

SIGN OF THE TIMES

The More Things Change, the More They Stay the Same

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There are some things on which most all physicians can agree: Smoking, excessive alcohol consumption, and excessive eating can all damage a patient's health. Indeed, all of these are modifiable risk factors for some of the most common diseases we see in general medicine, including coronary artery disease, asthma and COPD, obesity, low back pain, and substance misuse and abuse. Most physicians would agree that technology—though it improves patient care—can often be irritating. For residents, it is the concept of “hammer paging,” receiving page after page. For those further along in medicine, it shows up as endless e-mails—either to you or as a “cc” or “bcc”—that can make a long day seem longer.

Do you agree with the above statements? Have you already thought to yourself, “Yep, that's all true. So what is the point of this article?” The point is this: Those are ideas and opinions that doctors had about their patients and their work in October 1970. (Clarification: They mentioned telephones as a frustration, and I changed it to e-mail). The October 2, 1970, issue of *Life* magazine, which featured George Mitchell's wife Martha on the cover, included a five-page article titled “What Doctors Think of Their Patients.” I found it on a recent trip to the Berkshires in Western, Massachusetts.

Evidently, a convenience sample of “500 urban, suburban, and rural physicians, all of them general practitioners” was asked to participate in a survey about “the follies and weaknesses of their patients.” Each respondent was asked to “take a professional look” at him or herself.

So what did the survey show? Some of the more notable results

that have changed little—if at all—in 42 years are listed below:

- 56% of physicians agreed that “doctors have to jam so many patients in, they don't give anyone enough attention.” The 15-minute visit continues to be a sore point for patients and generalists alike.
- “Patients expect things of us that are not possible; they think we can work forever like machines without rest; a doctor is simply a person, not a god.” Is it a wonder that more and more residency graduates who pursue general medicine choose hospitalist shift work rather than primary care?
- “Their views on how patients harm themselves most can be summed up in one word: overindulgence.” Today, 33% of our population is obese.
- 90% of doctors felt most of their middle-aged patients would benefit from regular exercise. 21% of those same physicians did not exercise themselves. How many physicians would today state that their patients should exercise? How many meet the current CDC recommendation of 150 minutes of exercise a week?
- Eight stereotypical patients and frequent psychosomatic complaints that often resulted in their symptoms were presented. Categories ranged from “the white collar worker” and “working women” to “divorced people” and “college age and under 30.”

So, what do we as generalist physicians think of their patients today in 2012? What types of patients would we classify into groups of “typical patients”? Do we all prac-

tice what we preach? These questions might all be best answered on an individual basis. And an immediate answer may not be obvious.

What is clear, though, is that technology has certainly changed the practice of medicine. Countless articles lament how advances in technology have replaced the physical exam. Technology and the use of iPads have been shown to make physicians more efficient. And the use of the Internet has improved outcomes in studies on conditions such as obesity and diabetes.

In the current era of online doctor and hospital ratings, patient-centered health care, pay for performance, quality indicators, and improved patient access to labs and even physician progress notes, there is impressive critique of physicians in everything we do. The new trend is not even to call those for whom we care “patients” but rather “health care consumers.” Be it on the Internet, in a journal, in the newspaper, or on the evening news, almost everything we do is being examined. Well known questionnaires such as Picker and Hospital Consumer Assessment of Healthcare Providers and Systems (HC-AHPS) ask patients about their subjective experiences, national organizations create quality metrics to measure our worth as clinicians, and study after study shows us how good we are at educating patients and making them feel like we listen to them.

And all of this is for the good. It makes medicine a more transparent, evidence-based, and humble profession. But it leaves me with a lingering question: Has patient behavior and physician opinion changed all that much over the past four decades, or are we just better at quantifying it?