
ETIQUETTE GUIDELINES FOR CONSULTANTS: ARE THERE ANY?

William L. Winters, Jr.

From Methodist DeBakey Heart Center, Houston, Texas

You bet your sweet mulberry bush there are - or should be. I think they are disappearing faster than the paint from my patio chairs. But what prompts one physician to refer consistently and repeatedly to another? There are several obvious answers: positive feedback from patients, problems solved and prompt responses from the consultant. In my experience, the latter heads the list, although reputation may prompt the first call, and of course it is helpful to have your problems solved and for patients to be satisfied. But communication - therein lies the secret.

One of my compatriots in the cardiology field was a superb cardiologist, but he was hard on everyone he worked with and was especially volatile in the catheterization laboratory. He maintained an enormous practice with a large cadre of referring physicians. He attributed his success to two rules: Always send the patient back to the referring physician and communicate. No matter how busy he was, he would leave the catheterization laboratory and call the referring physician without fail. The referring physicians loved it. I remember the time when a surgeon, upon leaving the operating room, would pick up the phone and call the referring physician with his report. Good, bad or indifferent, that physician knew immediately what was going on. Today, a referring physician is often lucky to see a terse report three weeks later in the mail.

Communication problems are not endemic, however. Some of my

gastroenterology colleagues are among the most responsive I know - if not calling immediately, then at least sending out reports within a few days with beautiful pictures of the interior of the bowel (if one considers the inside of the bowel beautiful). Customs may change over time, but ordinary civility and courtesies need not. True, there is not much financial incentive for courtesy phone calls or prompt explanatory reports. We tend to do it when time permits, and then sometimes not well. But the fertilization of professional relations and continuity of good patient care should be incentive enough.

There is another scenario that doesn't sell well either: the response from the harried consultant who, when called by a referring physician, told him that the patient did not sound sufficiently ill to warrant transfer to the consultant's hospital. "Watch him overnight and call me tomorrow" was the recommendation. Second guessing another physician's judgment over the phone is really asking for trouble, no matter how busy or tired you may be. That kind of brush-off reminds me of the general motto we used to joke about when I was a corpsman in the Navy: "If you can see it, paint it with Merthiolate; if you can't, treat it with aspirin. In either case, send the patient out or home." Yes, you may get burned once or twice and a few unnecessary or inappropriate transfers may occur, but at least you've earned one gold star in the mind of that physician by being helpful, and he/

she will call again.

Here are a few etiquette guidelines that should stand most of us in good stead, and all relate to communication.

- (1) Return phone calls or reports promptly; at the very least, always return them.
- (2) Always return referred patients to the referring physician, even if you need to see the patient in follow-up.
- (3) Never denigrate the referring physician before the patient. Find some explanation for any discrepancies. When you report to that referring physician, find some way to make it educational.
- (4) Share reference resources for unusual situations. How many of you have seen histoplasmosis endocarditis? I've seen one in fifty years.¹
- (5) Keep in touch. A friendly phone call or invitation for lunch, a congratulatory note, a birthday greeting - anything to remind the referring physician that you're still around and interested. I have found congratulatory notes work wonders.
- (6) If the opportunity arises, become acquainted with the influential members of the referring physician's staff. Even just a telephone acquaintance keeps your presence in the forefront.
- (7) Keep a positive attitude. As I've written before, attitudes are contagious.

Continued on page 14

- (8) Word of your expertise as a consultant will spread rapidly if you satisfy both the referring physician and the referred patient. Next thing you know, other patients will ask the referring physician to refer to you should the occasion arise. So always ask new patients how they were referred to you. You'll be surprised at the answers.
- (9) Take time to explain to patients, and be sure they have an understanding of their problem.
- (10) I don't have a number 10. Maybe you can fill it in.

In this day and time, our expectations may be dulled by the pressure to get things done in a less formal atmosphere. A consultant possesses unique talents. Among them should be the willingness to communicate *par excellence* with referring physicians and patients. It is the heart of the framework we call professionalism. Like everything else in life, it takes practice but is well worth the effort.

For more on the issue of communication, read Dr. Ashton's article on page 19.

REFERENCES

1. Wheat LG. Histoplasmosis. *Infect Dis Clin N America*. 2003;17:1-19. *Recent Review of Clinical Aspects of Histoplasmosis*.