

The Smart Patient
by Gina Kolata

This is a short eBook that is helpful from the standpoint of being a patient and also of being a caregiver. Most people can read it in one to two hours. In this book the author gives "advice, gleaned both from mistakes she made and from experts who have spent their careers learning about what constitutes credible evidence and how to tell the good science from the not so good."

1) **Beware anecdotal evidence** - There's a relatively long discussion of the platelet rich plasma fad. Too many anecdotes seem to make sense, but don't. They are wishful thinking. One orthopedist called it a triad: famous patient, famous doctor, untested treatment

2) **Beware of observational studies** - observational studies are cited more than any other type and more and more are being done all the time. Electronic databases make these relatively easy to do. Observational studies allow people to draw inferences that were, in retrospect, overenthusiastic. John Ioannidis has reported that 80% of non-randomized studies turned out to be wrong.

3) **If your diagnosis is serious, get an independent second or third opinion.** This is an important section that details how much variability there is in medical testing, reading of pathology and studies. Often, when the result of studies are looked at by independent experts the diagnosis changes. Getting a second opinion before embarking on serious, controversial or expensive medical or surgical treatment can be vitally important.

4) **Know what to ask of your doctor and what to ask of yourself** - When you are sick, you really want a good doctor to take care of you. You should not necessarily be second-guessing your doctor and checking everything on the Internet. That means first finding a good doctor and then letting the doctor do what he or she is trained to do. Finding someone who really cares about you (and making the system work for you) is much more important than a physician's fancy reputation. These are the thoughts of Lisa Schwartz, a Dartmouth professor of medicine. Does your doctor always let you know promptly about test results? Does she call you back? How quickly do things get scheduled?

It is important to know which decisions should be made by the doctor and which should be made by you. Marsha Angell addresses this subject. The first type of decision is the purview of the doctor and this is to answer technical questions:

What is the diagnosis?

What is the most effective treatment?

What are the likely consequences of the treatment?

The second part of a medical decision is very different and it involves value judgments that only a patient can make:

Do I want to know the diagnosis if the outcome will not change very much?

What is my tolerance for false positive results of this test?

Angell believes that problems in decision-making arise when patients and doctors do not separate the two types of issues and do not specify who should be making which kind of decision. She feels that physicians abdicate their responsibility when they invite patients to make technical decisions. She worries that giving patients the responsibility for making technical decisions is a bad choice. She also feels that doctors should not intervene in value judgments even if those judgments seem totally wrong to the doctor. As a patient, you should know the difference between these types of decisions and know when your decision is a value judgment and should be paramount.

The concept of **slow thinking** as opposed to fast thinking is important here. This was described by Daniel Kahneman, a Nobel laureate in psychology. Fast decisions are fine for decisions that are not very important. But, we need to slow down our thinking and try to not be as influenced by emotion, as we are most of the time, when the decision is important. This can be difficult. Decisions are often hard. (Kolata did not spend enough time on this). Kahneman has written a book about this called: *Thinking Fast and Slow*.