

# A Q&A can go a long way for your doctor

Spending a moment to consider your weekly habits and frequent choices can help your clinician guide you down the correct path

**DWIGHT CHAPIN**  
HEALTH ADVISOR

Learning how to conduct an efficient, competent medical consultation is one of the first lessons learned when training to become a health professional. There are key questions to be asked and a basic interview structure to follow. But the value of this exchange lies beyond the questions we are taught to ask.

An inquisitive, compassionate bedside manner and strong interview skills takes practice and patience. Clinicians work at this skill their entire career. It is in the fine details of a patient's description of their condition and daily lifestyle practices that often holds the key to the correct diagnosis. When patients feel rushed, important details are commonly missed. According to a study published by medical journal *The BMJ*, allowing patients to tell their "opening story" in a consultation requires little time and does not disrupt the other components of the clinical encounter. This study found that, when uninterrupted, patients typically complete their opening monologue in less than 30 seconds in a primary care setting. Clinicians are encouraged not to interrupt this exchange.

Initially, the cause of pain or explanation for a recent decline in health is not always clear to a patient or clinician. In sharing daily choices and habits, patients reveal the influence their routine has on the expression of their genes and overall health. These habits affect risk of chronic disease, stress resiliency, rate of aging and possible mechanism of injury or dysfunction. Armed with this information, a skilled clinician can begin to form a differential diagnosis, structure the required examination(s) and form a plan of action.

According to the Canadian Foundation for Healthcare Improvement, more than half (56 per cent) of all Canadians aged 12 or older report living with at least one chronic condition. At the top of this list are diabetes, arthritis, depression, high blood pressure and high cholesterol.



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This number is alarmingly high. Yet, the impact our lifestyle practices have on our risk of developing a chronic disease is still a surprise to many. We make thousands of seemingly small decisions each week that hold tremendous power over our health. Recognizing the influence of daily rituals is vital to maintaining good health. Sharing these details with your clinician will affect the quality of the care you receive.

By spending a moment to consider your weekly habits and frequent choices, you can help your clinician guide you down the correct path. Consider making a list of your habits with a focus on activity levels and nutritional practices.

At your next consultation, share your list and request a future appointment time to discuss the impact it may be having on your health goals. Your clinician will thank you for this pro-active approach and

your respect for the additional time required to have a meaningful discussion about lifestyle habits.

Here are some questions to consider when looking at your weekly routine:

1. Are you happy?
2. Do you have the energy to live life at your current pace?
3. How many hours do you sleep each night? Do you wake feeling rested?
4. Record your diet diary for a full week, listing all food and beverages consumed. Include food-prep habits.
5. Are you happy with your body weight?
6. Do you smoke? Do you drink alcohol? If so, how much?
7. Do you enjoy physical activity?
8. Is your pain and/or ability to move preventing you from living an active lifestyle?
9. Do you have moments in your day without pain?
10. How many times a week do

you exercise for at least 30 minutes?

11. Are you too tired to exercise?
12. How long do you sit every day?
13. Do you feel stressed?
14. Do you have time for personal interests/hobbies outside of work?
15. What worries keep you up at night?

The answers to these questions will help shine a light on the impact your routine has on your health and will spark a valuable discussion with your clinician. The practice of prevention starts with a thorough interview.

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# Forget your physician's instructions? Just rewind and play

**PAULA SPAN**

The next time you see your cardiologist or internist, what would happen if you took out your smartphone or a digital recorder and said you'd like to record your appointment?

The doctor might be startled, might bridle, might have visions of a supposedly confidential discussion showing up on YouTube – or in a malpractice lawyer's files.

Or the doctor might think more like Dr. James Ryan, a family practitioner in Ludington, Mich.

With his patients' approval, Ryan routinely records appointments, then uploads the audio to a secure web platform so that patients can listen whenever they need to recall what they discussed with him. They can give family members access to the recordings as well.

Sheri Piper, who has seen Ryan almost monthly for a host of medical problems – gout, high blood pressure, hypothyroidism, anxiety and depression – has come to rely on this system.

“As aging continues, it's harder to not be overwhelmed by what you hear in a doctor's office,” said Piper, 63, a retired administrative assistant.

An extended round of hospitalizations and operations in 2013 affected her memory, she said, so “you can tell me something today and I won't remember tomorrow.”

Thus, last month, straining to recall what Ryan had said about how often to take allopurinol for gout, she turned to the recording (annotated so that patients can easily locate specific topics of conversation) for clarification.

When she changed blood-pressure medicines, she asked her daughter, who lives nearby, to listen to Ryan describe side effects to watch for.

“At some point, it will become a normal thing, recording these encounters,” Ryan said – though, given physician resistance, he thinks that might take



**Dr. James Ryan, right, records a meeting with patient Sheri Piper in Ludington, Mich. With permission, Ryan records appointments so his patients can reflect on what was said.** ADAM BIRD/THE NEW YORK TIMES

20 years.

But it is not a crazy idea, especially for older patients. Like Piper, they typically contend with several health conditions, so they visit more doctors more often and take more drugs.

They may also have hearing loss, and research shows that they struggle more than younger patients to recall information from doctors' visits.

“There's more to remember and difficult words to decipher and interpret,” said Dr. Glyn Elwyn, a researcher at the Dartmouth Institute for Health Policy and Clinical Practice in New Hampshire and lead author of a recent *JAMA* editorial on patient recordings.

Often, when older patients want to tell a faraway relative what a doctor said, “they struggle and fail because complex language was used and they don't have a record,” Elwyn added.

A review of 33 studies of recorded visits concluded that most patients listened to their recordings, shared them with caregivers and reported being better able to retain and understand information.

You could record sneakily, as already happens now that recor-

ders – in the form of cellphones – sit in so many pockets and purses.

In a survey of 128 patients in Britain, Elwyn and other researchers found that 15 per cent acknowledged surreptitiously recording a visit.

But he does not like the idea. “It fundamentally disturbs the relationship,” Elwyn said, undermining trust between doctor and patient.

Better, he thinks, to make recording an open practice, while cautioning patients to be thoughtful about how they use the results (and pointing out that they can hit “pause” at any point, should there be issues they do not care to share with anyone).

Physicians' fears about recordings finding their way into lawsuits are not completely unfounded. In Britain, Elwyn said, some recordings have been admitted as evidence in court cases. In the United States, “it's untested,” he said.

But in 2015, a Virginia jury ordered an anesthesiologist and her practice to pay \$500,000 (U.S.) to a patient who sued after he inadvertently recorded the medical team's insults while he was sedated and undergoing a colonoscopy.

Moreover, widespread recording would raise questions about who owns and can use this growing archive of patient-doctor interactions, and for what purposes.

Ryan, for instance, thinks such data – stripped of identifiers – could help researchers and future physicians improve medical communication. But the information might also be used for less welcome purposes, such as marketing campaigns.

Several practices and institutions already record patient visits – the Dartmouth Institute for Health Policy and Clinical Practice is studying their approaches and results – and reports few problems.

The University of Texas Medical Branch at Galveston buys recorders and batteries in bulk, offering them to patients at cancer clinics.

About 300 new cancer patients a year agree to use them, said Dr. Meredith Masel, director of the Oliver Center for Patient Safety and Quality Healthcare, which started the program in 2009 and will soon expand it to internal medicine and geriatrics.

At the Barrow Neurological Institute in Phoenix, Dr. Randall Porter, a neurosurgeon, prefers video.

He uses plastic models of the brain and spine during office visits and shows patients (half of them over the age of 60, he estimates) their MRI scans.

With their consent, he records the session on an iPad, then offers them the video to watch later on a web platform he founded called Medical Memory. They can choose to make the video accessible to family or friends, as well.

Without recordings, “patients forget 80 per cent of what we say by the time they hit the parking lot,” Porter said. He understands why that might be: He is often talking about cutting open their skulls, an emotionally laden subject.

In his survey of 333 patients, about half said they watched their videos more than once,

and two-thirds shared it with others. Most said it helped them remember details and feel more “at ease” with their conditions.

Far from heightening litigation risks, Porter said, use of the system has actually cut the institute's malpractice insurance costs in half. Since 2015, more than 400 doctors have signed on to use Medical Memory, recording 28,000 visits.

While doctors sometimes balk at recording, patients in these practices seldom have. Of 500 patients Ryan has asked, only four declined to be recorded – and one later changed his mind.

When patients agree – or bring a recorder and initiate the process themselves – “it's not because they're trying to catch us,” Porter said. “It's because they're desperate to remember everything we tell them.”

*New York Times News Service*

## TODAY'S KENKEN SOLUTION

1	4	6	5	2	3
3-	9+		4	3-	6
2	1	5	4	3	6
6	3	4	1	5	2
2-	4	6	3	2	1
15x	10x	1-	2-	6	16x
5	2	1	3	6	4
3	5	2	6	4	1

## TODAY'S SUDOKU SOLUTION

6	5	9	2	4	1	8	7	3
7	8	2	3	5	9	4	6	1
4	1	3	7	8	6	5	2	9
5	9	6	1	2	4	3	8	7
2	4	7	5	3	8	9	1	6
1	3	8	6	9	7	2	4	5
8	2	1	9	6	3	7	5	4
9	6	5	4	7	2	1	3	8
3	7	4	8	1	5	6	9	2