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Improving my bedside manner as a patient

Joel Yager, MD

Dr. Yager (ΑΩΑ, Albert Einstein College of Medicine / Montefiore Medical Center, 1964) is Professor Emeritus, Department of Psychiatry, University of Colorado School of Medicine, University of Colorado Anschutz Medical Campus, Aurora, CO; Professor Emeritus, Department of Psychiatry and Behavioral Sciences, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA; and Professor Emeritus, Department of Psychiatry and Behavioral Science, University of New Mexico School of Medicine, Albuquerque, NM.

For more than five decades as an academic psychiatrist and medical educator, I studied, wrote, and taught about the doctor-patient relationship—from the perspective of the doctor. I described a series of concrete behaviors for clinicians to adopt as their bedside manners, to deploy heavy doses of empathy, support, encouragement, good cheer, and practical help.[1]

Then the tables turned. In November 2021, I was diagnosed with duodenal adenocarcinoma at which point I underwent three surgeries during a 31-day hospitalization. I was now a patient, thrown into new relationships with a slew of health care providers—surgeons, internists, oncologists, nurse practitioners, registered nurses, and a host of hospital technicians, LPNs, CNAs, medical assistants, physical therapists, case managers, and other assorted caregiving health care workers. They provided interventions spanning life-saving surgeries, comfort care, discomfort care (taking vital signs and administering medications at ungodly hours), bringing meal trays, and cleaning my hospital room.

I quickly realized that I had a huge stake in shaping these relationships. I wanted to care for the providers so that they might be more lighthearted, take better care of themselves, be less likely to burn out, and, selfishly, take better care of me. To nourish these relationships I had to bring my own contributions to the table—to our mutual patient-provider relationships. I had to think about what, as a patient, I might contribute to our interactive bedside manners.

The strategies and tactics I adopted, and which seemed to work, can be described in six concrete practices. Admittedly, my ability to "walk the walk" varied depending on how much pain or sedation I was experiencing. I used different practices at different times, depending on the provider, the situation, and my circumstances. But the potential value of enacting these practices was consistently on my mind.

1. Get to know and use the names of all providers and caregivers. Include those who drop in incidentally to perform routine or menial functions such as taking

vital signs and cleaning the room. Use their names when conversing with them.

2. When asked about your condition and symptoms, be specific, concise, and descriptive. Don't meander.
3. Ask providers direct questions about your concerns and to clarify terms or issues that you don't understand. Be sure to write them down ahead of time so that you don't forget to ask. Providers may assume you understand more than you do.
4. Don't complain needlessly, tell (politically correct) jokes, and make wisecracks, particularly about your own condition. You certainly don't want to complain about issues over which the caregiver has no control. Lightening the bedside atmosphere with humor, especially by signaling that you can see the funny side or absurdity of your own situation, can ease the burden of caregivers who often feel the need to carry some of your suffering and to suffer alongside you.
5. Be curious about each of your providers and caregivers as people who have a life outside of their work. Remind them to take care of themselves in their time off, and at the end of each visit be sure to tell each caregiver to have a good day. Let them know that you think about them as people. As time and circumstances permit, ask reasonable (not too personal) questions to open conversation, e.g., "How long have you worked here?," "Are you from around here?," "What do you do to take care of yourself?" At some point you might venture to "I hope you have a life outside the hospital." With rare exceptions, even the busiest providers are grateful to know that you think of them as a person, not just as a function. They are likely to reply by giving you a bit more information about themselves. You may potentially be invited into more extended conversation.
6. Express gratitude to your providers for their service, for what they do, and for their noble work, even when the outcomes may not be favorable. Hope aloud that their health care colleagues, family, and friends fully appreciate and are grateful for what they're doing. Such statements recognize that everyone needs acknowledgment and social and emotional support from others. They are trying hard, often under very difficult circumstances, often at burnout inducing paces, and in the case of health care workers lower in the hierarchy for modest wages. For many this has a spiritual dimension. Some would call it "God's Work."

These practices are easier for some patients than others to perform and will work better in some patient-provider dyads than in others. Differences between patients and providers in gender, age, social status, ethnicity, and cultural attitudes are likely to complicate how, and how well, patients are able to take on these practices. By virtue of personality, sedation, cognitive compromise, depressed mood, or pain, some patients will not necessarily appreciate or have the capacity to exercise these patient-initiated aspects of bedside manner.

In some form, most, if not all, of these suggestions can be embraced and implemented by many patients. By asking engaging questions, wisecracking, and showing gratitude and appreciation, patients invite their providers to develop more personal relationships with them, without having to get too personal. No need to cross boundaries. When clinicians see patients on their schedules with whom they routinely enjoy such interactions, they are likely to look forward to these encounters, and to have heartwarming feelings. By enacting even just one or two of these practices, patients may improve their patient-provider interactions and avoid contributing to the "heartsink" experiences that clinicians describe with patients who exasperate, defeat, and overwhelm their doctors by their behavior.[2]

Just as a clinician's high quality bedside manner is likely to enhance patient satisfaction, patients' contributions to improving bedside interactions are likely to have correspondingly parallel effects on clinician satisfaction—and potentially benefit the patient's clinical outcomes.

References

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The author's E-mail address is joel.yager@cuanschutz.edu.