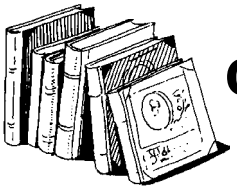


Commentaries

What Kind of Doctor Am I?

Like every other doctor, I often reflect on how I practice medicine. Like every other doctor, I like to think of myself as being above average. There is no "perfect" doctor. No one can be the ideal doctor for every patient. Some patients want an authority figure to lead them. Some want a sympathetic shoulder to lean on. Some want a doctor who is the leading expert in the field, and others want someone "nice" who is competent and happy to coordinate care among disparate experts. We know that we should always show respect and concern for our patients, no matter what their problems are or what their demeanor. Some of us are warm and sensitive types and some of us are more formal, but we all think that we project a sense of caring, with some measure of professional detachment; and, of course, some scientific understanding of the relevant medical issues and how to treat them.

A colleague of mine at another university introduced me before my lecture (on the use of antipsychotic drugs in Parkinson's disease) as an "atypical" neurologist, playing on the words, "atypical neuroleptic" used to label the "second generation" of antipsychotic drugs. The same colleague had introduced me once before, in a similar setting, as a "creative" neurologist. At the time, with the vocal inflections being what they were, I was unsure if these were generous words of acclaim, or, perhaps snide words of criticism. "Atypical" and "creative" are words that can be used in an ambiguous fashion, perhaps even euphemistically. " His understanding of the case was certainly creative," meaning,"This line of thinking is so stupid that you had to have been creative to figure out how to draw such a dumb conclusion." Well, the colleague is a friend, so I figure that the words were meant as compliments, but the edge of ambiguity remains lodged in my mind. Am I being defensive, overly sensitive, or is it good that I "challenge" myself occasionally? Could he be jealous?

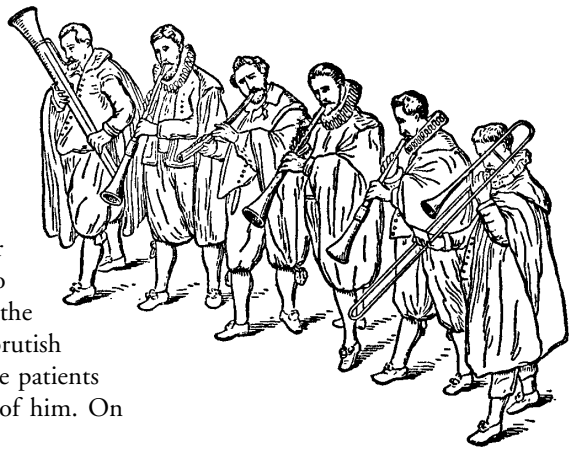
Recently my nurse practitioner, Steve, a super-nice guy, told me that he was getting overwhelmed with older men crying during their appointments. They were sad about divorces, deaths, grief over lost function; the usual stuff of debilitating disorders in older people. This doesn't happen to me. My patients, with rare exception, don't cry in my office, except maybe the first time when I give them a diagnosis that changes their life. Why do male patients cry in his office but not in mine? The answers to this question don't reflect that well on me. Do I rush them? Do I make them feel that I don't care? Am I too technical, focusing on a checklist of problems specific to their disease and not on their "soul," as Plato would have defined it? Am I too dour, unconcerned, cold-hearted? Of course I can't assess myself accurately. I like to tell myself that even if they don't unburden themselves to me, perhaps it's good that I, at least, think about it.

One of my patients told me recently that she liked visiting me, that I was a great comfort and she felt fortunate to have me as her doctor, quickly stating that she didn't feel that way when we first met. Not that I was cold or nasty, she confided, but "forbidding." Another patient told me, with a chuckle, that she had been at a PD exercise class in the morning and mentioned that she was going to see me in the afternoon, and another patient said, "You mean, Old Smiley?" making fun of my demeanor. She told me that she had told him, "He always smiles with me. He smiles a lot. I didn't know what he was talking about."

So, we're seen differently by different people. But the point of this commentary is not that, but to consider what image should I wish to convey to my patients? On the one hand I think it quite brutish to be seen as a doctor whose patients feel uneasy crying in front of him. On the other hand, I really don't want my patients to do this. If there is one thing I know about myself, it's that I'm not a "touchy- feely" kind of guy. I like to think that I'm kind, nice and sensitive, but how sensitive can I be if I give off the message, "Button up, check your emotions at the door."

On the other hand I admire Steve. I feel fortunate that he's part of our clinic, that middle-aged and older men feel comfortable sharing their feelings with him. He obviously provides a form of succor that I cannot. The patients are lucky to have this counterbalance. I hope that my patients don't feel my personal limitations are too limiting for them, but the difficult question is, how much do I really want or can change?

– Joseph H. Friedman, MD



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