

# More on Waiting for Test Results:

When a Doctor is the Patient

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†Dr. Fred died 30 December 2018. This is one of his final papers.

In a preceding article, I wrote about the emotional distress that some patients suffer when they wait inordinate lengths of time for their test results.<sup>1</sup> This sequel highlights the other side of the story: what can happen when a doctor is the patient. Because I found no previous article on this aspect of the wait-time issue, the material presented here consists entirely of my experiences as a patient during an academic career that spanned 6 decades.

## Professional Advantages

Like most doctors, I have always benefited from an adequate income and always carried adequate medical insurance. Consequently, I have never had to worry about the cost of my health care and have never been confined solely to the providers listed on my insurance plan. More important to me, and in contrast with the typical patient, I have always been able to choose the practitioner whom I believed was best qualified to manage my care. All doctors have this power to pick and choose, but some—especially the younger ones—might not be familiar with what we oldsters have customarily done for each other: extend and exchange professional courtesies. And doctors like me want our results *now*. So here is how I went about eliminating or substantially reducing the wait time for my personal test results.

## My Approach

*Example 1.* For most routine bloodwork, I used the services of a particular colleague whose office staff faxed me the results at 8 AM the next morning. Thus, I had the answers before my colleague or my personal physician saw them.

*Example 2.* For chest films, computed tomograms, and magnetic resonance images, the radiologist reviewed the findings with me as he received them.

*Example 3.* For venograms, sonograms, and ventilation/perfusion lung scans, the technicians told me their observations, which I confirmed with the specialist later that day.

*Example 4.* For coronary angiograms, echocardiograms, upper and lower gastrointestinal endoscopic examinations, and bronchoscopy, I learned the results during or immediately after the procedure.

*Example 5.* For biopsies, my approach varied. When the lesions were bronchial, gastric, or colonic, the pathologist and I reviewed the stains and histologic features together as soon as they became available. For skin lesions, however, I relied on a timely telephone call from my dermatologist regarding the final diagnosis.

## In Conclusion

There is nothing to suggest that patients will ever receive the professional courtesies that we doctors have traditionally enjoyed. For this reason, as emphasized in my preceding editorial,<sup>1</sup> the very least we can do for our patients is to consider their plight—and get them their test results promptly.

## References

1. Fred HL. Waiting for test results. *Tex Heart Inst J* 2019;46(1):3-4.