Story/joke

A doctor gives a patient a long list of don'ts, including nearly everything he enjoys in order to try to prevent more problems. The dismayed patient asks if he denies himself of all of those things, which make his life worth living, will he live longer? The doctors answers quickly, No, but it will seem that way.

Disclosure

I have been on advisory boards/a consultant to/received honoraria from/ or been on speakers bureau list of the following:

- Well...for this course, it just doesn't matter. This is all about how to do and if I am biased in any way, call me out on it!

Start to look at things from a different perspective...

Antioxidants

- Do you drink coffee?
  - Over 50% of Americans drink coffee
- Is this important?
  - Coffee is leading source (by far) for antioxidant intake in the US diet!!¹
- Neither coffee nor caffeine intake were associated with early AMD per BDES
- Beware:
  - COFFEE and DOUGHNUT Maculopathy²

¹. As reported by American Chemical Society 8/05

- 2 Cohorts
  - 41,736 men Hx Professionals FU Study – 18 years
  - 86,214 women Nurse’s Hx Study - 24 years

- Results
  - After adjustment for age, smoking, other CVD and CA risk factors

<table>
<thead>
<tr>
<th>Caffeine Intake</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 cup / month</td>
<td>1.07</td>
</tr>
<tr>
<td>1 c/m – 4 cups/w</td>
<td>1.02</td>
</tr>
<tr>
<td>5-7 cups / week</td>
<td>0.97</td>
</tr>
<tr>
<td>2-3 cups / day</td>
<td>0.93</td>
</tr>
<tr>
<td>4-5 cups / day</td>
<td>0.80</td>
</tr>
<tr>
<td>&gt; 6 cups / day</td>
<td>0.74</td>
</tr>
</tbody>
</table>

*P<0.001 for trend and independent of caffeine intake

Throughout the lecture, I will have some quotes by different philosophers and other “thinkers”

Feel free to interject your own thoughts and ideas

“How much deeper would the ocean be without sponges?”

Larry the Cable Guy

Most people think that they are going to live forever …until they develop a cold.

How does this relate to optometry?

Why the title “Art of Optometry”

- Medicine in general includes two “cultures”
- We are all familiar with the science of optometry,
  - Opportunity for learning and discussion
- The art: needed to promote success within the science…
  - Rare opportunity for discussion and reflection

Course Objectives

- Begin to think differently about our patients and profession
  - More than Meets the Eye
- See optometry as a science and an art
- Think about and realize the impact we have on our patients

“It is difficult to make an asymptomatic patient feel better” Sir William Osler
A different way to think…

What is this?

A. Choroidal Melanoma
B. Metastatic Carcinoma
C. Retinal Detachment
D. None of the Above
E. Combination of 2 of the above

Quote by Maimonides

“May I never forget that the patient is a fellow creature in pain. May I never consider him merely a vessel of disease.”

How does this pertain to the previous slide? (and to the rest of what we do as optometrists)

Lets Try Again: What was this?

A. Incidental finding: At a routine exam by O.D.
B. Bad news: For a calm Husband
C. Life Changing Diagnosis: For a family
D. Mortality: For a person
E. All of the Above

Now…what are these?

Have I changed your outlook?
My trip to Romania

A Matter of Perspective

Which eye needs cataract surgery?

A. OD
B. OS
C. Neither

What is YOUR job? (as an O.D.)

- Is it to examine eyes and diagnose eye conditions?
- Help people see better?
- Explain conditions and help treat them?

- "Every time a patient see’s a doctor, they should feel better as a result."

Our Job

- To put things into perspective
- Patients want a recommendation based on knowledge and compassion
- “To cure sometimes, to relieve often, to comfort always” Edward Trudeau

First Do No Harm...but it's ok to make mistakes

- “The objective of medical science is not to open a door to infinite wisdom, but to set a limit on infinite error”
  Berthold Brecht paraphrase
- Can you admit mistake?
  - Mistakes are inevitable as medicine is part art and every patient is different
  - An apology will often “clear the air” and prevent any further action
Sum is greater than its parts

- We often learn how eyes affect vision.
- We often learn how systemic disease affects the body.
- Occasionally we discuss how eyes affect the body.
- But how do eyes affect person?

Treating vs. Healing

- A disease entity is treated.
- A person is healed.
- Can we do both?
- Often times the goal shifts to treating without regard to healing.
  - Less regard to comprehensive history taking, chairside manner and overall interaction.

Treating People, (Not Legal Entities)

- What are people's expectations?
- High Tech or High Touch
  - BOTH: People want a hands on approach while incorporating the latest technological advances.
- The right answer
  - People value no answer more than one that is contrived and false.

A different way to think...

Robin Williams as Path Adams, M.D.

Malpractice

- Medicine in general acquired a “halo” in the early 20th century, when doctors, especially rural, made house calls, cared for people, and hospitalization was rare.
- Now, less time is spent, and more emphasis is put on technologically driven tests, and less on history and clinical exam, and the halo has been removed.
- Avoidance of lawsuits drives medicine..including optometry.

According to a 1991 NEJM article, what percentage of patients harmed by medical treatment file suit?

- a. 1.53%
- b. 12.3%
- c. 22.1%
- d. I don’t know, I’ve never been sued.
“42% OF ALL STATISTICS ARE MADE UP ON THE SPOT”

Larry the cable guy

Malpractice suits

- Why do people sue Doctors?
  - Perceived lack of caring followed by lack of availability and lack of listening
  - It is usually not due to injury, but due to:
    - Sense of altruism: Prevent others from same fate
    - To expose the truth
    - Monetary reward

Usually, could be avoided with proper communication. Absence of explanation leads to distrust and feeling dismissed. The focus of medicine has shifted from healing (which begins by listening to the patient) to curing.


Cost of Malpractice

- Is malpractice really a leading cause in increase of healthcare cost?
  - Approximately 2.9% of annual gross income spent on insurance, while 2.3% spent on "professional car upkeep."

- Real cause of increase in cost of medicine:
  - Defensive practice of medicine to prevent lawsuits

- How has this affected our patients?

Who has been sued by a patient?

A. ME
B. Not me
C. I won’t answer, I’m afraid to jinx myself
Communication

- Crucial part of every doctor-patient encounter
- Two way street
- Use appropriate terms and tone
  - Authority without being dogmatic
  - Use understandable terms

Points of View

The bogus contract: the patient’s view

- Modern medicine can do remarkable things; it can cure many of my problems
- Yes, the doctors are fast and know what’s wrong
- You have everything; it’s necessary to make decisions
- You can solve my problems, even my social problems
- So give me a high status and a good salary

The bogus contract: the doctor’s view

- Modern medicine has limited powers
- Worse, it’s dangerous
- We can’t solve all problems; especially social ones
- I don’t know everything, but I do know
- I’ll do some things and say
- The patient believes doing good and being in the right
- I’d rather keep quiet about all this so as not to disappoint my patients and lose my status

Point of view cont.

They have some of the same problems we do!

The new contract: both patients and doctors know

- We’re in this together
- Patients can’t leave problems to doctors
- Doctors should be open about their limitations
- Politicians should refrain from extravagant promises and concentrate on reality

The new contract: both patients and doctors know

- Death, sickness, and pain are part of life
- Medicine has limited powers, particularly to solve social problems, and it’s risky
- Doctors don’t know everything; they need decision making and psychological support

Source: British Medical Journal online

When you ask your patient about their chief complaint, how long do you let them speak?

A. 2 seconds
B. 18 seconds
C. 55 seconds
D. 2 ½ minutes
E. As long as they need

“Light travels faster than sound. That’s why some people appear bright until you hear them speak.”

Larry the Cable Guy

Let the patient speak!

- Good communication starts with listening...
- How long is the average patient allowed to talk when asked of their chief complaint?
  - 18 seconds
  - 77% never get to complete their opening statement!
  - If left uninterrupted, avg. patient would talk 150 sec.
  - Avg patient at PCP has 1.2 to 4.9 “chief complaints”
Have you “faked” an answer in the last week?

a. Yes  
b. No  
c. No, I’ve never done that  
d. Oops, I just did it again

Don’t…

- Use scare tactics
- Knock another doctor
- Fake an answer
- Hide the truth
- Think that everything always can and needs to be fixed.
- Be afraid to admit mistakes or lack of knowledge

Cartoon compliments of Wisconsin Health Freedom Coalition

Words that maim vs words that heal

- It’s not what you say, but how you say it
- Language doesn’t carry ideas, it shapes them
- Avoid jargon
- We should never instill uncertainty and dread
- Simple mention of cataract can do this!
- Worst case scenario often presented to avoid malpractice (opposite affect)

“Our eye pressure is 25, and you may go blind from glaucoma if we don’t do something about it quickly”

Bedell et al. Words that Harm, words that heal. Arch Intern Med. 2004 Jul 12;164(13).

Words that heal

- Healing words set stage for collaborative decision making
- Verbal and non-verbal language
- Positive “spin”, avoid negativity
- Persuading a patient that nothing is wrong is often a thankless task, if not impossible

“Our eye pressure is slightly elevated, so I’d like to do a few extra tests to insure that everything is just fine”

Speaking of being scared….
Maim or Heal?

- How do you describe a choroidal nevus to a patient?
  - Do you mention the chance of conversion to melanoma?
  - Do you compare to freckle?
  - Do you correlate to skin cancer?
  - Do you not mention it to patient?

Building relationships

- “…For some patients, though conscious that their position is perilous, recover their health simply through their contentment with the physician” Hippocrates
  - Placebo affect
- Less lawsuits in optometry due to relationships
- Good relationships are built on trust, communication and confidence (by following principles mentioned up until this point)

Breaking Bad News

- How many classes in school discussed this?
  - ZERO!
- But it comes up every day

Bad News: A matter of perspective

- Diagnosis of myopia vs cataracts vs melanoma

Maim or heal?

- How do you describe drusen to a patient?
- Is this AMD?
- Will it cause blindness or vision loss?
- Is it treatable?

Bad News

- Definition?
  - Anything that drastically and/or negatively affects a patient’s view of their future
  - The difference between what a patient expects and what we tell them
- Who needs to break bad news?
  - We do
- Do we have an ethical obligation to tell truth?
  - Yes
- Can this “art” be learned?
  - Yes by experience and researching and understanding
Steps to telling bad news

1. Start off well
   Who, where, how
2. What does your patient already know
3. What do they want to know
4. Share information
5. Respond
6. Follow through: next steps

Impact of AMD on Quality of Life

<table>
<thead>
<tr>
<th>Quality of Life Decrement</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILDE AMD</td>
<td>17%</td>
</tr>
<tr>
<td>MODERATE AMD</td>
<td>40%</td>
</tr>
<tr>
<td>SEVERE AMD</td>
<td>63%</td>
</tr>
</tbody>
</table>

Note: patients have a perceived impairment that is 96% to 750% greater than the impairment estimated by treating physicians

Stages

- Denial
- Anger
- Bargain
- Depression
- Acceptance

Initial
- Facing the problem
- Chronic
- Having the condition
- Final
- Accepting condition

Bad News: Pearls

- Don’t assume how a patient will react to any news
- Bluffing may have worked in school, but won’t in an exam with a patient
- Patients remember less than 50% of what we say: so go slow, and speak in English (That Larry could understand)
- Make sure that your patient understands:
  - Ask them!
Have you ever made a patient cry

a. Yes
b. No
c. Yep, every time I put in tropicamide

What to do if your patient starts crying

- Move closer
- Offer tissue
- Touch
- Identify what is causing
- Stay with them until they can become calm

Resources
- The Lost Art of Healing by Bernard Lown, M.D.
- How To Break Bad News: A Guide for Health Care Professionals by Robert Buckman, M.D.
- Diabetic Eye Disease by A. Paul Chous, O.D.
- Driving with Confidence by Eli Peli, O.D.
- How Doctors Think by Jerome Groopman, MD.
- Survival of the Sickest by Sharon Moalem, M.D.
- The Creative Destruction of Medicine by Eric Topol, MD
- Freakonomics by Steven Levitt and Stephen Dubner
- You Don't have to be Wrong for me to be Right

Thank You

Jeffry Gerson, O.D., F.A.A.O
jgerson@hotmail.com
“Light travels faster than sound. That’s why some people appear bright until you hear them speak.”

Larry the Cable Guy

“How much deeper would the ocean be without sponges?”

Larry the Cable Guy

Although technology can be important to avoid image problems..

“What Happens if you get scared half to death….twice?”

Larry the cable guy

Speaking of being scared…. 