

PATRICK MALONE & ASSOCIATES, P.C.  
From Tragedy To Justice - Attorneys For The Injured

We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

### In This Issue

How Bringing an Ally to the Doctor's Office Can Help You Get Better Care

Switching Doctors When You Need to

More Reading on Getting the Right Diagnosis

Check Out Our Previous Tips

### Quick Links

[Our firm's website](#)

Read an excerpt from Patrick Malone's book: ***The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst***

## Helping Your Doctor Make the Right Diagnosis

Here's another summer issue of our patient safety newsletter, on a topic of four-season importance: getting to the right diagnosis when your doctor is unsure. There's a lot you can do to steer your medical ship to safe harbor. Read on for more.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

## Bring an Ally with You to the Doctor's Office

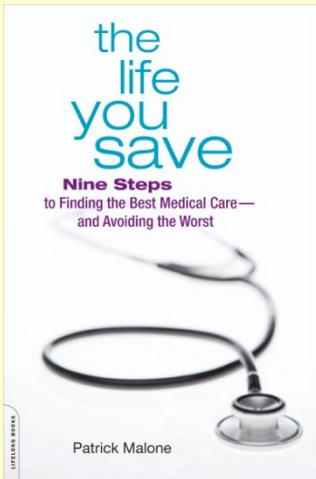
The elderly woman whose diagnosis story was told recently in the [Los Angeles Times](#) was the unfortunate recipient of knee-jerk medical care. But she was fortunate in having her child as an advocate who did an end run to solve her medical mystery.

A physician diagnosed the mother with a urinary tract infection, but didn't prescribe antibiotics because she is allergic to most of them. Her condition did not improve. Because the doctor was unaware of or unwilling to investigate other treatments, and didn't consider the possibility of a misdiagnosis, the child turned to The Times' health-care columnist for advice.

Misdiagnosis and/or improper treatment, as we've previously noted in [our patient safety blog](#) and in this newsletter, is hardly unusual, and the paper suggested that something was missed in this case. Sometimes a positive urine culture does not, in fact, disclose a urinary tract infection. Sometimes lab results can be misread.

Elderly people are more likely to experience an overactive bladder; other conditions that might have been overlooked can cause recurring urinary tract infections. Interstitial cystitis can mimic a urinary tract infection, and a prolapsed pelvic floor can compromise the ability to fully empty the bladder.

As noted in the article, "Medicine is a deductive science, rather than something we



## Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



can see and know for sure,' said Dr. Lisa Sanders, a primary care physician at the Yale University School of Medicine." Dr. Sanders writes a column on medical mysteries in the New York Times Magazine.

The patient and/or his or her advocate often must be the case manager. That means being prepared before seeing the doctor - bring your medical records, a list of your symptoms and topics you want to discuss. As Sanders told the L.A. Times, "A doctor's appointment is more like a meeting between two kinds of experts - the patient, who is expert on their own experience, and the doctor who is expert on the broader issues."

Don't be timid. Ask questions, and if you're not satisfied or don't understand the answer, ask again. If you've been treated and it hasn't worked, tell your physician that you remain unwell and ask if it's possible that you've been misdiagnosed, if another disorder might be causing the symptoms.

That's where bringing an advocate to your appointment can really help; it's easier to be proactive when you can let your ally ask the tough questions.

Everyone deserves a doctor who is willing to listen to the patient and her advocate, and to fully explore the possibilities. An elderly patient should consult a specialist in geriatric medicine, who understands how some symptoms present differently in older people, and who knows the health problems they are more prone to experience. In this case, apart from gynecology, there are even specialties in female urology and voiding dysfunction. (Read the next article for resources on finding a new doctor.)

To ensure continuity of care, the primary care physician should be kept apprised of all doctor visits, tests and treatment information gleaned from different sources.

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## Resources for Finding the Right Doctor

Sometimes you have to give up on one doctor and change course. Your instincts will help you know the right time: When the doctor isn't listening, or seems stubborn, or otherwise is floundering.

Here are some resources for finding the right caregiver:

People covered by Medicare can search for providers on the Medicare website using the "Resource Locator" link at the top of the home page. Local teaching hospitals are also good resources, as they're most current on research and treatments, and often aren't constricted by the time restraints many private doctors must impose in order to make a living.

Another care resource is associations or foundations dedicated to certain disorders.

Patient advocacy organizations might be able to help. The mission of In Need of Diagnosis, for example, is to advocate "for changes in the medical system that will increase the accuracy and timeliness of diagnosis. It is a resource for people who suffer with illnesses that elude diagnosis." It's not a medical facility, so it doesn't diagnose, but the nonprofit organization helps match patients with appropriate caregivers.

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## More Reading on Getting to the Right Diagnosis

We also tackled the important subject of misdiagnosis in Issue No. 16 of this

newsletter, which gave [important advice about helping your doctor get to the right diagnosis](#). We started with the essential question you always need to ask, and we moved on to a list of other vital questions that should be on the list you take to the doctor's office.

I try not to repeat myself too much in this newsletter, so if you go back to Issue No. 16, I promise it will give you more insights on this subject, which is too big for a single newsletter.

You will also find detailed chapters on talking to your doctor, finding a new doctor, and getting to the correct diagnosis in my book, "The Life You Save."

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### **Past issues of this newsletter:**

This is issue No. 20 of our [patient safety newsletter](#), now in its second year.

Issue No. 19 offered tips on finding the right hospital.

Issue No. 18 focused on rules of thumb for better health care, and the fascinating social science research that shows why intuitive, "gut" decisions often are based on quite rational reasons.

In the issues just before that, we had a three-part conversation about health care conversations. We started with the core idea of medicine: that [every patient can and should exercise the right to decide what happens with his or her own body](#). It's called "informed consent," and it's all about having a good conversation with the doctor or other provider, to help us form a bond and get the best care. Part two discussed how [good questions to the doctor can prevent misdiagnosis](#). These are conversations that can truly save a life: yours or a loved one's. [Part three concerned who speaks for you when you cannot speak for yourself](#). [Living wills and health care powers of attorney](#) are the tools to ensure that what happens to you in this all-too-common circumstance -- in an ICU or hospice -- follows your desires and dreams.

So those were issues 15, 16 and 17. Moving backwards: No. 13 and 14 focused on doing your own health care research on the Internet. No. 13 opened the discussion of "separating fact from hype" in health care advice with a piece on [HealthNewsReview](#), plus articles on the five most overrated prescription medicines and the Miranda warning you see on a lot of so-called natural health products. Read [No. 13 here](#).

No. 14 featured a short list of reliable web sites for health care information. We also did a short expose of a very popular website that one writer memorably called "a hypochondriac time suck." As a bonus, one more click will give you an excellent food pyramid for a healthy diet. Read [No. 14 here](#).

Here's a rundown of our newsletters in 2010:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.

Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. [Click here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. [Here's the link](#).

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a real life-saver when you know how often colonoscopies miss life-threatening lesions. [Read more here](#).

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is [here](#).

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link is [here](#).

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. [Read it here](#).

No. 12: Part two of preventing injury in the hospital: infections, blood clots and wrong medicine/wrong dose problems. [Here is the link](#).

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**To your continued health!**

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone  
Patrick Malone & Associates