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INSIDE TIPS FOR WORKING WITH PHYSICIANS

Therapists in private practice often ask me how they can increase their referrals from physicians. Many are often baffled when I tell them that the answer requires a multicultural lens. The culture of psychotherapy is vastly different from the culture of medicine in a few vital areas that when overlooked leave the psychotherapist and physician lost in inaccurate assumptions of each other.

Just as in psychotherapy, professional culture is created by a combination of educational precepts and theories, combined with the day to day professional experience. In *medical culture* the physician is taught to be 100% responsible for the health and "cure" of the patient. This is truth #1 in medicine. Error, misdiagnosis, complications, disease progression, death – though inevitable, are considered unacceptable with fault resting entirely on the shoulder of the physician. In practice, this means *in medicine* there are typically no regular consult groups to air frustrations, failures, short comings, and concerns into the compassionate space created by fellow respected colleagues. There is only success and failure. The implications of this cultural difference are important for the therapist to understand.

Practically speaking, since the buck stops with the physician, you are working with *their* patient. This reference is not an abdication of the value of your work as a therapist – on the contrary. It is simply an acknowledgement of the immense burden placed on the physician. To help me understand medical colleagues, I often try to imagine the effect of a medical level of responsibility on my frustration level, sense of incompetence, and career satisfaction. In the *culture of psychotherapy*, practitioners are held in a paradigm that acknowledges the effects of family, culture, gender, SES, etc. on a patient's health. I for one am thankful to be a practitioner of *this* inexact science – one that gives me the grace and permission to discuss openly my fears, failings, and inadequacies in the professional context of supervision and consultation.

The second critical component is confidentiality. In the *practice of medicine*, patient confidentiality extends to the entire treatment team. If you are working with a patient, you may speak to other practitioners who are also treating the patient. Where this fact

seriously effects collaboration and referral is when a physician refers a patient to a therapist and never hears back. This is an unheard of practice in medicine and is considered unprofessional and unethical conduct. Remember, this is *their* patient they have just sent to you. *In medicine* it is expected that at the very least a note would be faxed back acknowledging the referral and explaining the presenting problem, course or focus of treatment, and how best to contact you for questions. They would also expect a note at the close of treatment. Every year I talk to several of physicians. This is by far their number one complaint – 'I don't refer to therapists because I never hear back from them."

A third critical difference originates in the language and pace of the two cultures. *In medicine* practitioners routinely see 20-30 patients a day (a case load of 2-3,000), dictate charts, call other physicians regarding shared cases, read lab results/x-rays, and consult recent research, **each day** (while being/feeling/believing they are 100% responsible for each patient's health). *Therapists* on the other hand see an average of 6-8 patients a day and chart (while feeling grateful they can consult on cases of concern). The result of these differences is the succinct often cryptic language and quick pace of M.D.'s versus the meandering language and time indulgence of therapists. For therapists to collaborate successfully with physicians they must develop the skills of decisive, clear, concise and medically focused language. When writing or talking to an attending physician, know what you want to say, questions you want to ask, and why *ahead of time*. Share what is relevant for the MD to know about a patent in order to better diagnose and treat. Know your specific medical questions, and how those answers will assist you. Find out the MD's concerns for *their* patient? What does the MD most want for the patient from therapy?

Therapists are often surprised by how appreciative physicians are for the feedback and information. As you might imagine, physicians often feel terribly burdened when caring for patients who are additionally weighted down by depression, anxiety, chronic pain or illness. Knowing they are not alone in caring for a patient can provide great relief. Last week for example I called the PCP of a chronic pain patient of mine. We had not touched base in a while and I knew from the patient that the doctor and he were struggling over a change in medication. When the doctor understood my concern about his current pain/sleep cycle, we were able to strategize about the next possible treatment. The doctor said to me, "I had been seeing his sleep disorder as a separate issue and not seeing how his pain might be affecting his sleep patterns. It was very helpful to have you show me the cycle. Please have him schedule an appointment right away so we can adjust his medication." This brief communication resulted in significant improvement in physician confidence and care, diagnostic and treatment decisions, medication efficacy, patient confidence and the physician and patient relationship… not to mention that I am likely to receive more referrals from this doc.

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