

## PERSPECTIVE

## LESS IS MORE

## Listen Doctor, the Patient Just Might Be Right

**Renu Mansukhani, MD**  
National Center for  
Weight and Wellness,  
Washington, DC.

**As I sat down** for my visit with dad, I turned on my cell phone's voice recorder. He did not notice. I did not want him to know that I was doing it because I did not want him to realize that I was starting to treat every conversation we had as if it might be our last. I did not want to miss another opportunity to tape a good conversation because last time I had not and he had told a pretty good story from his childhood. About a minute later, though, I turned it off, again unnoticed. We had started arguing over his reluctance to consider another treatment possibility: colchicine. Normally used for gout, it seemed pretty benign to me and had been used in patients with pulmonary fibrosis.

My dad is dying. Well, at least deteriorating, and he may have months or perhaps a few years to live. No one can say. He has progressive allergic interstitial pneumonitis, perhaps idiopathic pulmonary fibrosis. The diagnosis is unclear and frankly does not really matter. He has chronic progressive lung disease rendering him short of breath with just walking a few steps and is oxygen dependent. He can barely leave the house and needs my mom or someone else with him at all times because he cannot prepare food for himself or do much besides sitting.

"It doesn't work," he said, "I've looked at the data. Why should I take a drug with side effects when it won't even work?"

"It works in some people's cases," I said. "You won't know until you try." Although I had to admit that the data were sketchy.

"Everyone has a solution for me," he pointed out, "Chandra thinks I should eat Brazil nuts. She tries to feed me some every day," he said with disdain.

My aunt Chandra (his sister) had just walked in the room. "They help reduce inflammation," she said. "I read about it on the Internet. It can't hurt, right?" I had to admit that she was right, nuts seemed more benign than any prescription drug.

"Basically," she said sitting down, "we all want the same thing...for him to get better."

And there it was. She was right. All mom and my brother (both also physicians) and I and the rest of the family wanted was for him to get better. To not slowly deteriorate in front of our eyes.

"Putri [his nickname for me], I really am happy. I am extremely comfortable." He motioned around his bedroom's sitting area, where we were.

It was a nice setting, I had to admit. It was a beautiful day, and the sun was streaming through the window onto his ottoman, where lay all he needed to function and get things done—his smartphone. From the huge bay window you could see the woods and nothing else. It was serene.

After I left that day, I started thinking. Maybe I should resist my urge to tell him what to do and just listen. Af-

ter all, I do that every day in my obesity medicine practice. My main job is to listen to my patients because too often others do not—society, their families, and yes, their physicians. So many times when someone overweight walks into a physician's office with a complaint, all the physician can see is a fat person. She does not see a person with a health issue who needs guidance, just a fat person. Or he sees a person whose every health ailment is related to their weight. Overweight people can have a whole lot of health issues, of course. But they also get influenza, pimples, and normal aches and pains just like other people. They know their bodies best, and they deserve physicians who will listen to them, guide them as to possible diagnoses and treatments, and not blame every ailment they have on their weight.

So here I was, the good listener, not listening to someone who mattered to me most. Each of us has a unique body, an individual state of health, and an individual response to treatment. In other words, different drugs and treatments work differently in different people. Just because the studies say that this or that should happen or does happen in some people does not mean that it will happen in everyone. And individuals generally know what works for them.

For example, for my dad, meditation has been a life-changing modality. He has practiced for more than 40 years and attributes every health success to his practice of this ancient art. Who knows? Maybe if he had not been meditating all these years, his disease would have presented sooner and would have been even more rapidly progressive. After all, he has outlived most of his family members and is now 83 years old.

There are other examples of idiosyncratic reactions to status quo medicine in my own family. A cousin, who has intractable ulcerative colitis, has turned to alternative medicine because he cannot tolerate more traditional remedies. One of my aunts cannot even take acetaminophen because it makes her feel weak and dizzy. Who cannot take acetaminophen? But she knows her body and her reaction is her reaction. And then of course, I have my own story. I have Crohn disease and years ago was prescribed mesalamine, which most patients tolerate and it works well. I literally took 1 pill, started vomiting, and had diarrhea so severe that I ended up dangerously dehydrated. I was a young medical student at the time, alone and away from home. I called the fellow on call in the prestigious academic hospital where I was working, and he discouraged me from coming in to the emergency department because it would be too long a wait. Or was it because he did not want to deal with me? I will never know for sure. All I know is that I said I was so light-headed that I could barely sit up, and he clearly did not listen. Years later I told my then physician this story, and

**Corresponding Author:**  
Renu Mansukhani, MD,  
National Center for  
Weight and Wellness,  
1020 19th St NW,  
Ste 450, Washington,  
DC 20036 (renu  
@nationalweight.org).

she was skeptical. Was I sure that this drug had caused this issue? After all, it was so benign normally. And so I began to doubt myself after all these years and agreed to try it again. This time, at least I went in and got treatment right away. As it turns out, my reaction is listed in the package insert—with an incidence of less than 1%. Lucky me.

So dad, I concede that you know your body best and what you are and are not willing to try. You have accepted your state and, at

least most of the time, seem at peace with the hand that you have been dealt. It is my job as your daughter, who happens to be a physician, to listen. I will give you my opinion and guidance but also accept yours. This is a partnership. You may be right or wrong in my opinion, but you are the patient. All I can give you is my advice, based on my understanding of medicine and experience. But in the end, the patient just might be right.

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