

Communicating with Health Care Systems When You're Away from Home this Summer

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We're in the full swing of the summer season. Finally.

That means many of us are on the road taking time off, visiting friends and relatives and visiting new places. It's also conference season when so many industries decide to host their conventions during summer months. Seasonally, we tend to take things on the road more so during this season than any other.

In May of 2005, I found myself feeling terribly ill when speaking at a women's conference in Atlantic City, NJ. I was so ill that I wasn't able to walk off the plane when I landed at Boston's Logan airport. Thankfully, my friend took me to my local hospital's ER. The following day I was transported by ambulance to the ICU at a major Boston medical facility. I was in complete organ failure and needed a liver transplant desperately. I was fortunate to receive the gift of life within one week of entering the Boston hospital.

I've often wondered - "what would I have done if I couldn't make it back to Boston then?" Would anyone know what I wanted in my healthcare? How would they know my situation, desires, allergies, medications I might be taking, et cetera? Especially if, because of my condition, I wasn't able to share this information myself.

Recently, while visiting a coastal town north of Boston I saw a sign hanging at the restaurant where we were eating. I couldn't help but relate this to the world of health care in thinking about patients - and vice versa. What if we simply replaced the word "customer" with the word "patient"?

"A customer is the most important visitor on our premises. He is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so".

-- Mahatma Gandhi, 1890

Although health care doesn't often see patients as consumers - we are so in many non-emergent situations. I believe we have a healthy co-dependent relationship with one another -- patients on quality healthcare -- and quality healthcare on patients. We both need one another and putting ourselves in the other's shoes might offer a more open and compassionate line of communication.

Patients can be pro-active in being prepared to help communicate and inform medical staff of your needs - even if you are unable to communicate them directly. It's extremely helpful in emergency situations, especially when traveling alone to have copies of the following easily accessible (i.e. your wallet is an ideal place)) to medical personnel upon your arrival at a hospital or clinic.

Medical directives

Health care proxy

Emergency contacts

Here's a link to a document you can print out or use as a template for what you might want others to know if you fall ill and are alone or unable to speak.

https://www.americanbar.org/content/dam/aba/images/law_aging/app_walletcard.pdf

This gives you the greatest chance of being treated quickly based on the information you provide to a medical team and allows for family members and your health care proxy to provide information as well. I believe it's wise to include the medication you take and to clearly state if you have had a major health scare or procedure (i.e. heart attack, cancer - or in my case, liver transplant, etc.) It is also wise to provide your doctor's phone number as well. We want to make it easy for a new or existing medical team to treat us well. More information is always better than less information.

Likewise, physicians and staff need to be sensitive to the feelings of fear, trauma and unrest of a patient --- especially when they are traveling or away from their familiar surroundings.

A few years ago, I conducted an intake role-playing exercise with an intern in Boston. She began by asking if I had any end of life wishes and later asked about a health care proxy. My constructive feedback for her was this.

I began with the positive observations. She had a pleasant and caring tone of voice. She was extremely diligent about getting these important questions answered. Her non-verbal facial expressions showed that she was concerned.

One major area in which she needed to improve was the order in which she delivered the questions. In my real-life case, for example, I was gravely ill when I arrived in ICU. I had no idea, however, the extent of my illness. If a physician or anyone had started off asking me what my end-of-life wishes were, I would have been extremely unsettled and riddled with fear - thinking they knew something far worse about my condition than I did.

Instead, I suggested that she provide context around her questioning. She might have said, "Nancy, we have some difficult questions to ask you and we don't want you to be alarmed. We have to ask everyone who walks through our doors these questions". I would have thought this was normal operating procedure and wouldn't have given it another thought.

Although Ghandi's amazing quote from more than a century ago suggests that anyone in any business is always at the service of their customer (or patient), I believe the more prepared we are as patients, the easier we make it for our medical team to treat us with our desires in mind. We also need to be responsible for aspects of our health and well-being. The relationship between medicine and medical professionals and patients is a co-dependent one.

I mean co-dependent in the best of ways.

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