

Thinking Out Loud...

Actions Speak Louder Than Words

“Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work.”

—Albert Schweitzer, MD

Elizabeth A. Evans

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This article is written in praise of the many within the clinical community who quietly do good, and as a tribute to three friends, physicians all of them, who made a difference in the life of a young woman dear to our family. This article does not reveal identities, though the principal characters will know who they are. It relates a true story that can be everyone's, a recounting of an experience some would say is a near miracle made possible by the better side of humanity. This is what happened....

A young woman prepared for a five-day business trip, taking care to coordinate the many details required for an extended stay away from home. As she moved about her room to consolidate her wardrobe in the large suitcase open at the foot of her bed, she periodically stopped to rub the back of her right leg. In exasperation, she said, “I don't know why my right leg hurts this much. It keeps me up at night. I feel exhausted.” Thinking it a result of the fitness program she had just resumed, she believed the pain was evidence of a pulled muscle and would eventually disappear with time. It did not.

The young woman was cheerful nevertheless as she left for the airport early the next morning. She boarded the plane, traveled to her destination, and was ready for business the next day. Though she tried to maintain a sunny facade, she had difficulty walking because of the pain. To ease it, she would stop and stretch out her leg in the people-filled lobby of the hotel. Luckily, a friend who happened to be nearby noticed her difficulty at the *point-of-need*. He was a physician. He approached and asked her if she was having a problem.

Now, pause for a moment and see in your mind's eye a young woman who looks healthy and vital, almost as if she has never had a sick day in her life, and hear the words, “Are you having a problem?” Internalize her answer, “My right leg is killing me.” What do you think the response was?

This is the response she received from an individual who was remarkably intuitive and caring, who quietly listened to the physician inside this patient. He asked four questions. The first question he asked her was, “Where is the

pain located?” Her response was that the pain was in the back of her right leg, and that it moved up and around to the front. The second question was, “When does the pain hurt the most?” The answer... when she was sitting or lying down for an extended period of time and then got up and began to walk. The third question was, “How do you get relief from the pain?” The reply... by standing up, walking around, or taking a warm bath. The fourth and last question was, “Is it warm to your touch or discolored?” The answer was yes.

Paraphrasing his diagnosis, he said, “I do not want to alarm you, but I believe you have a blood clot called a deep vein thrombosis. Please take this seriously. Go to the emergency room now and ask them to run a Doppler study. This is the most reliable way to determine whether you have a blood clot in your leg. Do not leave the ER until you have had a Doppler study!”

She took his advice and went to the ER, recounted to the attending physician what had happened thus far, relaying the advice she had been given. The ER recommended

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they not do a Doppler study at this time because insurance would not cover its expense. She restated the advice and demanded that one be done, agreeing to sign the necessary paperwork so that it could proceed.

The Doppler study was done. What was its verdict? She was diagnosed with a deep vein thrombosis in the large vein of her right leg and was ultimately hospitalized for eight days. A miraculous story of two people who met fortuitously in a crowded hotel lobby—one a patient with a problem, the other a physician who took the time to listen to the physician inside the patient, potentially saving a young life while the world swirled around them both.



The world then barged in the next day and trumpeted the significance of what had happened when it announced the death of the journalist, David Bloom. The cause of death was a pulmonary embolism as the result of a deep vein thrombosis. This young woman knew that a miracle had happened and that she was its recipient.

There was still another miracle in this experience... the virtual world of information created by modern communications. E-mails and voice communications collapsed the more than 1,000 miles that separated the young woman from her family and made it seem as if she were in the same room with them, not halfway across the United States in Texas. Modern communications also connected two friends with the patient and her family—one friend in Virginia and the other in Florida, both physicians. They reality-checked the patient's and family's concerns with the science of medicine in almost real time. Their solace of reason was a welcome companion, as were their words of encourage-

ment that were grounded in clinical fact. The care team, including the patient's family, was ultimately at their best as they practiced information in concert with each other.



I have used facts to argue the importance of electronically embedding protocols of care and alerts at the point-of-need. Today, I understand more than ever before that this is not just important. It is our responsibility to do so.

And so it comes to this theme one more time. I firmly believe that we can and should create information technology in the images of our friends, the physicians, and also of the patient so that we *can* “give the doctor who resides within each patient a chance to go to work.”

I have written in this journal many times about the benefits of practicing information... that is, using information technology to improve the quality of patient care. I have used facts to argue the importance of electronically embedding protocols of care and alerts at the *point-of-need*, and our company, Health Informatics, Inc., has operationalized the TIME System™ to do so.

Today, I understand more than ever before that this is not just important. It is our responsibility to do so. **D&T**