



The Doctor as Mechanic: Using an Analogy in the Doctor-Patient Communication

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Editorial

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Doctor-patient communication has a pivotal role in the improvement of patient care. This is especially true in patients with functional gastrointestinal disorders (FGID) in the expression of which psychosocial issues play an important role. During consultations, many patients have difficulty effectively communicating about or understanding their illness; many have previously formed beliefs relating to the mind-body illness dichotomy. Using examples and applying analogies during the discussion can be employed as a method to ease the process of explaining pathophysiology and answering “why” questions. The present draft demonstrates a doctor-patient interaction by providing a narration of a real clinical encounter and providing brief remarks that may be presented to the patient. The function of a car is a familiar and understandable example for nearly all patients, and thus, can be applied as an analogy to a FGID, as was done in this situation.

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It was 3 p.m. when a middle aged lady entered my office, dressed in a dark blue manteau and a precious silk scarf. Her daughter was accompanying her carrying a child and a large plastic bag. “No one knows what is wrong with my stomach”, the patient stated while extracting her cell phone from a natural leather purse, “let me read from my notes in my phone”.

Medical consultation begins with the observation of non-verbal behavior and general atmosphere of communication. Why is my patient accompanied by her daughter when she looks generally healthy? Does she require social support for her illness or has it created anxiety within her family? In a patient who reads symptoms and complaints from a written list, the doctor must consider perfectionistic tendencies, obsessive behavior, or cognitive decline.

After a long day of inpatient educational rounds, and starting the outpatient clinic consultation of a patient with a flare of inflammatory bowel disease (IBD) and another with a history of colon cancer surgery, I was now confronted with my third patient and I was looking for a pattern within her complaints

and findings.

The physician's job is to fix a variety of problems from primarily somatic to primarily psychological through prevention to palliation. A high degree of awareness is necessary to understand the nature of the malady in each patient. The consideration of all the dimensions of biopsychosocial interactions and the use of analytic and non-analytic reasoning in diagnosis are also essential.

"I just returned from a six month trip to the USA and rushed to your office", she continued. Her daughter was an orthopedic surgeon and informed me that her mother had an episode of acute gastroenteritis when overseas. This was at a time she was trying to resolve a marital conflict between her brother and his wife. She then received antibiotics, but developed acute dyspepsia after one day of treatment. Within a week, she had a throat discomfort unrelated to change in position or meals. There was a burning sharp discomfort just below her right ribs and also an annoying ache in her legs at night.

The existence of several stressors can lead to major distress and can make a patient prone to illness. Travel stress and sleep deprivation were added to her chronic illness and may have induced neuroautonomic and neurosensory dysregulation leading to an exacerbation of symptoms. The patient reported globus sensation, subchondral discomfort, and restless leg syndrome.

They told me that she saw a large number of doctors after these symptoms began, and provided me with a pile of medical records all showing normal or inconclusive findings unrelated to her current symptoms; hypertriglyceridemia, fatty liver, minor bulging of L4-5 intervertebral disc in lumbar MRI, non-specific colitis in the colonoscopy report, and antral gastropathy in upper endoscopy. There were also equivocal changes in her exercise test and she had a negative CT angiogram.

Health anxiety is a major contributing factor in the development and aggravation of functional

medical disorders especially with psychological comorbidities. The condition forces patients to seek care from different medical disciplines to confirm and guarantee perfect health. During this process, various paraclinical data are accumulated. The face validity, reliability, and definition of reference values of each set of lab data must be determined. Therefore, the patient and care provider team may find a series of incidentally detected borderline or non-relevant pathologies.

The orthopedic surgeon opened the bag she was carrying and emptied a large number of pill, capsule, and syrup bottles on table 1. I held my breath when she was describing what medications she uses for which specific problem and when and how they should be ingested.

One of the major problems in management of functional problems, especially when the patient's presentations are in multiple organ-systems, is over utilization of health care services and multiple drug use. The use of many drugs may induce possible adverse events itself and also the scheduling of several items is stressful itself.

"Doc! You're going to fix my problem, right?! Something's wrong in me! I checked my symptoms on the internet and I know I have pancreatic cancer. Look! Pancreatic cancer patients have back pain" she said as she showed me a bundle of the medical records. "They also eat and breathe", I said to myself. I smiled as I got the papers and started looking through them.

Fear of cancer is quite prevalent in functional disorder cases. To overcome this fear, they frequently check their symptoms in accessible data resources like symptom checker websites, medical blogs, and patient support groups on the internet. Most patients do not understand the difficulty and complexity of medical reasoning, and thus, fall into overinterpreting the information which can be a huge trap.

Her daughter informed me that her mother had difficulty sleeping during the past months, easily cries when talking about family troubles, and has slowed down in her activities.

In the current practice of functional disorders, we frequently see smartly dressed patients with good self-care, but behind this appearance may be an atypical depression. All patients with such presentations must be checked for psychological symptoms and risk factors.

The patient continued: "I never could drink milk; it makes me sick." She complained of dairy induced cramps and diarrhea. I am also not able to eat cucumbers and eggplants. "Last night, my sister cooked a spicy eggplant omelet; I could not sleep the whole night. No one else had any such problem! So, doc! Why me?"

"I see, anything else?" I ask. Insisting on understanding her sensation and suffering, I informed her gently that she had developed a series of non-malignant non-lethal functional problems. She seemed tentative about my diagnosis, because her experience of bothersome food intolerance was so worrisome to her.

"Mrs. Carson", I invited my patient to look outside from my office window that opened onto a busy square. "Look at these cars," I continued. A black mid-size sedan was stopping behind the red-light next to a three-axis truck. That black one is mine. "Can I use gasoline in it?" I explained to her that not all types of vehicles can use gasoline, some use natural gas, some petrol, and some electricity. "Although many cars can use gasoline, some may shut-down entirely if you use it." "You may be a luxurious car that needs high octane fuel, just like your body is more sensitive and it feels more than others do."

"Do you ever take your car for regular service?" inviting her to sit down again, I continued: "Not all engines may use similar types of lubricating oils; there is a user booklet for each car that shows which type will ease the motor action."

Looking at me, astonishingly, she smiled for the first time: "Doc! I think you were a mechanic for a long time before entering the medical profession."

"We sit around the table each day, but I have

no appetite. When I have breakfast, it is only about half of what my husband eats." She expressed this with a deep sigh and a sense of sorrow. "Mr Carson is a long vehicle truck that needs 20 liters per 100 kilometers and you are an efficient car with 6 liter per 100 kilometer consumption." I asked if she had weight loss, in consideration of a possibility of organic disease. "Even your close relatives like your sisters may be similar in shape, but have different energy needs. A car manufacturer may put a variety of engines on a similar car models. Toyota Camry is a brand, but there are three types of engines on cars under this brand. Thus, if a car is running without stopping, it is getting enough fuel." "No two people are the same and they require different understandings and treatments. It is not fair to compare yourself to others; we need to understand what is unique for you."

Relaxed in her chair, she seemed to be more confident in speaking: "This is the first time that a doctor has trusted me in this manner." After this ice-breaking introduction, it was time to open the discussion on possible psychosocial contributions to the problems. Therefore, I continued with Mrs. Carson, a recently retired school principal with sharp intonations in her speech and a cell phone in her hand, reading the details of her medically unexplained symptoms while simultaneously pointing to parts of her body. For over 30 years, she had started her tasks from 6 a.m. by managing the breakfast of the family, and then, rushing to the school. She was active in charitable works and involved in resource generation for low-income families. Mrs. Carson handled negotiations, was a key participant in marital conflicts of her expanded family, and was involved in ceremonies and major catastrophes like hospitalization of a family member. Now, however, this self-motivated perfectionist lady was burned-out following a series of major psychological stressors of unresolved conflict and international long-haul flights along with the somatic stress of

acute gastroenteritis.

"You have been a haul truck, Mrs. Carson!" I continued and raised my eyes from my note page. "More powerful than other vans or pick-ups that could carry 1 ton or 2 tons of goods. A haul truck that has been on the job 14 hours a day for 30 years, running uphill and downhill without any problem, carrying 30 tons of hard rocks. "On its way, this truck could carry another small 10 kg bag of potatoes and another 20 kg box of tomatoes." "You have even had the experience of easily towing small cars and other trucks on your way to town, but now, your truck had to carry 50 tons of rock, and you were trying to do it when a 100 kg box of apple was added." "Your front tire punctured and as you were trying to keep the role in a straight line and push the pedal to make the engine more powerful, the engine burned and started to smoke!" She understood that although she was a person with high stress tolerance, stress loads and poor coping along with minor distress may result in burnout for her.

"OK, fix the problem in my engine and use a spare tire, Doc! You seem to be a good

serviceman!" She smiled. "The problem is that your truck needs an overhaul, but your model is no longer in the factory production line and the spare parts are not easily available!" I continued, "Just joking" and they both laughed. "Mrs. Carson! After a major problem in the engine or even the floating system of a car, the central computer and the electrical systems will be damaged. In such cases, the dashboard instruments may show incorrect alarms; the fuel gauge may be shown as empty, although there is enough gasoline, the tire barometer may show deflation, when they are full of air, and the tachometer may swing between the highest and lowest torque, when you did not change anything. This may force you check each part several times and go to several technicians, but I remind you, your central computer needs maintenance to prevent the alarms." Then, I tried to bring the whole family together to form a unique team, repeating my description in medical terms to her daughter, informing her that the patient had developed bodily-distress syndrome on basis of mixed anxiety-depressive disorder.

Table 1. The simile of the human body and a car

Target	Source
Different energy intake in different individuals	Fuel consumption in different cars
Individuals' inability to eat similar foods	Gasoline versus petrol versus natural gas vehicles
Individuals' inability to use similar food additives	Different lubricants for different engines
Dissimilar psychological/nutritional needs of family members	Different engines and specifications in different models of the same brand
Variance in ability to cope with stress and workload	The ability to carry things by a haul truck versus small pick-up
Volume of stress exceeding a capable persons coping abilities	A truck with 10 tons capacity damaged due to carrying 30 tons
Burnout induced by long term stress and workload	A haul truck out of power after years of being on service
The autonomic system, including neurosensorium, of the human body	The car's central computer with electrical wires
The possibility of functional disorders being psychosomatic in nature although presenting bothering symptoms	Dashboard alarms not due to real problems but because of a problem in the car computer
Nutritional consultations including abstinence and modifications are needed	Changing the fuel and lubricants to make the car work better and more tuned
The necessity of psychological-oriented treatments	The necessity of the car's computer undergoing maintenance