no one came and I became increasingly aware that I still had them. Uncomfortably aware!

Promptly at 6 am my door opened and an orderly brought in my breakfast. Looking just past him to the door he just opened, I noticed a prominent sign alerting everyone that the patient was **not to be fed**. Unfortunately, it was written in English, a language the orderly ~~didn't speak~~ couldn't read. I sent him away.

Finally, having waited another two hours, I rang the bell to request some help and the "wall" spoke to me with a curt, "What do you want?" I responded to "Nurse Wall" that I was told that someone would be in to take my bodily functions and time was moving on and I was very much aware that no one had been in. "I'll check on it," came the reply. In a few moments she was back announcing that all my tests were in. "Really?" I asked with some surprise, "Am I pregnant?" I asked flippantly. "Apparently," the nurse explained, "They took your bodily functions yesterday and forgot to check it off our list."

My, my, I thought, isn't that interesting. But, hey, I was dismissed, bronchitis resolved; breathing again and fully functional. The experience was a success.

Riding home, I wondered if the hospital personnel could have responded to my questions better. Could they have given me more ethical and appropriate responses than they did? Could they have been more forthcoming without overstepping the limitations of their profession? I trust so. I wanted to feel some comfort in those who were there to assist me that they knew what they were doing and that they were appropriately trained and experienced to provide me with responsible treatment.

I came away thinking that as a civilian, non-healthcare professional, our impressions of the healthcare system are intimately intertwined with the communications and firsthand experiences we have in dealing with the staff in the hospital or physicians' offices. With our limited exposure to the system and our lack of knowledge about the procedures, we must think that if grandma goes to the hospital and survives, she must have been blessed with great doctors and medical staff; and if she dies, it was obviously her time to go.

Communications between healthcare professionals and patients are challenging under the best of circumstances, just as they are in any human communication enterprise. On the other hand, patients, as well as accompanying family or friends, are under significant stress worrying about the approaching diagnosis and treatment, which is understandable. This means that the healthcare personnel must be ever so much more alert, understanding, and supportive than in any other personal relationships they may have.

Requests for action, care, or explanation are topics that are particularly important and deserve a prompt response. As happens when the workload is overwhelming, it is easy to ignore the blinking light that's calling for "help". Likewise, it is easy to forget a promise for quick attention given in passing, when things get busy and attention is diverted.

[The indignities or inconveniences I faced were minor compared to some I've heard about.](#) Friends and neighbors report depressing experiences they've been forced to suffer either personally or through a family member. Some of the experiences reflect either thoughtlessness on the low end, or border on what looks like an action of revenge on the part of the medical staffer on the high end. Either way it paints a picture of the face of medicine.

Constantly reminding ourselves of the mental condition of the patient and his/her support group is a good check on how we should behave as healthcare professionals. "Walk a mile in his shoes," might serve as a good reflection on our need to "go the extra mile," "turn the other cheek," or any one of a number of key mottos we should call on regularly to readjust our attitude.

Hospitals and healthcare educators would be well-served to spend ample time preparing allied health professionals to understand and appreciate the consequences of inappropriate or unprofessional communication in the intimacy of patient contact. They should recognize that as professionals they command far more knowledge and understanding of the patient's condition and the related services being rendered than the patient could ever be

expected to know. Knowing how much of that knowledge they can reveal ethically to ease the patient through the process is an important part of the creation of an image of medicine.

The process is even more complicated when the pressure is on, when the staff is short-handed and working overtime. It is then that the most errors are made, when communication is least effective, and when more patients suffer. It is easy to become flip or to appear uncaring when being poorly treated by the patient, as they sometimes do. However, that's the very time when a dose of behavior modification is the more professional response.

The healthcare professional cannot be expected to be super human; however, when not behaving as one, the face of medicine suffers.

[P.S. The hospital I was taken to in Houston – was accredited.](#)

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