

A Tale of Two Doctor–Patient Relationships

Robert G. Wright, M.D.

Robert Wright was born in Toledo, Ohio and attended Johns Hopkins University. He is a veteran of WWII – USNR. At hospitals affiliated with the University of Washington, he had a rotating internship and one year of medical residency. He completed psychiatric residency training at Strong Memorial Hospital and returned to Seattle where he had a general practice of psychiatry followed by clinical and research work in community support of the chronically mentally ill. He retired as Lecturer Emeritus, Psychiatry and Behavioral Sciences, University of Washington.

Soon after I retired as a psychiatrist, having practiced in both the private and public sectors, my wife, Anne, was diagnosed with Stage III unilateral inflammatory breast cancer. In the course of her treatment she has seen two oncologists and now (9/18/99) is 5 years post-initial treatment consisting of pre- and post-mastectomy chemotherapy and radiation. She has had lymphedema in her involved arm for about 4 years and has been taught to manage it herself with daily massage and a pressure sleeve. I want to describe some events in her relationship with each of two oncologists whom I will call Dr. A and Dr. B. They practice in the same medical center but only Dr. B was trained as a medical student at the University of Rochester.

In his first interview with Anne, Dr. A recommended the course of treatment noted above and seemed surprised and impatient when she was unable to make an immediate decision. She asked him if his wife had this, what would he recommend. He responded, “God forbid that she should ever have it.” Anne decided to have treatment after she and I had time to talk it over. Later, when she mentioned concern over hair loss, Dr. A told her about a 17-year-old blonde “who wasn’t at all upset by hair loss.” In further appointments Anne was unable to get reasonable answers to many questions, being told “Why do you want to know that?” After some deliberation, I talked alone with Dr. A, telling him that Anne was stressed and about to change oncologists. Nothing seemed to improve and Anne left Dr. A after about 9 months with him to receive further care with Dr. B.

Anne chose Dr. B because of positive reports of friends and families who had seen him. Dr. B was quite busy, evidenced by the stack of daily records on his reception desk. Coming into an appointment he would lean back in his chair and present an unhurried, relaxed attitude with some sharing of his own interests and activities out of office. He answered questions and when Anne needed prescriptions for lymphedema treatment and associated durable equipment, he wrote them without hesitation. It seems that many MDs view lymphedema as an untreatable complication of surgery and/or radiation. Dr. B has been reassuring and hopeful and now is able to report encouraging statistics regarding prognosis for cancer survival.

I am convinced that Anne made “a healthy change” in going from Dr. A to Dr. B. She and I would like to suggest that the doctor-patient relationship needs to be monitored for attention to what is on the patient’s mind, to the provision of proper support for complications of treatment, and to presenting a “lots of time attitude” when few seem to have it anymore.