

MEditorial June 2009

“Choose a Good Doctor, not a Procedure”

This month, I digress from specific Urology topics to address an issue in health care in general.

More and more, our sophisticated patient population, fueled by media doctors and heavy marketing by hospitals and physicians alike, think they know exactly what procedure they need done. Once the decision has been reached, the patient sets out to find a physician who will do the procedure “that way”. Our office is (not infrequently) telephoned by patients not wanting to make an appointment until they are certain we use a specific type of laser, as opposed to wanting to know how experienced I may be in treating his particular condition. Patients and doctors are not always knowledgeable about scientific methodology and therefore have the psychology of believing what they want to hear, as opposed to what is right. “What is right” is often controversial and in the eye of the medical investigator, whose motives in finding one way or the other on the attributes of a newer technology is not always “pure”. For example, the procedure that may be less invasive has got to be “better”; or use of lasers, laparoscopes, “no scalpel” techniques for vasectomy, etc., compared with other instruments, is “safer”.

When I was a urology resident over 20 years ago, it was rare to see a scientific paper or lecture presented at a meeting with asterisks after the presenter’s name showing “funding” of his study by a certain medical manufacturer or drug company having a financial interest in the results; now such questionably ethical practices are almost rampant.

Ample studies, especially of newer technologies, show that the experience of the surgeon is more important to the outcome than the exact equipment used in doing the operation. Patients are more apt to be disappointed by the outcome of surgery done with a newer procedure, since they possess falsely elevated

expectations of normal function, lack of pain, and quick/complete recovery. A 2008 study @ Duke University Medical Center showed that to be the situation in men choosing robotic over open radical prostatectomy.

Many doctors, e.g., Internists or Family Practitioners who refer their patients to a surgeon or surgical subspecialist (e.g., urologist) have never seen that doctor operate--and may, themselves, have not been in the operating room since medical school. More importantly, they may be unaware of the differences in the quite variable judgment of surgeons not only on what approach to utilize, but also on whom to operate. That would include not only consideration to the patient's condition and what he can withstand but also, based on the surgeon's experience, whether the intended procedure will really have a meaningful impact on the patient's quality of life or longevity.

Respect the surgeon who is up-to-date and knowledgeable of all available procedures in his specialty--and has perhaps tried a new technology and fallen back upon his more trusted instruments. He may know, in his hands (and perhaps even in those of his competitors seeking a marketing advantage), that a more traditional way, perhaps leaving a longer scar or causing manageable temporary pain, is going to get the job done the right way, with your best interests in mind. An obese lady with a kidney cancer and possible involvement of her renal vein and lymph nodes recently accepted my proposal to remove the kidney via a flank incision as opposed to partially laparoscopically. After 1 hour and 15 minutes, we were finished with the surgery, with essentially no blood loss and no operative complications. A laparoscopic approach in her case would have risked poor access due to her size; more chance of major bleeding and injury to nearby normal structures; and lack of proper assessment of the extent of her cancerous pathology. Respect and choose the surgeon who is willing to share with you the shortcomings of any technical procedure and is honest enough even to risk losing you as a patient.

I recall a somewhat humorous encounter at an Orange County Urologic Society meeting over 15 years ago between a visiting lecturer from a prestigious eastern medical school and a cantankerous (although very insightful) local urologist, whom I will call Dr. Head. It involved treating prostate enlargement with a balloon dilational device. It was the Dr. Head's feeling (proven by studies a few years later to be correct) that the forceful dilation of prostate tissue by a balloon is almost always a temporary fix needing repeat procedures—or, as stated by the local urologist “ a monetary annuity for urologists”. This got a lot of laughter out of the audience--and at the same time a chagrined, disdainful look by the lecturer.

If you choose a surgeon/urologist to treat your condition based on his reputation as an experienced, technically astute and honest professional, you may not be “immunized’ against failure or complications--but chances are, you will be happy with results that meet your realistic expectations—even if it means your sacrificing “control” over the technical details. Medicine seems to one of few professional fields where clients seek such control. I always tell patients that when I board an airplane, I trust and leave the flying up to the crew; and do not wonder about which switches or levers they are using.

Until we have reliable “doctor report cards” allowing you to preview the performance of your physician in many spheres (technique, knowledge, judgment, bedside manner, reliability, communication), “caveat empror”. Buyer beware, or you may choose a procedure but not get a good doctor as part of the package.