

The Three "A's" of What to Look for in a Physician

Powerful Patient Event

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Andrew Schorr:

Ben Starnes, can you come up real quick? Ben is the chief of vascular surgery for the University of Washington. He's based at Harborview and is very passionate about patient power. So whether it's you and your own vascular concerns or for someone else in your family, it may be that procedures that he does or you might be evaluated for could make a difference, but it's a very active dialog isn't it? Ben, thank you.

Dr. Starnes:

Andrew thank you for the opportunity to be here, and I'd like to commend you and Blake for all of your efforts that you do on our and patients' behalf here in our community.

I'm a vascular surgeon. I work at the University of Washington, particularly at Harborview Medical Center. I live here on the island with my small family, and Andrew's asked me to try and help you understand how to be a more powerful patient, particularly when it comes to surgical procedures and selecting a surgeon.

I think that if you ask any physician what they look for in characteristics of other physicians to refer to they look for the "3 A's" and those "3 A's" are "availability," "affability," and "ability."

If you look at those individually, availability you want to know whether your surgeon is going to be available for you not only by different forms of communication, you want to be able to communicate with your surgeon. You want to ask your surgeon or your provider how to get in touch with them. You don't want to find yourself have a wonderful interaction with your physician in the office and then never be able to communicate with them or speak with them.

So you need to ask that surgeon or that provider, 'How can I get in touch with you, and would you be willing to give me your e-mail address, and can I e-mail you?' A lot of patients ask me that, and I am more than willing to give them my e-mail address, and you wouldn't believe how many patients respect that and don't use that e-mail address to ask questions 10 times a day every day of the week. I really get very few e-mails from my patients. So I would encourage you to do that.

The other thing is if you're going to have a procedure done ask your surgeon if they're going to be leaving town any time soon. If you're going to have a major operation you want that surgeon to be on call that weekend or that holiday weekend after you have that

procedure because only your surgeon knows you best, and hopefully that resonates with some of you in the room. I see a lot of people shaking their heads.

The next "A" is affability. If you interact with a physician, and you do not get a good, warm vibration from that physician you should question that. That's your gut feeling. You should have a good relationship with your physician. If you feel as if your physician is very odd or is behaving oddly, you should walk away from that experience and look for another surgeon. Again, communication. If that physician does not have good communication skills, think about your procedure; and if you were, god forbid, to have a complicated postoperative course; if your communication ability or your communication with that surgeon was poor from the beginning, it's going to remain poor afterwards, and so you have to establish that bond with the physician.

So that's availability and affability, and finally the third is ability. You want, we all want, the best surgeon that we can find, and I would echo Russ's comments earlier about asking a second opinion. I encourage patients to ask for second opinions, and I'm never offended. People think they're going to offend their physician by asking for a second opinion, and if you feel that way don't feel that way. Ask for a second opinion, and if the physician is worth his or her salt they won't have any problem with you asking for a second opinion.

Andrew Schorr:

Thank you. Any questions for Dr. Starnes now? Oh yes, go right ahead.

<<Audience member asks question without microphone>>

Andrew Schorr:

I'm going to repeat the question just because he wasn't on a microphone. Minimally-invasive surgery is a hot topic. Will it replace open surgery?

Dr. Starnes:

It's getting pretty close, especially in the vascular arena. We at Harborview treat more patients presenting with ruptured aortic aneurysms than any hospital really in the country, and what was a very high mortality rate, if you had a ruptured aortic aneurysm your chances of dying were around 85%, and if you made it to a hospital your chances of dying were around 60%, but with these minimally-invasive techniques we've been able to lower the mortality rate for the first time in three decades down to around 30%, and if you have these minimally-invasive procedures to fix your ruptured aneurysm your mortality rate is down below 20%. So these are very exciting advances that we're experiencing all across the country, and minimally-invasive procedures should be an option that are considered by other surgeons and proceduralists in a wide variety of different specialties.

Andrew Schorr:

Okay, thank you Ben Starnes, chief of vascular surgery. Thank you.

So I want to make a point. There was something implied there. So here what he's saying they're doing at Harborview and University of Washington is not done on every street corner, but it's saving lives. Now there could be something at UW, could be something at another medical center somewhere in the country, but not everybody is the best or paving the way in everything. You're diagnosed with X or Y or Z so you need to seek that out and then consider do you want to go across the lake or go across the country. These are all questions you need to ask yourself, but at least know what's there because it is not one-size-fits-all for you, and it's not that every center has the same options. So you need to look into that.

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