

Doctor-Patient Dynamics

"Your patient's goal is to get out of your office, make as few changes in diet & lifestyle as possible and spend as little as they can in the process."

One of the greats in chiropractic Dr. George Goodheart used to say "Understanding the process of a disease is the most important part of treating a disease." And it's true, because if you understand the process, many nutrients can work to accomplish your therapeutic goals. Along those lines, understanding the process of what's going on between you and your patient may be even more important than what you give them.

Whether you are aware of it or not, there is an unspoken battle going on. Your goal is to help them achieve their wellness potential. You want them to go beyond pain, get off medications or alter lifestyles that may contribute or be the cause of their disease and regain their energy so they can live life to the fullest. But their goal is to get out of your office, make as few changes in



diet and lifestyle as possible and spend as little as they can in the process.

In that light, I want to share three key ideas that can make your practice more successful.

First, over communicate to your patients as you are doing your initial intake and subsequently on your report of findings.

Many doctors think if they say something one time, one way, they communicate clearly the problem

and solutions. Dr. Rob Kesinger one of the instructors for the DABCI program shared his strategy as he performs his initial physical. As he reviews the intake form, he pre-presents that he will probably need some labs to rule out possible problems. Then, when he does his physical and palpates the liver, intestines, checks tongue, skin, blood pressure, pulse rate, tender trigger points, etc., he constantly shares with his patient that "we're probably going to need some labs

on that". By tying your physical examination and the patient's subjective symptoms to labs about six different times, you plant the seeds that more information may be needed.

The more information you have, the better the case you can build for wellness care vs. disease care. And isn't that what you want; a practice keeping people well, as opposed to always looking for new pain patients.

Here's my second patient management pearl. It comes from Dr. Abbas Qutab. He brings experience as a medically trained physician, naturally trained chiropractor as well as a PhD in ayurvedic medicine. He's famous for the creation of the 3-Step Detox program. I have personally seen hundreds of patient's regain their health from this systematic approach to health. You can see a link to a Tuesday Minute on it. Dr. Qutab also teaches a blood chemistry class titled "Mastering the Art of Blood Chemistry".

In a confidential conversation, Dr. Qutab shared that when he put patients on a detox program first, then on a 30 day maintenance program before they had their blood drawn, they fared better than when they just had blood work done and then went on a program based on their individual needs.

He thought the reason was twofold: first, if you don't clean up the gut, toxins continue to build and nutrients are less effective. Second, it takes time for people to change their diet. By implementing a detox program before you do the blood work, it gets people in the habit of making dietary

changes. These dietary changes will add a quantum leap to nutritional therapies.

The third pearl is to recognize in your communication that your patient has a challenging problem. Hey, if they weren't a tough case they probably wouldn't be in your office. So acknowledge their experience and let them know that you know there is a deep seated cause underlying their condition. But (and make sure this is a big part of your report of findings), make sure you convey that you will stop at nothing until you help them regain their health. This honesty gives them hope and confidence that you are in this fight with them.

Second, it gives you credibility when you ask for further testing should you need it.

I used to be so defensive if patients didn't get better right away. But the reality is, you are treating cases that are chronic and cellular changes can take time. I recommend, "Advise patients that it may take up to a month per year of chronic illness. This plants firmly in their mind that their therapy is a process and that true healing takes time.

Recognizing these principles may not be as sexy as a new nutrient or methylation pathway but understanding the unspoken battle between your goals and your patient's expectations is an important step to long term wellness care.

By the way, you can see a link on this page to purchase weekend lectures by Dr. Qutab on both detox and blood chemistry.

Thanks for reading this week's edition. I'll see you next Tuesday.