

Edgar Jackson wrote in his book "Coping with the Crises of Your Life"( [ii](#) ) about what happens when one becomes a hospital patient:

"From that moment on, I was no longer the person I had been. Instead, I was a pliable, compliant inhabitant of a world of vague feelings and limited comprehension.

I had been delivered, body, mind and spirit, into the hands of my physicians. I was a completely dependent and defenseless creature surrounded by those who exerted authority over me."

Does this sound familiar?

Here are a few tips to help you with hospital visits, whether as an outpatient in clinic, day-patient or inpatient (admitted into the hospital)

1. **PLAN!** If this is a planned visit, try to do just that... plan it! Work out what you want to achieve in the visit and how you may set about successfully achieving it.

For instance, at a clinic visit, you may be awaiting some test results>...you will of course, first want to know what the results are; then you may need to ask what these results mean; what is the next step?

If you are attending with a new problem, you may be hoping that the doctor can resolve it at this visit; of course, you may need to be realistic and say to yourself that a "quick fix" is unlikely, but you do need to come away from the appointment feeling that progress is being made, even if it is only that tests have been ordered.

Try to write down your primary cause of concern; presenting a great long list is unlikely to be helpful and will be confusing to the doctor. If headaches are the worst thing in your life just now, then start with talking about that (known in the medical profession as the 'presenting complaint').

Usually doctors will want to start from now and work backwards. So you could write down what type of headache you get, what brings it on and/or eases it, how long it lasts, how often you get it and then any other associated symptoms: blurred vision for example.

Then you might tell the doctor how long you have been having these headaches. Try not to meander around the subject, be brief and concise. (However nice the doctor is, he/she only has a limited time and may have a corner of their mind on the full waiting room!).

Remember, even if you have read up on the subject, restrict what you say to your personal symptoms and don't get bogged down with medicalese! (It might end up a bit like saying 'Bonjour' and then being hit with rapid fire French when the doctor answers your query!)

2. If you are being admitted for surgery, check with the doctor that your usual medication will not have an adverse effect (drugs such as aspirin can prolong bleeding, for example).

3. GET AN ADVOCATE: this really is one of the most important steps. Whether you are consulting a doctor in clinic (especially if you have not seen him/her before) or unfortunately have to be in hospital either because you have become ill enough to need admission, or because you are going to have an operation...you need someone you can count on.

An advocate is best to be someone who can remain calm and who can help you to impart important information to the doctor and receive, in return, the answers to your questions.

He/she needs to be someone who won't be overawed by the doctor and who isn't afraid to make a fuss if necessary, but who won't end up being downright rude unnecessarily. (Emotional family members can sometimes react like this out of indignation on behalf of their loved one)

You can leave all the awkward questions to the advocate, leaving you less stressed and more able to listen closely to the answers.

An advocate can also be an extremely useful extra memory: helping you to recall afterwards what was said. In emotional and stressful circumstances, it is common for patients to only remember certain parts of the conversation: usually the most emotionally laden ones.

This means that it is possible for doctors' reassurances about, say, the technique for a proposed test, can be overshadowed but the patient's fear as to why that particular test is being performed or remembering, perhaps, that one of their relatives had that test and it meant dreadful news.

#### 4. GETTING INFORMATION:

Who will I be seeing?

Which doctor is in charge of my case?

What is his/her specialty (this may have a bearing on your diagnosis: as doctors may tend to fit the diagnosis into a pigeonhole according to his/her area of expertise)

What is the diagnosis...and how certain of it is the doctor?

If no diagnosis has been reached, what sort of possibilities might the doctor be considering?

(This is an awkward question and may receive no answer...which, in fairness to doctors, does not mean they are withholding information deliberately, but that telling you at this early stage would only confuse matters ...which can seem patronising, but do bear in mind that most

doctors won't know you well at all and they cannot then judge how you might react if say, they were to suggest that multiple sclerosis was on the list of possible suspects).

What is the usual course of the disease (in arachnoiditis, no one can really answer that accurately for you... but a general idea is helpful).... Both with and without therapy.

What are the side-effects of therapy?

What alternatives exist?

What tests are necessary? Will they hurt, might they cause damage?

WILL THEY MAKE A REAL DIFFERENCE?

### 5. DO NOT LET YOURSELF BE IGNORED!

Even if it provokes an angry response, if there is something you feel the doctor should be listening to you about (such as the fact you are allergic to antibiotics when he is about to give you the very same drug!!) then you must stand your ground (this is where your advocate is very useful, but if you are in hospital, the advocate can't be there 24/7 (as the Americans say meaning 24 hours a day, 7 days a week).

### 6. LIMIT THE NUMBER OF PEOPLE WHO PHYSICALLY EXAMINE YOU.

The team who are looking after you will need to examine you (usually the house doctor and then perhaps the consultant or senior registrar) but you don't have to co-operate with being a guinea pig for medical students or to allow a doctor from another team a chance to build up his/her quota of examinations by doing one on you.

### 7. KEEP A LIST OF WHAT MEDICATION YOU SHOULD HAVE.

And when you need to take it, plus what it looks like...this can avoid you being given the wrong drug.

### 8. YOU HAVE A RIGHT TO KNOW...

Make sure that the staff is aware that you want to know about test results etc. You can look at your chart at any time, but do bear in mind that it may not be a good idea to do so: medical terms may appear alarming when in fact they are not at all serious.

### 9. LESS IS MORE!

Regarding surgical procedures, the fewer the better. Removal of parts of the body &quot;because we might as well while we're in there, in case there's problems in the future&quot; is not a good idea: remember what Galen wrote: &quot;nature does nothing in vain.&quot; You can always have it removed later, but not put back!

### 10. THE GOOD PATIENT.

If you are in hospital for the convenience of the staff, be a &quot;good patient&quot;. If you are there to get better, and to gain maximum benefits from your stay, then be prepared to be awkward if necessary.

### 11. WHEN THE PAIN STRIKES...HIT BACK!

When you get pain, the time to treat it effectively is immediately...so don't wait, in order not to be a nuisance. Don't try to be a hero.

Hopefully these 11 tips will enable you to get maximum benefit from your hospital encounter.  
Sarah Andreae-Jones MB BS  
Patron of the ASG

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[\[i\]](#) Edgar N. Jackson *Coping With the Crises in Your Life* (New York; Hawthorne Books,1974)  
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