



John Hickner, MD, MSc
Editor-in-Chief

How well do you know your patients?

At a recent seminar for first-year medical students, I was struck by a statement made by a presenter—an attorney who advocates for health care for the underserved. “Know your patients,” she advised.

Know them well, she meant—where they live, who’s in their family and whom they live with, whether they have a job, and more. I was reminded that, while we family physicians pride ourselves on knowing our patients, in the bustle of daily practice there’s often no time for even a rudimentary social history.

Yet, recent research highlights just how important knowing our patients really is. Saul Weiner, MD, who has been studying what he calls “patient context” for years, has identified 10 domains that doctors should be aware of: access to care, social support, responsibilities, relationship with other health care providers, skills and abilities, emotional state, financial situation, cultural beliefs, spiritual beliefs, and attitude toward illness. Being truly patient-centered, he contends, means considering all 10 domains when we prescribe tests or treatments.

Weiner added to his body of research recently with a study in which he and his colleagues¹ put hidden recorders in physician offices, and recorded doctor-patient conversations—more than 600 in all. In listening to the recordings, the researchers identified 548 red flags (eg, medication nonadherence, frequent ED visits, poor diabetes control) that the treating physician should have, but often failed to, follow up on.

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Chart audits, conducted up to 9 months later, highlight the importance of “patient context”: Among patients with red flags, 71% of those whose doctor directly addressed the problem showed improvement, vs 46% of those whose red flags went unacknowledged and unaddressed.

As we discussed these issues at the seminar I attended, a medical student with experience in the health care industry identified another important domain that doctors should be aware of: patients’ health insurance status. While some thought this might stigmatize patients with little or no coverage, others—including me—agreed that when ordering expensive tests and drugs, it is vital to know what the potential financial burden might be.

It’s yet another reminder of what FPs know, but often lose sight of: To be optimal healers, we must go beyond the medical problem at hand and get to know the patient in front of us.

1. Weiner SJ, Schwartz A, Sharma G, et al. Patient-centered decision making and health care outcomes: an observational study. *Ann Intern Med.* 2013;158:573-579.

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