

PATRICK MALONE & ASSOCIATES, P.C.
From Tragedy To Justice - Attorneys For The Injured



We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

In This Issue

Rule One: Avoid Superior Doctors

Scheduling Surgery:
Another Rule of Thumb

More Reading on the
Science of Intuition

Open House This Week
at Our New Office!

Check Out Our Previous
Tips

Quick Links

[Our firm's website](#)

[Read an excerpt from
Patrick Malone's
book:](#)

***The Life You Save:
Nine Steps to
Finding the Best
Medical Care -- and
Avoiding the Worst***

Rules of Thumb for Better Health Care: When Instinct Can Guide You in the Right Direction

Dear Subscriber,

Rules of thumb are quick shortcuts to decision making. Often we can't explain them. It's just a "gut feeling." Sometimes when we're trying to be really logical and rational so that we make the "right" decision, we discount our gut feelings and ignore quick rules of thumb. But rules of thumb can be quite valuable in health care. In this newsletter, we will talk about a few quick rules that can serve you well in getting the best care for you and your family. And we will explain the logic behind them, so that it becomes clear they're grounded in good sense.

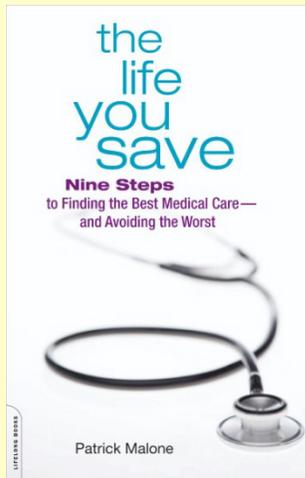
As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

Rule One: Avoid Superior Doctors

A superior doctor is not necessarily a better doctor, but he sure thinks so. We all know people in various walks of life who are "legends in their own minds," but in health care, a self-centered, superior doctor can be downright dangerous to your health. Here's why.

Teamwork is absolutely critical to high quality health care. The technology nowadays is so complex, and the treatments likewise so intricate, that any individual patient's care can require the skills of nurses, technicians and therapists, not to mention doctors from numerous specialties. A well functioning team requires mutual respect and regard for all team members, and close communications too.

When one of those team members acts superior to the others, the team



Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



no longer functions well.

A nurse, for example, who has had her head bitten off on one occasion is going to be reluctant later to speak up when she sees something that seems wrong. That propagates error, and error propagates injury.

So when you see a doctor demeaning or insulting a nurse or another care giver, especially in the presence of others, steer clear! That doctor is dangerous to your health.

And don't just take my word for it. [Nurse Theresa Brown](#) wrote a column about this in the New York Times (punningly titled "Physician, Heal Thyself"), and several [letter writers](#), including a hospital CEO, wrote into the Times to endorse the importance of this simple rule of thumb.

A Rule of Thumb for Scheduling Surgery

You can't schedule an emergency, but many hospital stays for surgery are non-emergency and can be scheduled. Rule of thumb: Avoid Thursdays, Fridays and nights. Also avoid any time right before your surgeon's vacation.

Why? If you are operated on close to a weekend, that means the critical early days of your recovery -- when the bad stuff like blood clots, infections and other avoidable complications often happen -- are going to be under the domain of the weekend staff at the hospital. There will be fewer bodies to pay attention to you, and more important, they are often second stringers: Less experienced staff have less seniority and therefore lose out when scheduling time off.

Nights are a similar problem. And if the staff runs short at night, they often try to scrape by until morning rather than getting backup staff out of bed. That can be bad for your health.

You wouldn't think nighttime surgery would be common. But I have a client who was told to show up at midnight for induced labor childbirth at a northern Virginia hospital. The labor and delivery unit grew exceptionally busy, and she was neglected, with tragic results.

As for vacations, my totally unscientific personal experience tells me that malpractice events happen more commonly when the surgeon goes out of town right after the procedure. The person who knows best what happened during the surgery is not around, and the substitutes have less of a personal, emotional commitment to your welfare.

The point is the same as avoiding weekends: You want the first string team on your case.

More Reading on Rules of Thumb

You probably have heard of best-selling author Malcolm Gladwell, but

what about Gerd Gigerenzer? He wrote a book that Gladwell used as a prime source for his "*Blink*." I just finished Gigerenzer's book, *Gut Feelings: The Intelligence of the Unconscious*. I highly recommend it for anyone interested in the science behind instinctive, rule-of-thumb decision-making.

Another book of Gigerenzer's, *Calculated Risks*, was an important source for the discussion of medical statistics in my book, *The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst*.

Gigerenzer is a psychologist and the director of the Max Planck Institute for Human Development in Berlin.

Open House This Week at Our New Office

To mark our move to spacious new quarters, we're having an open house, and readers of this newsletter are invited! The date is Thursday, June 30, 5-7 p.m.

We will pour wines from Sugarloaf Mountain Vineyards, Montgomery County's own winery, and we will feature cheeses from Cowgirl Creamery. Both Sugarloaf and Cowgirl have D.C. connections that we'll tell you about when you stop by.

Our new office is four blocks north of the White House in downtown Washington, D.C. Our building is at 1111 16th Street N.W., and is owned by the American Association of University Women. We're next door to the historic Soviet Embassy (now the [Russian ambassador's residence](#) -- that's a sliver of our building on the right edge of this linked photo), and just north of the intersection of 16th and L Streets.

Check out [this page on our website for directions and a map](#).

Past issues of this newsletter:

This is issue No. 18 of our [patient safety newsletter](#), now in its second year.

In our last few issues, we had a three-part conversation about health care conversations. We started with the core idea of medicine: that every patient can and should exercise the right to decide what happens with his or her own body. It's called "informed consent," and it's all about having a good conversation with the doctor or other provider, to help us form a bond and get the best care. Part two discussed how good questions to the doctor can prevent misdiagnosis. These are conversations that can truly save a life: yours or a loved one's. Part three concerned who speaks for you when you cannot speak for yourself. Living wills and health care powers of attorney are the tools to ensure that what happens to you in this all-too-common circumstance -- in an ICU or hospice -- follows your desires and dreams.

So those were issues 15, 16 and 17. Moving backwards: No. 13 and 14 focused on doing your own health care research on the Internet. No. 13 opened the discussion of "separating fact from hype" in health care advice with a piece on HealthNewsReview, plus articles on the five most overrated prescription medicines and the Miranda warning you see on a lot of so-called natural health products. Read No. 13 [here](#).

No. 14 featured a short list of reliable web sites for health care information. We also did a short expose of a very popular website that one writer memorably called "a hypochondriac time suck." As a bonus, one more click will give you an excellent food pyramid for a healthy diet. Read [No. 14 here](#).

Here's a rundown of our newsletters in 2010:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.

Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. [Click here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. [Here's the link](#).

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a

real life-saver when you know how often colonoscopies miss life-threatening lesions. [Read more here.](#)

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is [here.](#)

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link is [here.](#)

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. [Read it here.](#)

No. 12: Part two of preventing injury in the hospital: infections, blood clots and wrong medicine/wrong dose problems. [Here is the link.](#)

To your continued health!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone
Patrick Malone & Associates

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