
IBD: Getting the Most from the Doctor-Patient Relationship

Peter H. Rubin M.D.

IBD: Getting the Most from the Doctor-Patient Relationship: Overview

- Your relationship with your physician is at least as important as any medication, diet, or other treatment for your IBD.
- Goal: An empowered, enlightened patient collaborating with an enlightened, communicative MD.

IBD: Getting the Most from the Doctor-Patient Relationship: Overview

Goal: An empowered, enlightened patient collaborating with a communicative MD

- What are the obstacles? patient; MD
- *Stages of coping w diagnosis of IBD*
- *Accepting the challenge of living with IBD*
- *How to achieve educated concern vs. uneducated worrying*

Obstacles to patient-MD interaction

Patient

- Ignorance about IBD
- Intimidated by MD
- Pressured to see MDs who are not expert in IBD
- Incomplete data about symptoms, medications
- Fears about diagnosis, tests, treatments, prognosis
- Stopping or changing medications
- Failure to communicate

MD

- Pressures on time
- Intimidating
- Impersonalization of technology (EMR)
- Data overload
- Not aware of patient's concerns, changes in medications
- ***Failure to communicate***

Stages of coping with having IBD

- *Denial*
- *Despair*
- *Anger*
- **Acceptance**

Accepting the challenge/ opportunity of living with IBD: *Mantras*

- IBD may be a disease for life but does not make you sick for life: metaphor of the Sleeping Dragon
- Most people with IBD are feeling well
- The more you know about IBD the more optimistic you can be

How to Achieve Educated concern vs. uneducated worrying

- Consult CCFA
 - » Lectures
 - » Support groups
 - » Reading
- Gastroenterologist
 - » Pas de deux/duet/ partnership
 - » Empowered patient + communicative MD
- Beware the internet!!

How to collaborate with your physician

- *At least yearly checkup*
- *Call with any significant change in symptoms, concerns, or changes in medications. Do not change medications without discussion!*
- **Regular (yearly or every other year) colonoscopy if colitis > 8-10 years**

How to prepare for the checkup or phone call with your physician

- Describe symptoms fully:
 - » Detailed description
 - » How long?
 - » Caused by?
 - » Better with?
 - » Worse with?
 - » Your diagnosis/concerns?

How to prepare for the checkup or phone call with your physician

- Describe symptoms fully:
- Complete list of medications, including OTC
- Prepare list of concerns/questions?
- Ask about pros and cons of studies, medications (%risk:benefit ratios+)
- How long before I am better? When next contact/test?
- **The only stupid question is the un-asked question**

When to Seek a Second Opinion

- Poor communication with MD
- Unhappy/insecure with Dx, Rx, Px
- Cannot get off steroids
- A radical change in therapy has been recommended
- Not making satisfactory progress
- Peace of mind. for you and family

Summary

The educated, empowered patient:

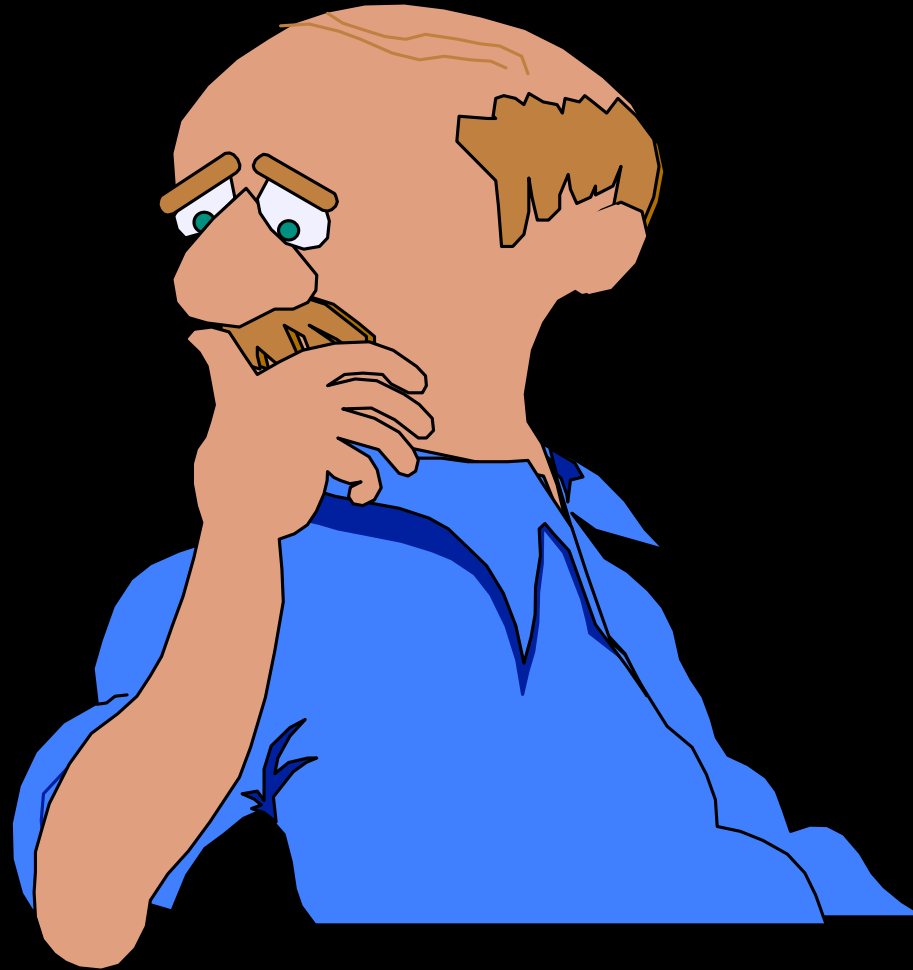
- Confidently communicates with CCFA and MD
- has at least an annual checkup
- has colonoscopy screening then surveillance every 1 or two years after 8-10 years of IBD colitis
- Is informed, appropriately concerned, involved, and optimistic

Summary

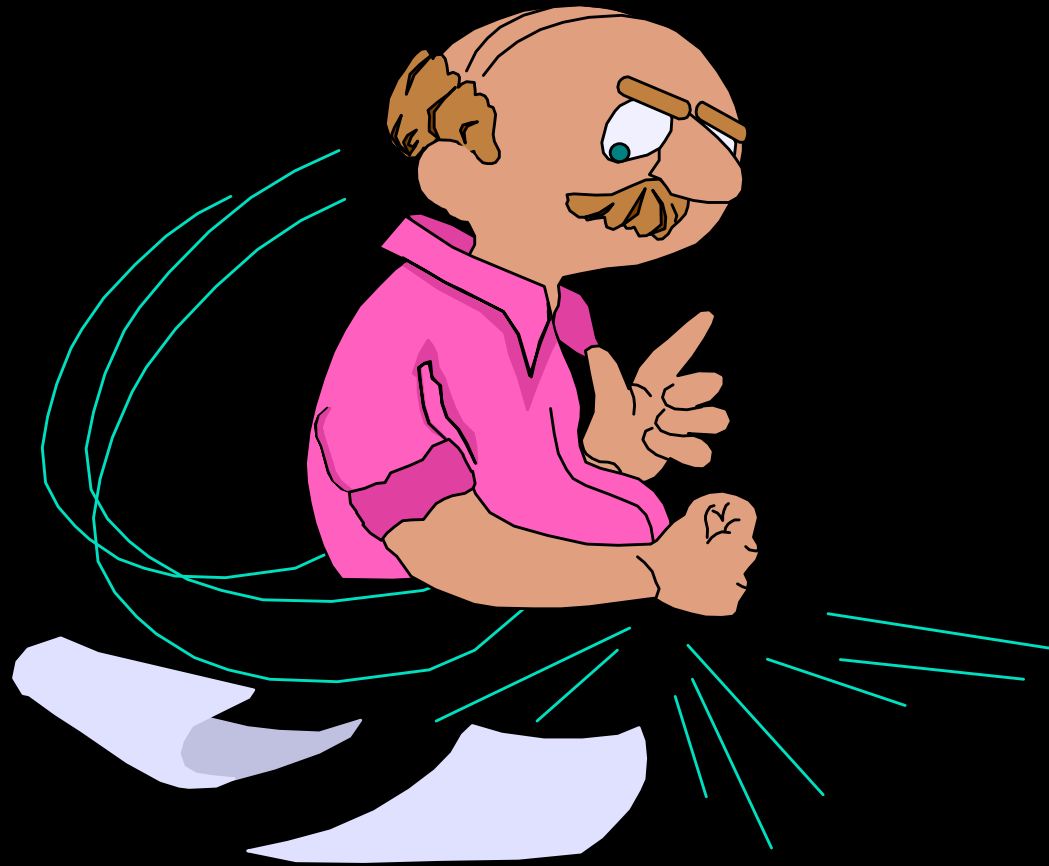
Don't be nervous,
don't be flustered,
Don't be scared...
Be prepared!+

Tom Lehrer

Instead of...



Be...



Thank you.
