

Why don't doctors return phone calls?

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ALL DOCTORS GET CALLED by their patients. Some are better than others in answering them. My patients often report that their doctors, whether PCPs or specialists, never call them back. My daughter, in California, doesn't get her calls returned. Another close relative, a physician, herself, doesn't get her calls returned. This is such a frequent refrain that I have to wonder if it is the norm, now, throughout the U.S. As you might expect, some patients call more than others. Most calls are necessary. "This new medicine is causing side effects. What should I do?" "I'm hallucinating." "My husband is confused. He couldn't find the bathroom last night." "My wife fell down three times today." "He's in the hospital and the doctors won't listen to me about his medication schedule." The list is endless. And the patients often feel helpless. Yet some doctors don't call back. I am not sure why that is. Of course, I assume that most of the explanation is time. We want to get home at the end of the day. We don't want to call during the day and cause waiting patients to be taken late into the office. If we schedule time that we can't bill for we lose money.

Many offices, particularly academic centers and group practices, have nurses



who answer the calls, saving the doctors a lot of time. And since the nurses are usually less time constrained, they usually spend more time, according to my patients, and seem a lot more interested, and more empathetic. Other offices have computer "portals" in which non-emergency

calls are handled throughout the day, probably by nurses or advanced practice providers.

One neurologist I know wrote a book for patients and made his patients purchase it. When they called, the secretary would transmit the questions and he would instruct the secretary to tell the patient what chapter to read in his book. As best I could tell, he was not popular with patients, or his staff. They felt that he demeaned his patients by his behavior. This made them feel badly for the patients and also felt that this behavior reflected poorly on them. And, I suspect (based on limited personal experience) that secretaries in medical practices where the doctors routinely fail to answer patient calls resent being put in the middle. I suspect that the turnover rate for secretaries in these practices is high.

Return calls are crucial in Parkinson's disease, and probably most disorders, acute and chronic. In PD, patients are

seen every few months so the effects of medication changes aren't known for long periods of time if one relies only on the actual face-to-face office meeting. Usually that is sufficient. It is important for patients who are not tolerating medications to report this to their treating

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physician in a timely manner and not simply show up 4 or 6 months later and say, "I took one dose and felt lousy so I stopped it." That's 4 months water under the bridge.

Back in the days before COVID, when I used to occasionally attend national meetings, one of my colleagues remarked what a great service I had performed by writing an article that was widely distributed by the American PD Association. It was an article outlining when PD patients should go to the Emergency Room. I pointed out the common experience of my own patients, who would feel frustrated by their PD acting up. Their medicines

hadn't worked all day. The dyskinesias had gotten out of control. Their walking was worse than usual. They took their medication doses too close together and were worried. And what happened when they went to the ED? They waited 3 hours to be seen, had a multitude of tests performed, waited another 5 hours for the results to come back and either the ED doctor then tried to reach me, or the doctor simply told them to go home and call their neurologist the next day. The message of my article was that if the problem was related to PD, call the PD doctor. If it was a medical issue like fever, cough, chest pain, urinary burning, then call the PCP or go to the ED. ED doctors weren't neurologists and generally weren't going to be able to fix a PD problem, but were adept at dealing with general medical conditions such as infections, or chest pain. While these

are very important, it was rarely the cause of the worsened PD. Obviously, if your doctor doesn't return calls, you may have no choice but to go to the ED.

A study in Manhattan showed that PD patients who called frequently generally suffered more from anxiety than from other PD-related problems. Some patients call daily with the same problem. What they really want is not a cure for the problem, which clearly wasn't getting solved, but the reassurance that the doctor knows about their problem, is still there and cares about them. After decades of experience, I still don't know how to deal with these calls, other than to occasionally point out that the problem had been ongoing for a long time and didn't sound different this time than any of the others. This is intended to be reassuring, but, to be honest, also registers a degree of annoyance. But I do

make the calls.

I don't know why calling patients back has fallen so out of favor that it appears to have become routine, possibly even the norm. Perhaps with the introduction of telemedicine, with appropriate billing, we doctors won't feel it such an encumbrance and will again consider it part of our routine practice. ❖

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