

The Untapped Potential of Patients

By Nicholas Maurer

Imagine that you have six parents- three mothers, three fathers. Such is the idyllic, multi-generational world in which I grew up. Living only three miles away, my grandparents and great-grandparents were as involved in my childhood as my actual parents.

By the time my grandmother passed unexpectedly in 2008, my 85-year old grandfather was the only “extra parent” remaining. With my parents focusing on raising my younger siblings, I instinctively stepped into the role of chief caregiver for my grandfather at the age of twelve. I felt a natural duty to give him the same care and attention he had once lavished upon me. This brought responsibilities such as assisting my grandfather with his physical therapy exercises, escorting him to three to five medical appointments per month, managing his prescriptions, and otherwise , keeping my grandfather happy and comfortable. Taking on those responsibilities is, and was, important to me.

Doing so also gave me my first taste of the medical field.

At the beginning of July, 2012, my grandfather’s health condition, always precarious, began to decline. My grandfather’s symptoms pointed to infection, but his medical team (consisting of an attending physician and five specialists) was never able to identify one. Meanwhile, his long-term poor appetite worsened, and he withered in front of my eyes. The eventual diagnosis: his long-dormant leukemia had kicked into overdrive.

I willingly spent every day, usually from 6:00 AM to 6:00 PM, at his side. With my parents at work, and my grandfather’s mental state in question, I was the one who interacted with his doctors. It was a role I had filled often over the past two years. In the end, my mother was left with little choice but to place him in hospice care.

He passed four days later.

The most painful part about losing him was the suddenly empty time; I no longer spent hours each week caring for him. But I tell you all of this not because I want your sympathy, but rather because from this I found new purpose. It is a purpose which no application form can convey. In all of the time I spent with him at doctor’s offices and hospitals, I saw major flaws in the system we all rely on for quality healthcare. These shortfalls extend not only to my community, but also to those across our nation.

Beyond the highly publicized issues of cost and insurance, I have seen first-hand that the focus no longer seems to be on the patient. My grandfather spent countless unnecessary days in the hospital repeating tests and treatments or waiting while doctors unnecessarily “held” his release because they were not familiar with his medical history and abnormal baselines. Each doctor and nurse was both well-intentioned and highly intelligent, yet my grandfather received lower-quality care than he ought. His death was unavoidable, but his quality of life could have been improved. In the end, that meant that the current methods of care had not only failed my grandfather, but my family and my community.

Someone needs to bridge the gap between hospitals, doctors, nurses, and their patients. Someone needs to prevent redundant testing and ensure that the goal is to set realistic benchmarks for hospital release in order to return patients to their daily lives as soon as possible. Someone needs to increase efficiency while simultaneously improving accuracy. After all, medical error is all too commonplace. Doing so will require dramatic shifts in approach to patient care and to both hospital and public health administration. I am committed to achieving these changes.

The question, of course, is how to achieve these goals. Many have turned to the organizations that are responsible for providing and regulating this care such as hospitals, insurance companies, and the federal government. Others have chosen to hunt for solutions in the underlying science of medicine, hoping to address the issue with cutting-edge techniques in genetics, bioinformatics, or pharmacology. While I agree that all of the above are valid and necessary approaches, I think that there is one critical resource currently underused: the patients and their families.

Dr. Toby Cosgrove, President and CEO of the world-renowned Cleveland Clinic, recently released a book entitled The Cleveland Clinic Way in which he acknowledged that one way to improve medicine is “**getting patients more involved in and engaged with their own care.**” I could not agree more. Looking back at interactions with my grandfather’s doctors, it is clear to me that many of his physicians missed what was most important: the person they were treating and their caregiver(s). They were blinded by objective medical tests such as blood labs, CT scans, and urinalysis.

I would agree that communication between patients and his or her doctor is the single most important diagnostic tool. On more than one occasion, my grandfather’s hospital discharge was delayed due to an “abnormality” that my family or grandfather could have easily identified as something normal for him- his knees were *always* swollen, his cough was *always* that wet. Yet doctors unfamiliar with his baselines did not establish the necessary lines of communication with those who knew him best, namely he and his family. His care would have been greatly improved had they integrated our knowledge of my grandfather with his test results.

Doctors, nurses, and therapists are already organized into interdisciplinary care teams coordinated by an attending physician. It is time to incorporate patients and their families into that team too. Medical care needs to become more inclusive; it needs to make [patients partners in their care instead of simply receivers of it. When the patient is at home, it is they and their families who are responsible for their care. Why should this stop at the door of a hospital or doctor’s office?

The fastest, least expensive way to improve our healthcare is not to develop new technologies or change regulation, but to use the untapped potential of patients and their advocates. As an aspiring physician, I hope that I can implement and share this new perspective. Ultimately, the goal of medicine is to provide patients with the best health outcome possible. This is only achievable through an accurate assessment of the patient, their condition, and desired result. Who better to share in that analysis than the patient and their family?

In conclusion, I am not looking to become a doctor for the prestige or the salary, but rather because I feel I can make a difference in my community as a physician. I had an impact on my grandfather’s life and I hope that, through my efforts, the nation’s healthcare system can be changed to improve the life and care of other patients. My grandfather gave me my very first exposure to the beauty and flaws of the field of medicine; it is fitting, then, that I will strive to improve that same field in his name.