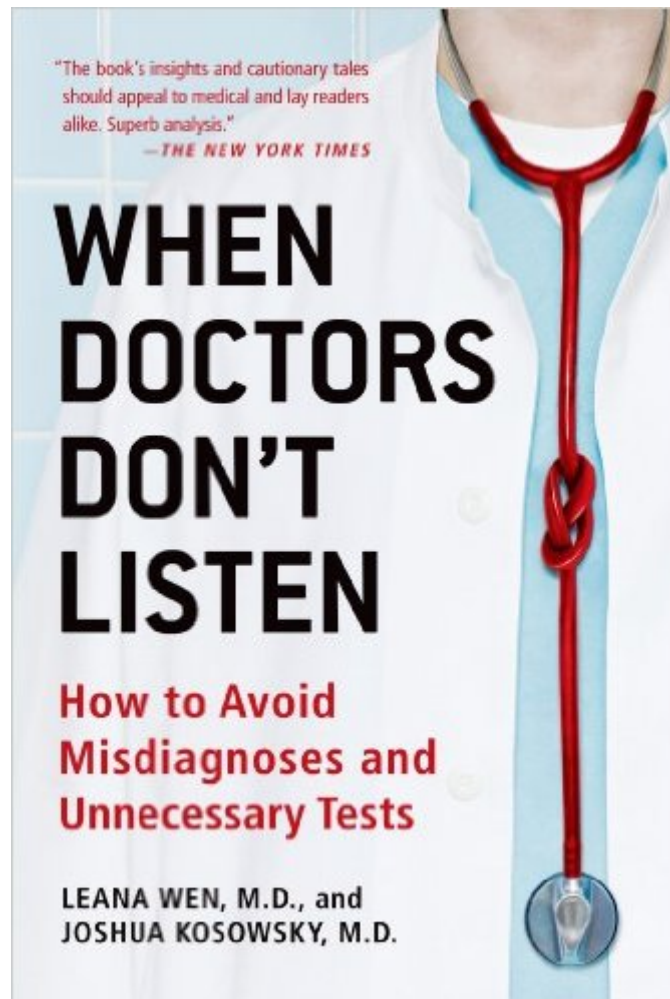


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When Doctors Don't Listen: How To Avoid Misdiagnoses And Unnecessary Tests



Synopsis

In this examination of the doctor-patient relationship, Drs. Wen and Kosowsky argue that diagnosis, once the cornerstone of medicine, is fast becoming a lost art, with grave consequences. Using real-life stories of cookbook-diagnoses-gone-bad, the doctors illustrate how active patient participation can prevent these mistakes. Wen and Kosowsky offer tangible follow-up questions patients can easily incorporate into every doctor's visit to avoid counterproductive and even potentially harmful tests. In the pursuit for the best medical care available, readers can't afford to miss out on these inside-tips and more:- How to deal with a doctor who seems too busy to listen to you- 8-Pillars to a Better Diagnosis- How to tell the whole story of your illness- Learning test risks and evaluating whether they're worth it- How to get a working diagnosis at the end of every doctor's visit By empowering patients to engage with their doctors as partners in their diagnosis, *When Doctors Don't Listen* is an essential guide that enables patients to speak up and take back control of their health care.

Book Information

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Customer Reviews

I have worked in the healthcare field for almost 30 years. While I am not a physician I have seen first hand what Dr. Wen and Dr. Kosowsky describe in this most excellent book. These doctors have the guts and the fortitude to tell the real story, one that many physicians would rather not have their unsuspecting patients know. I have worked in Healthcare Quality Management & Health Care Risk Management and tried to improve the quality, safety, and continuity of care that everyone deserves. It is so unfortunate that the KMS syndrome that you describe in your book not only applies to

patients, but anyone who works in the healthcare system and tries to make positive changes is attacked by the same system. The same patient safety issues that have been identified for years continue daily. They cause preventable medical errors and avoidable patient mortality, and cost billions of dollars. The fault lays not only with medical schools, but also nursing and allied health schools that are educating our future health care team of tomorrow. Students are graduating without the very basics of healthcare such as listening skills, common sense, and treating others the way you would want your family or yourself treated if you were the patient. In the past ten years, I developed an incurable neuro-degenerative disorder and went from being healthy and hardly ever seeing a physician, to a patient-seeking healthcare. For several years I saw specialist after specialist, trying to have the practitioners listen to me about the symptoms I was experiencing. Because I wasn't emphatic enough, and often kept my mouth shut, I suffered through countless painful and unnecessary tests and medications that made me sicker than my original symptoms.

The authors (E.R. physicians and Brigham and Women's hospital in Boston), contend that today's practice of medicine has morphed into a cookbook 'pathways' approach that leads to less accurate diagnoses, worse outcomes for patients, and contributed to ballooning costs. Excessive testing is estimated to contribute 10% to the cost of health care, as well as unneeded worry and sometimes useless/harmful treatment. Their point, however, is not to do away with all attempts to standardize care (eg. Atul Gawande's simple rules to prevent infections in ICUs and ORs are an invaluable contribution), but to modify them as appropriate for the patient. The authors draw upon their own experiences to present their case. Their first example involved a patient (Mary) with stomach pain, vomiting, and diarrhea. She went to the E.R. - blood work and a CT scan were called for. While waiting for the result she started feeling better, but they told her the CT scan was abnormal and a more specialized scan was needed, 120 miles away in Boston. The second CT told them she was fine - probably just a viral illness. Drs. Wen and Kosowsky contend this would have been avoided if her original caregivers had really listened to how her symptom's started. They add that part of the problem is that it's now become so easy to order eg. a CT; thus, doctors will do so 'because I want to be sure I don't miss anything' and many doctors have stopped thinking about what they're being used for. Many physicians contend that cutting down on tests risks medical liability suits. In response, the authors believe that the biggest problem, per patients who have sued, is some version of 'the doctor didn't take the time to listen to me,' or 'didn't tell me what all the tests were about.'

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