How to Be a Happy Dermatologist

It is clear from recent studies that physicians are much less satisfied with their lot now than they were 10 years ago [Linz-er et al., 2000; McMurray et al., 2000; Wetterneck et al., 2002; Visser, 2003]. Why is that?

Malpractice insurance concerns, longer hours and the need to see more patients in less time are often cited as real problem and of course they are. But one truism of our profession is often overlooked, and it is intrinsically linked to our personal satisfaction: The happier we are, the happier our patients are [Haas et al., 2000].

Physician and patient satisfaction are inexorably linked in a beautiful cycle. When we fulfil our patients’ expectations, they are much more likely to improve – even the difficult ones [Jackson et al., 2001]. Patients who improve under our care increase our satisfaction level. Satisfied physicians are much less likely to perceive their patients as difficult, and patients of satisfied physicians are more likely to be happy with the care they receive [Renzi et al., 2001].

Patients enter our offices with certain expectations [Sanchez-Menegay and Stadler, 1994]. First and foremost, the vast majority (94%) expects a diagnosis. Most also expect information about their prognosis (82%) and about how to prevent illness (76%). And a very large number (80%) expects to receive continuing care from the same physician with whom they have built a relationship.

But studies indicate that physicians often do not take those expectations into account [Jackson et al., 2001]. We frequently end up doing more and communicating less – giving out more medications than patients expect and cutting short the discussion they value so much [von Ferber et al., 2002].

Improving personal satisfaction by improving patient satisfaction is not an easy challenge to accept. Dermatology patients are not the easiest ones to treat. Up to 25% exhibit comorbid psychosocial problems [Picardi et al., 2000]. This is again well demonstrated by the case report in this issue [Wehrman, 2004] about the announcement of a life threatening diagnosis like Werner syndrome and the difficulty to cope with it when there is a lack of support. This percentage is even higher, up to 30% when patients have conditions that are obvious to others or that affect their private lives such as acne, pruritus, urticaria, alopecia and herpes virus infections.

Patients with these additional problems, and those who have more than 5 somatic symptoms, require more time – sometimes much more – and put even greater strain on the physician [Jackson and Kroenke, 1999].

But investing extra time in these patients can, in the long run, benefit us as well. Patients who leave our offices satisfied, with few or no unmet expectations, are less anxious and less likely to call with questions [Lin et al., 2001]. Patients who get the information they need about diagnosis, prognosis and prevention are more likely to adhere to a treatment regimen; they improve more often and more quickly than those who lack such information [Jackson et al., 2001]. In the review article by Roos [2004] in this issue, it is pointed out that the doctor-patient relationship is the most important factor for an optimal adherence to treatment advice and in order to increase the mother’s self-confidence to successfully manage the problems of her atopic child. The communication with the atopic child himself can be improved by the use of a new self-assessment tool presented in this issue: the Skin Detective Questionnaire [Lob-Corzilius et al., 2004]. This will help the child to early recognize any worsening of the disease and to better react and stop the itch-scratch cycle.

Interestingly, dermatologists are better at establishing positive, effective relationships with patients with severe symptoms than with patients whose symptoms are clinically mild, despite the severe effect on quality of life like for dysmorphic patients [Renzi et al., 2001, 2002]. However, more and more studies investigate how a given disease affects the feelings of a patient, e.g. the study by Walker et al. in this issue: How does eczema affect children? [Walker et al., 2004]
Clinical practice, especially in dermatology, requires pastoral as well as technical skills, art as well as science [Gibbs, 2000]. Ironically, the rapid advances in science that we see sometimes provide diminishing returns for patients. That is why our journal is so important and must help us to identify our patient’s problems more accurately, and to develop better communication skills. And with better communication, both patient and doctor will benefit.

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References