



Thursday Memo – May 5, 2016

Satisfaction..... by Nidhi Lai

I enter the exam room in an Urgent Care. She sits across the room with her hands folded. “I have had a sore throat and sinus pressure for three days. The last time this happened to me, my Primary care doctor gave me antibiotics and I was better in a day. I need a Z-pack,” she declares to me.

I have not even examined her. “Let me see what we find,” I tell her. “Let’s start with your symptoms.” I go through her history and examination. She has mild pharyngitis. No other positive signs. While I examine her, my mind is framing the conversation I am going to have with her. I take a deep breath and start. I go over the Centor Criteria for Streptococcal pharyngitis. I explain that with her score of 1, no antibiotic or throat culture is necessary and that the risk of streptococcal infection is <10%. I go over all the warning signs of bacterial infections and what to watch out for. I explain that as she does not have any signs indicative of bacterial infection, antibiotics will not help her.

I quote CDC, and refer to their guidelines. Her arms remain folded across her chest and her face is stiff, lips pursed tightly. I tell her about the side effects of antibiotics- side effects to her as well as to the general public health. I talk about increasing resistance due to unnecessary antibiotics as well as the strains of bacteria that are needing higher and higher doses of antibiotics. I bring my public health passion into the conversation- I feel that I have made a strong case- backed with my clinical findings, scientific evidence. I recommend a mucolytic for her sinus symptoms and a cough suppressant, warm saline gargles and a cool mist humidifier. I practice good evidence based medicine and have both the patient as well as the public health perspective in mind.

She does not think so. “So, you want me to do all these other things instead of one antibiotic?”

“I KNOW the antibiotic will cure me and I can go back to work tomorrow”. “I should have just gone to the clinic down the road,” she mutters under her breath.

I stand my ground, looking professional on the outside with her After Visit Summary in my hand, but very confused on the inside. I do all I can – I make good clinical decisions for my patients. Why do they remain unhappy? Why can I not satisfy them?

With Patient Satisfaction now getting more and more important, I know that she will not be satisfied with me and fill out a low satisfaction score. That has other effects. I know that she can have access to her antibiotics 'down the road' and she probably will give them a high patient satisfaction score.

But I cannot get myself to do that. My brain tells me I am right but then why are both of us dissatisfied