

HEALTH

HOW TO TALK TO YOUR DOCTOR

Getting answers about your health shouldn't be a pain. Arm yourself with expert advice so you can be heard when you're being seen.

BY AMY MACLIN

WE'RE GRATEFUL FOR THE advancements of 21st-century medicine, but when it comes to doctor visits, it's easy to long for the good old days of cozy chats with kindly, bespectacled family practitioners who asked about your mom's sciatica. Now a trip to the doctor can feel about as personal as an oil change, and probably even faster. You know how it goes: You've barely recounted your aches and pains and you're working up the courage to mention that toenail fungus when suddenly the doctor tells you it's time to put your pants back on and pick up a specialist referral at the front desk. Wham-bam, where's your copay, ma'am? Here's how to make the most of your next appointment—whether it's with your general practitioner, ob-gyn, eye doctor, or any other health care pro.

Understand Why Asking Is Hard

Many of us think of doctors as the authorities and ourselves as the passive recipients. They're the ones with the advanced degrees and white coats; we're the ones sitting half-naked on a paper tablecloth. "Being in a vulnerable position makes it hard to speak up," says Ailene Gerhardt, an independent patient advocate in Brookline, Massachusetts, who helps people navigate the health care system.

Furthermore, the doctor is in a hurry. The average primary care visit is 18 minutes long. "Many doctors have less time to spend with patients, and they're required to spend more time filling out charts," says Leana Wen, MD, an emergency physician in Baltimore and coauthor of *When Doctors Don't Listen*. Even the most compassionate providers may find themselves hamstrung by insurance companies that pay per service—a maddening, quantity-over-quality approach. As for the paperwork, doctors have to keep up with legal requirements and insurance mandates. Various studies have found that they may spend as much time or more on administrative tasks, like electronic record keeping, as they spend on treating patients. "Obviously, the health care system has many holes, and we need to fix those holes," Wen says. "In the meantime, patients need help to advocate for better care."

Know That Your Demographic May Be Working Against You

Statistically, women and people of color are taken less seriously by medical providers. Studies have shown that, compared with men, women more often receive delayed diagnoses of

cancer and heart disease, and both women and patients of color are less likely to be offered pain medications. The maternal mortality rate (the likelihood of dying during childbirth) is three times higher for Black women than for white or Hispanic women. And a recent study found that money doesn't buy care: The wealthiest Black moms have similar outcomes to the poorest white ones. (For more on gender and racial bias, see "Finding the Care You Deserve" on page 78.)

Get Your Story Straight

"Given the time constraints and the way they're trained, many physicians take a cookbook approach to diagnosis," Wen says. "They put symptoms together, like adding the ingredients of a recipe, and then say, 'Headache plus nausea? Must be a migraine,' instead of sorting through the complexity of the patient's story. But that's where 80 percent of diagnoses will be found. So make sure to communicate: When did the symptoms begin? How do they feel different than they have before? How do they feel worse?" Details matter! Before you walk into the office, Wen advises, know your story. Take notes

“The health care system has many holes,
and we need to fix those holes.
In the meantime, patients need help to
advocate for better care.”

on your symptoms in the days leading up to your appointment so the details are fresh in your memory, then write down your story or practice it out loud. (Having specific issues right in front of you on paper might also make you more likely to finally bring them up!) Be concise—again, you’re on the clock, and studies have shown that in some cases, doctors will interrupt a speaking patient in as little as 20 seconds. Give your story classic narrative elements: chronology (“I woke up, had breakfast, then felt I was getting a headache”) and context (“The head-

ache happened out of the blue,” or “It seemed triggered by exercise”). If applicable, explain how your symptoms differ from ones you’ve experienced in the past—for instance, “I normally have headaches, but they’re usually on one side of my head. This one is on both sides, and that has me worried.” All this info will help your doctor see a fuller picture.

Listen and Ask Follow-Ups

When it’s the doctor’s turn to talk, keep in mind that you’re probably not going to remember everything. “Patients often forget as much as 80 percent of what’s said in the doctor’s office,” Gerhardt says. “So if you can, bring someone with you who can help you remember—just call ahead to check if that’s allowed, since a lot of offices still have Covid restrictions in place. Or record the conversation with the doctor’s permission.” You can also jot notes on your phone or in a notepad.

And ask a lot of questions. “Questions are directly related to better therapeutic outcomes,” says Sana Goldberg, a psychiatric nurse practitioner in Portland, Oregon, and the author of *How to Be a Patient*. They’re also a way to respectfully push back on a dismissive doc. For instance, if your knee complaints are shrugged off with a “That’s just part of aging,” Gerhardt suggests countering with something like “I respect your opinion, and age could be a contributing factor, but I know me, and something isn’t right. What else could this be? What would you tell a younger person in my position?”

“What else could this be?” is also a great question if your doctor offers only one diagnosis for your symptoms. “A thoughtful physician may be



Ask a lot of questions.
 “Questions are directly related to
 better therapeutic outcomes.”

95 percent sure your problem is x but will still want to leave room for the possibility that something else is happening,” Wen says. And it’s a useful question if you have several symptoms but your doctor is focusing on only one of them. If your biggest concern isn’t being addressed, ask why, Wen advises. Say, “The main reason I came in here was to talk about my headaches. Can we discuss what might be causing them?” And remember, Wen adds, that “the doctor may be the expert when it comes to medicine, but you are the expert when it comes to your body and your own health.”

Don’t forget to ask why your doctor is ordering certain tests, what will happen depending on the results, and what your next steps should be after each appointment. If your queries get testy responses, think twice before you chalk up your doc’s attitude to a mere lack of bedside manner. “We tend to consider bedside manner like it’s some sort of bonus,” Goldberg says. “But to me, it’s key to have someone who can listen actively and talk you through their thinking in a way you can understand. It’s inviting somebody to be actively involved in their care.” Which brings us to our last point...

Know When to Move On

If you’re having doubts about a diagnosis, consider seeking a second opinion, which may be covered by your insurance. If you’re feeling consistently belittled or ignored by your provider, it may be time to consult a new doc who gets you. “Asking friends and family or even your other health care providers is a good place to start,” Goldberg says. “I was looking for a new primary care doctor for a friend and asked my ophthalmologist, who told me theirs was excellent and texted me the number.” Another factor to consider, she adds, is the setting where you’d feel most comfortable. “There can be real differences between a small private practice, a teaching hospital in a larger system, and a community health clinic that supports a diversity of populations,” she says. When you find a candidate, ask if the doctor will schedule a preappointment consultation so you can meet face-to-face and see whether you’re a good fit. “Research shows that how a provider makes you feel, not merely the information they equip you with, will predict how you manage a health condition out in the world,” Goldberg says. “Providers can leave you with a sense of control or no control.” And you should be in control. ■

FINDING THE CARE YOU DESERVE

The best doctor is the one who combines medical expertise with the ability to put your mind at ease. If you’re a woman, especially a woman of color, you may feel more comfortable with a doctor similar to you, Goldberg says. “Studies show that in many cases, women doctors have more satisfied patients of any gender and better surgical outcomes.” Fortunately, more women are becoming doctors these days (women made up 36 percent of the physician workforce in 2019, up from 28 percent in 2007). Unfortunately, the proportion of *Black* women physicians is increasing at a much slower rate—by only 2.7 percent between 1940 and 2018. This discrepancy is an issue, because research indicates that Black doctors may spend more time with Black patients, who in turn may be more likely to trust those doctors’ recommendations for preventive care.

To find a Black doctor, try the digital platform Health in Her Hue. Founded in 2018, it offers a database of providers (search by name, specialty, location, or insurance) and virtual support groups (“care squads”) for topics like mental health, fertility, and perimenopause.

Regardless of who your doctor is, whenever you think gender, age, or racial bias could be present, self-advocacy is essential. “I go to appointments with my 92-year-old mom and say, ‘What would you recommend for your own mother?’” says Linda Villarosa, author of *Under the Skin*, who has written extensively about health care and race. “That can change the energy in the room.”