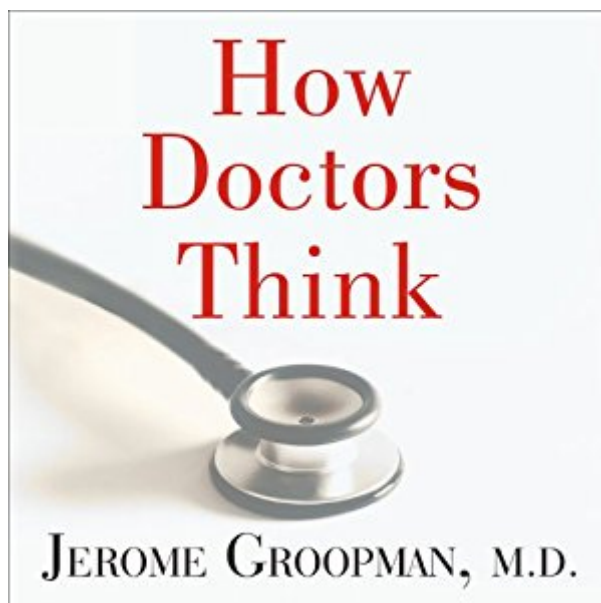


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How Doctors Think



Synopsis

A New Yorker staff writer, bestselling author, and professor at Harvard Medical School unravels the mystery of how doctors figure out the best treatments—or fail to do so. This book describes the warning signs of flawed medical thinking and offers intelligent questions patients can ask. On average, a physician will interrupt a patient describing her symptoms within eighteen seconds. In that short time, many doctors decide on the likely diagnosis and best treatment. Often, decisions made this way are correct, but at crucial moments they can also be wrong—with catastrophic consequences. In this myth-shattering book, Jerome Groopman pinpoints the forces and thought processes behind the decisions doctors make. He explores why doctors err and shows when and how they can—with our help—avoid snap judgments, embrace uncertainty, communicate effectively, and deploy other skills that can have a profound impact on our health. This book is the first to describe in detail the warning signs of erroneous medical thinking, offering direct, intelligent questions patients can ask their doctors to help them get back on track. Groopman draws on a wealth of research, extensive interviews with some of the country's best physicians, and his own experiences as a doctor and as a patient. He has learned many of the lessons in this book the hard way, from his own mistakes and from errors his doctors made in treating his own debilitating medical problems. *How Doctors Think* reveals a profound new view of twenty-first-century medical practice, giving doctors and patients the vital information they need to make better judgments together. --This text refers to the Audio CD edition.

Book Information

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Customer Reviews

There are doctors that follow the tune that the Medical Industrial Complex plays, and there are ones who buck the trend. Dr. Groopman is one of the latter, thankfully. In *How Doctors Think*, The New Yorker staff writer and Harvard professor of medicine & researcher Dr. Groopman offers a distinctive look into the structure of Big Medica in search for what exactly is the type of mindset Doctors employ when practicing their jobs. Groopman does a compelling job throughout the book in making sure he relates the plights plaguing medicine from both sides of the coin, from the patients perspective, as well as from the perspective of a physician. This aids in the book not being one sided. It helps greatly that he is also a Doctor with experience in this very field. From medical, money, marketing, uncertainty, dogma, to various other components of medicine, Groopman attempts to turn over as many stones as possible in his search for what issues are the ones plaguing Doctors the most. A notable point in the book that hit close to home, which many people will relate to is the emotional tension that can arise at times between patients and their doctors. Essentially, whether patients and doctors like each other. Groopman relates what Social Psychologist, Judy Hall discovered regarding emotional tension: "...that those feelings are hardly secret on either side of the table. In studies of primary care physicians and surgeons, patients knew remarkably accurately how the doctor actually felt about them. Much of this, of course, comes from nonverbal behavior: the physician's facial expressions, how he is seated, whether his gestures are warm and welcoming or formal and remote. "The doctor is supposed to be emotionally neutral and evenhanded with everybody," Hall said, "and we know that's not true." [1] What's worse, is that Hall's research indicated: "that the sickest patients are the least liked by doctors, and that very sick people sense this disaffection. Overall, doctors tend to like healthier people more." [2] So much for quality health care. Along with the above example, the author additionally notes many other examples of issues that arise due to a crisis in communication which can arrive in myriad ways. In fact, one of these issues that Groopman relates is that: "on average, physicians interrupt patients within eighteen seconds of when they begin telling their story." [3] Another salient aspect of Big Medica that the author sunk his teeth into was the psychological aspect of medicine. Predictably, far too often doctors/western medicine view the patients psychological components as being apart from the body, rather than taking a much-needed holistic approach. Additionally, the institutional dogma that reigns down from the top is also touched upon in a few instances by the author.

Open-mindedness is scoffed at, while conformity was expected. Recounting an example of choosing between the availability of multiple medical options regarding a particular treatment, Groopman relates something noted by physician Jay Katz, who taught at Yale Law school at the time: "In both [treatments] we were educated for dogmatic certainty, for adopting one school of thought or the other, and for playing the game according to the venerable, but contradictory, rules that each institution sought to impose on staff, students and patients." [4] Another disturbing component that doctors acquiesce to that is covered by Groopman is how doctors far too often give into corporate interests. This very issue has been covered by other doctors such as Dr. Brogan, Dr. Breggin, Dr. Mercola and many others. This book sheds much needed light into the inner workings of how doctors operate and how they think. While the author notes that a sizeable amount of the issues have a variety of roots at the outset, such as communication, what he conveys still leads to much concern within the Medical Industrial Complex. In the end, individuals will need to become much more proactive/responsible in their health if they plan to breakaway from the conventional medical system that puts profits over people.

Sources & References: [1] Dr. Jerome Groopman, M.D., *How Doctors Think*, pg. 19. [2] *Ibid.*, pg. 19 [3] *Ibid.*, pg. 17 [4] *Ibid.*, pg. 153
Kindest Regards,
Zy Marquiez
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Dr. Groopman begins his book with a story of a very sick patient who went from doctor to doctor for fifteen years, and continued to get worse. Finally, she found a doctor who was able to accurately diagnose her illness, suggest appropriate treatment, and save her life. The difference? The way he listened. He calmly put aside her file and said to the patient: "I want to hear your story in your own words." This doctor is concerned that technology has taken doctors away from the patient's story, and you can't be a doctor without the patient's story. Groopman notes that "on average, physicians interrupt patients within eighteen seconds of when they begin telling their story." He says that how a doctor asks a question structures the patient's answers. Generally, an open-ended question is better because it is more likely to give the doctor new information. He also notes that patients are very sensitive to whether the doctor likes them. The tendency is that doctors like sicker patients less. Groopman is saying that it is important for doctor and patient to be aware of these dynamics. Throughout his book he encourages doctor and patient alike to think and ask questions of one another. A patient, for instance, can ask why, ask what else it might be, ask if there is anything that doesn't fit, ask what's the worst case scenario, can retell their story, can tell what they are most

worried about, tell what they discovered in their internet research, can say "I still don't feel good." All these can improve a doctor's thinking. Each chapter of Groopman's book has a personal example that reads like a detective story which he uses to make a point. In the chapter, "Gatekeepers," he tells how doctors are expected to see a patient every 15 minutes thereby missing essentials and reducing medical care to a commodity. In a chapter about a baby undergoing heart surgery, the point is made that "experts" must acknowledge their uncertainties if they are to be successful. In a chapter about a brain surgery, the point is that inaction is sometimes better than action. The major points of Groopman's book are that, as a physician, his major partner is the patient, that it is always important to improve his thinking, that to do so he must open his mind, and the patient helps him to do that by asking questions.

Wonderful book, even for a seasoned psychiatrist like myself. It's a good idea every now and then to question our assumptions, and this book is a wonderful journey into how we use information in a world of uncertainty. I am recommending it to all my colleagues, especially those who train young physicians. The author also gives the lay public the right words to use when speaking to physicians in order to be most effective.

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