

FOR IMMEDIATE RELEASE The article may be used in whole or part with attribution.

For more information visit www.loveyourpatients.org

Contact: Scott Louis Diering, MD, diering@loveyourpatients.org ; 301 620 1588

Compassionate, Humanistic Healthcare Goes Mainstream

How does your doctor or nurse treat you? If you were to ask them how they feel about you, what would they say? Will they tell you? Could you believe them?

Dr. Scott Diering, in his new book *Love Your Patients!*, says that it is crucial for healthcare professionals and doctors to *really* understand the three most important things patients need: compassion and respect, with humility.

Why? Because unhappy patients will cost them their job, if they get enough bad patient satisfaction ratings. Because unhappy patients stay sick longer, and sue more often. And because it is now mandated by law that medical students pass a test *proving* they have decent bedside manners.

Love Your Patients! explains the three key virtues of patient care, which every healthcare professional needs, in order to practice successfully today:

Compassion is love from the heart. Compassion is shown by our *empathy*, when we *minister*, and by our *attention*.

Empathy is the core of compassion. We must empathize, and truly feel their pain. We empathize when we:

- Carefully read our patients feelings, intentions and clues.
- Acknowledge and respond to these emotions.
- Use our facial expressions to demonstrate we can feel what they feel.

We *minister* to our patients (not just "deliver" health care at them). We minister when we:

- Are supportive and comforting.
- Get close to, and touch, our patients.
- Speak personally and say "I" and "we" a lot.

Our *attention* shows our patients that they have our time (No multi-tasking!)

We attend when we:

- Listen to everything, especially their story, and reflect back what we heard.
- Make eye contact with our patient and their visitors.
- Excuse ourselves when our attention shifts, or when we leave them.

Respect is love from the spirit. Respectfulness is when we are *courteous*, when we *validate* our patients, and by being *honest*.

Courteousness and politeness are indispensable! We are courteous when we:

- Politely greet people using good manners, calling them Mr. or Ms, sir or ma'am.
- Dignify our patients with privacy and strict confidentiality.
- Behave as a host in our home, and warmly welcome our patients.

Validation is the core of Respect. We must never let a patient appear stupid!

We *validate* our patients when we:

- Allow our patients to save face, no matter what they say or do!
- Acknowledge all their efforts, and their goals for improvement.
- Recognize their unique qualities, skills and lives.

Loving providers are completely *honest*, and keep their patients well informed about every step of their care. We are honest when we:

- Respect our patients' time, and explain delays in results and callbacks.
- Give up control, and let them know their own responsibilities.
- Admit mistakes!

Humility is love from the intellect. We are humble when we *translate* our jargon, *admire* our patients, and are *gracious*. Translating our lingo takes true humility.

We must *translate* all our medical, institutional and technical terms!

Translating means that we:

- Always use plain English with our patients.
- Are generous with metaphors and similes to make things concrete for our patients.
- Explain our thought processes, decision trees and rationale, too.

Admiring our patients is easy when we:

- Compliment them and their visitors frequently, and thank them for coming in.
- Are enthusiastic, and ask some non-healthcare questions about their lives.
- Trust our patients to do the right thing, when we leave them.

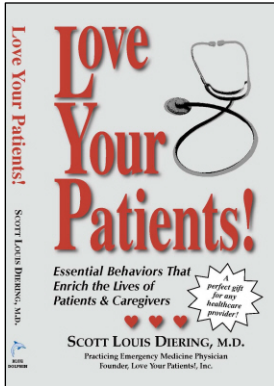
Being gracious comes naturally when we:

- Apologize for any imperfections.
- Ask and suggest, don't demand or order, our patients do something.
- Sit down and smile, whenever possible.

Dr. Diering plans to make healthcare better. He asks patients and providers to share their experiences, good and bad. On his website, he has phone numbers, emails and a response page for feedback!

For more information on *Love Your Patients!* and on teaching your doctor, nurse or healthcare professional about *agape*, visit www.loveyourpatients.org.

For a free publication, "Ten ways to get your doctor to show they care" email your request to diering@loveyourpatients.org, and include the words "Ten ways" in the subject line.



Love Your Patients! (\$17.95) is currently available from the website, Amazon.com, BarnesandNoble.com and the publisher, Blue Dolphin Publishing.

For review copies, interviews or a media kit, call Dr. Scott Diering, 301 620 1588 or email diering@loveyourpatients.org.

Paul M. Clemens, Editor, Blue Dolphin Publishing, Inc. 800 643 0865 or 530 265-6925

bdolphin@netshel.net; www.bluedolphinpublishing.com

New Book, *Love Your Patients!*, Targets the Second Biggest Problem in Healthcare Today!

What is the second biggest problem in healthcare today?

Rudeness! *Love Your Patients!* is a new book, written for practitioners in every field of health care. It teaches healthcare providers how to be compassionate and respectful, with humility, even in the fast-paced pressures of modern medicine.

Who will care enough to read *Love Your Patients!*?

- **Students**, especially medical students, who need to demonstrate compassion towards patients during the new USMLE test before they can get a medical license.
- **Practitioners**, especially those who need to boost their patient satisfaction scores in order to keep their jobs or their contracts.
- **Patients**, especially those who need a gentle way to let their doctors know how rude and unprofessional they have been.
- **Hospitals and insurance companies**, especially institutions who need to reduce complaints and malpractice risks, since so much medical malpractice stems from poor communication.

♥ **Students will need *Love Your Patients!*** *Love Your Patients!* teaches students compassionate, humanistic healthcare, the type of care mandated by a **new, required test for medical students: The Step 2 Clinical Skills exam**. This test was given for the first time June, 2004. It is an interactive exam, utilizing simulated patient actors, where medical students are evaluated on their interpersonal skills, compassion and ability to communicate with patients (see, <http://www.usmle.org/news/cse/step2csfaqs1103.htm>). The federal government thinks humanistic healthcare and improving the way doctors interact with their patients is important enough that new medical school graduates will have to **prove** they can communicate and interact nicely before they can graduate from medical school!

Bernie Siegel, MD, author of *Love, Medicine and Miracles* and *Help Me to Heal*, said: **Medical training needs to become a true medical education so doctors learn how to care for their patients rather than treat diseases. Scott Diering's book [*Love Your Patients!*] shows physicians how to begin the process and incorporate it into their practice of medicine.**

Similarly, *Love Your Patients!* will compliment medical training programs that wish to instill humanism in their physicians and trainees, such as the \$3.2 million dollar Center for the Humanistic Medicine, in Newark, NJ., the Doctors Kienle Center for Humanistic Medicine at Penn State's Milton S. Hershey Medical Center,

<http://www.hmc.psu.edu/humanities/kienle/index.htm> the George Washington Institute for Spirituality and Health (www.gwish.org), and the American Medical Student Association's humanistic medicine section (<http://www.amsa.org/humed/humedres.cfm>).

♥ Practitioners and Hospitals who need improved patient satisfaction scores will need to read *Love Your Patients!* This new book targets the fastest growing discretionary expenditures in the healthcare industry: Improving patient satisfaction scores.

Has you or your loved one been hospitalized or to the doctor's recently? If so, you probably received one of those annoying little surveys afterwards. You may have ignored it, but your doctor won't. His or her job may be riding on your answers.

Love Your Patients! is a new book, whose goal, to make healthcare better for everyone, may serve to increase the fortunes of those caregivers who apply its principles.

Doctors, nurses, clinics and all healthcare providers are increasing their awareness of patient satisfaction. And for good reason. Patient satisfaction data are being used as a proxy for outcome data. It's true: results of patient satisfaction questionnaires are used as a measure of *quality* of healthcare delivered, more so than morbidity and mortality data, litigation occurrences and death rates.

Why is this important? Because HMO's and big insurance companies are rewarding providers who have the best patient satisfaction data with contracts and bonuses. (See, e.g. <http://www.managedcaremag.com/archives/9904/9904.patsatis.html>.)

Love Your Patients! Inc, founded by Dr. Scott Diering, author of *Love Your Patients!* and practicing emergency medicine physician, seeks to offer healthcare providers a means of increasing patient satisfaction scores, while at the same time, decreasing litigation risks, and increasing employee job satisfaction.

Through his book, *Love Your Patients!* (2004, Blue Dolphin Publishing, \$17.95), his lectures and the website (www.loveyourpatients.org) Dr. Diering offers hospitals, clinics and medical centers a cost effective way to raise patient satisfaction scores. *Love Your Patients!* will help hospitals, clinics and all healthcare providers improve their patient satisfaction scores. These data, collected by such giants as Press Ganey, Inc. (<http://www.pressganey.com>), are now more important than death rate, malpractice occurrences and complications data. Patient satisfaction results are being used to determine hospital and HMO contracts as well as physicians' pay scale! (See, e.g., <http://www.managedcaremag.com/archives/9904/9904.patsatis.html>.)

Dr Diering says:

“*Love Your Patients!* reminds caregivers that what they do and say while they are with their patients can make a huge difference in that patient’s health and healing. In the book and lectures, I review 27 concrete actions which demonstrate agape, the unconditional love of humankind. For example, Humility is an important part of agape, yet this virtue is too abstract; therefore, I list nine behaviors which demonstrate humility, including that we *translate* our medical jargon for our patients, and translate our thought processes, too.”

“We are not here to buff up a few cosmetic changes for the sake of scores. *Love Your Patients!* promotes a sincere evolution in how healthcare is delivered in this country. Simple, but life changing, transformations are ignited by this book.”

Love Your Patients! Is being marketed as a cost effective means to improve bedside manners, and improve patient satisfaction scores.

♥Patients now have a way to tell their doctor or dentist or nurse or other healthcare provider, “Hey! Pay attention to me! Care about me!” They can give their provider this book!

Study after study analyzing what patients need and want from their healthcare provider indicate that patients just need to know that the provider cares. How do patients judge who cares? Patients want a chance to talk, and to be heard. Patients never, ever want to be ridiculed or made to look foolish. Patients need to have complex medical terms explained in words they can understand.

Patients who do not wish to complain, patients who sincerely believe that their doctor or provider is skilled and talented, but rude, and patients who Of course, there are many, many more qualities that a patient looks for during any healthcare encounter. That is why *Love Your Patients!* teaches providers 27 different skills they can use to help their patients feel loved. When they receive this book as a gift from a patient, they will know it is a sincere, concerned effort from the patient to help the provider do what they do, only better.

♥Hospitals, clinics and insurance companies will want *Love Your Patients!* as a resource that helps reduce malpractice claims and complaints.

Lawsuits in healthcare are almost random occurrences. This means that lawsuits are filed for many reasons, and a medical or surgical problem is only one of those reasons. Research has demonstrated that providers who are sued more than their colleagues are more often seen as “distant” or “uncaring.”

The Maryland Board of Physicians new physician orientation discusses physician complaints:

The most common reason that patients complain to the MBP is because of *perceived* arrogance on the part of the physician. When the patient has endured a long wait, rudeness at the hands of office personnel or the physician, or inadequate time with the doctor, the patient is more apt to attack the quality of the medical care given.

Patients who *perceive* their doctor as being arrogant and uncaring are much more likely to express dissatisfaction with their medical care and are much more likely to sue if there is a bad outcome.

The art of medicine is the art of agape. When providers deliver their healthcare with compassion and respect and humility, they are building a caring relationship with their patients. This is much more than just applying some technical intervention at them. When patients feel the richness of agape, they are more likely to understand and accept any imperfections in their care, because they know that their provider is acting with their patient's best interest at heart.

Love Your Patients! is a philosophy of healthcare: The quality of the patient - provider interaction has a profound impact on a patient's health, wellness, compliance and outcome.

Ms. Kitty Lippy, Chaplain, Washington County Hospital, Hagerstown, Maryland:
I have been totally blessed by this book. I tell others they need to read this marvelous teaching tool to make and create in them even a better caregiver...This book is life changing and I will keep it always at hand. I felt like I was in the most interesting class at college and this class held my attention so that I hated when the bell rang. I have absolutely enjoyed this journey, walking through these 21 chapters with you. Thank you Dr. Diering for sharing a wonderful tool that should be in everybody's library to continuously be referred to that we never lose the "Art of Loving Our Patients."

About the Author

Dr. Scott Louis Diering is a practicing emergency medicine physician, who also gives lectures and workshops on patient satisfaction. He currently lives and works in western Maryland. Before attending medical school at Wake Forest University School of Medicine, he practiced as a clinical psychologist. He earned his Master's Degree in clinical psychology from the University of North Carolina at Greensboro. Dr. Diering grew up in New Jersey, and graduated from Rutgers College in New Brunswick, New Jersey in 1983. He still has many friends and family in New Jersey, and his New Jersey roots are easily seen in his language and mannerisms.

Title: Love Your Patients!

Subtitle: Essential Behaviors That Enrich
the Lives of Patients and Caregivers

Author: Scott Louis Diering, M.D.

Author home: Frederick, MD

Author e-mail: diering@loveyourpatients.org

Author web: www.loveyourpatients.org

ISBN: 1-57733-141-9

Price: \$17.95 Size: 5.5 x 8.5 Pages: 242

Topic: Healthcare

Bar Code: Bookland EAN on back cover

First Printing: 2,000

Binding: paper

Publ. Date: May 2004

Love Your Patients! Book Statistics

Publisher: Blue Dolphin Publishing, Inc.

P.O. Box 8

Nevada City, CA 95959

Phone: 530-265-6925 .**Orders: 1-800-643-0765** Fax: 530-265-0787

Titles currently in print: 155

Wholesalers: Baker & Taylor, Brodart, Koen, Ingram, New Leaf, Quality Books

Foreign Distributors: Dempsey Distributors. Canada Alternative Books. South Africa Deep Books.

United Kingdom Peaceful Living. New Zealand

MAIL: P.O. Box 8. Nevada City, CA 95959

SHIPPING: 12428 Nevada City Highway. Grass Valley, CA 95945

PHONE: (530) 265-6925. FAX: (530) 265-0787. ORDERS: 1 (800) 643-0765

E-MAIL: bdolphin@netshel.net. WEB SITE: <http://www.bluedolphinpublishing.com>

Endorsements

Bernie Siegel, MD, author of *Love, Medicine and Miracles* and *Help Me to Heal*, has this to say about *Love Your Patients!*:

Medical training needs to become a true medical education so doctors learn how to care for their patients rather than treat diseases. Scott Diering's book [*Love Your Patients!*] shows physicians how to begin the process and incorporate it into their practice of medicine.

Brian J. Browne, MD, Professor of Surgery and Medicine, Head of Emergency Medical Services at University of Maryland says:

***Love Your Patients!* is the perfect book for medical students, especially students preparing for the Step 2 Clinical Skills exam. This is an invaluable, inexpensive and enjoyable resource for students and trainees at every level.**

Robert J Mallin, DDS, Past President and Founder NJ Academy of General Dentistry; Fellow and Master, Academy of General Dentistry; Past Pres. Middlesex County Dental Society; Past Pres./Founder N J Dental Research Group; former adjunct faculty Pittsburgh School of Dentistry:

What *Love Your Patients!* proposes is so simple, so dignified, so proper, and so needed! It has potential for everyone in the healing/ health professions, e.g., nurses, technicians, dentists, everyone. It's also a good gift, to be given by people to their health care providers!

Colleen Gallagher, CRNP, BSN, RN, Orthopedic Nurse Practitioner at R Adams Cowley Shock Trauma Center:

This is a fantastic book! It summarizes the heart of patient-caregiver relations. And it's great for nurses! Dr. Diering reminds us to treat the patient first, and the disease or injury second. This is absolutely indispensable for every advance practice nurse, nursing student, everyone in the health care fields!

James D. Herbert, Ph.D., Associate Professor & Director of Clinical Training, Department of Psychology, Drexel University, Philadelphia:

A must read for all doctors, nurses, and healthcare providers! Dr. Diering shows us all how to build bonds between caregivers and their patients. Unbeatable for medical students looking to pass the Step 2 Clinical Skills Exam!

Mr. Anthony Stewart, RN, former Clinical Instructor, University of Michigan School of Nursing and Transplant Coordinator, Gift of Life:

Finally! An easy to read book which tells us all exactly what we have to do so as to have happy patients! No complex theories! No confusing jargon! Just straightforward, useful information. And it's full of lively anecdotes, too.

Ms. Kitty Lippy, Chaplain, Washington County Hospital, Hagerstown, Maryland:

I have been totally blessed by this book. I tell others they need to read this marvelous teaching tool to make and create in them even a better caregiver...*This book is life changing and I will keep it always at hand.* I felt like I was in the most interesting class at college and this class held my attention so that I hated when the bell rang. I have absolutely enjoyed this journey, walking through these 21 chapters with you. Thank you Dr. Diering for sharing a wonderful tool that should be in everybody's library to continuously be referred to that we never lose the "Art of Loving Our Patients."

Interview Questions for Dr. Diering

What do you mean “love” towards patients?

Love towards patients means appreciating them as individuals, above and beyond their health or medical problems. Relating to them as a person *first*, then *later*, as person with a disease or illness or injury, is the basis for this type of love. Unfortunately, it is much easier to relate to the person’s disease or complaint first, and when we do this, we sometimes forget the person attached to the illness.

For example, when a patient comes to the ER, and complains of a headache, our natural reaction is to ask a few questions about the pain (PQRST, the position, quality, radiations and relations, severity and timing), but it is also helpful to ask about stressors, and what is going on in their life. When we learn about the person, and not just the problem, we can usually find better suggestions for treating the symptoms.

Love Your Patients! reminds us to refocus on the individual first, and our relationship with them, and on their complaints and problems second, while we build our relationship with them.

Why love?

Because love is big, and has vast potential.

Obviously, we are not talking about romantic love. I borrow from the ancient Greek. *Agape* is the quality love we have for our patients. *Agape* is the unconditional love of all humanity.

Healthcare providers who relate to their patients with *love* have already started their patients in the healing process. *Agape*- type love, and all its associations, makes it easier to uncover every important point from our patient’s medical history. *Agape* love allows providers to formulate treatment plans that best suit their patients, improving compliance. And, *agape* love makes patients happier.

Our highly technical healthcare environment permits dehumanization and distance. Practicing healthcare with *agape* re-connects the provider with their patient.

For example, my CAT scan technician’s job is to take CAT scans. The other evening, we had a very nervous patient who needed a CAT scan. The technician held my patient’s hand and looked into her eyes while she explains what will happen in the test. My patient was more relaxed, held still better, and we got far superior test results, than had the patient been nervous and moving around. That technician’s care and concern for our patient led to better quality results and more accurate diagnoses, and ultimately, fewer tests. In this case, a few seconds of compassion translated into a large reduction in healthcare costs.

How do you define *agape* for healthcare providers?

Agape love is an abstract concept. For our everyday practice of healthcare, we need more concrete notions. *Agape* in *Love Your Patients!* means to practice healthcare with compassion and respect and humility.

However, even these terms are can be vague.

Therefore, I define compassion in the healthcare workplace as comprised of three qualities. When we are compassionate, we behave **empathically**, we **minister** to our patients, and we **attend** carefully to our patients.

Respect in healthcare means being **courteous**, **validating** out patients, and their efforts, and being **honest** with them at all times.

Humility in healthcare (the most forgotten and perhaps the most important virtue), is manifested when we **translate** our medical nomenclature, when we **admire** our patients, and when we behave **graciously**.

What else are you doing to make healthcare better?

Besides writing *Love Your Patients!*, I established a company, Love Your Patients!, Inc. The company has two main goals:

1. To disseminate information on ways to make healthcare better. This is primarily by making the book, *Love Your Patients!*, available as widely as possible. We also have a website, www.loveyourpatients.org, and have information available on the website, a summary of the book, links to other relevant websites, and a feedback page.
2. To learn, from everyone, what else needs to be done to make healthcare better. We have an email address, stories@loveyourpatients.org, and a message line, 301 620 1933 or 1 866 227 8808 access pin 7798. I encourage patients, providers, family, and aides, anyone who has had any experience in healthcare, to call or write and let us know about it. We want to hear about all the good people, all the rude people, all the nice things and all the horrible things, so we will know what needs to be done to make healthcare better for everyone.

I also lecture on agape and love in healthcare. My lecture schedule is posted on the website, and I am always looking for other groups to whom I may speak. I keep the lecture lively and amusing, and I have received good feedback. (Some of the feedback is posted on the website.)

What do you talk about in your lectures? Are the lectures just for doctors?

No, the lectures are helpful to anyone who has any role of interacting with patients. So far, it seems that the nurses to whom I have spoken enjoy the presentation the most!

In the lecture, I define who is a patient, and who is a caregiver. I define agape as being comprised of compassion, respect and humility. I then describe, in detail, the 27 behaviors which I see as manifesting agape. I keep the lecture lively, I pace around and use humor whenever appropriate.

I also have a workshop, for those groups who desire more practice with the skills I discuss.

I have given these talks to diverse groups, such as a broad cross section of the hospital, which included kitchen workers, housekeeping, nurses, clerks, therapists and aids. Since each one of them has contact with patients, each one of them benefited from the information I provided.

Why did you write this book?

If you have been to the hospital or doctor or dentist lately, you may already have an answer.

Although many healthcare providers are pleasant, friendly and appropriate, many others are in a hurry, rude and intolerant of their patients. This book is to make everyone who works with patients better at what they do.

For the nice ones, *Love Your Patients!* offers a few suggestions so that they are even better. For the rude ones, *Love Your Patients!* will serve as detailed guidebook for all their interactions.

In some offices or departments, the doctor is the only nice one. All the other providers, e.g., the registration clerks, the nurses, the technicians, are the overworked ones, and hence are curt and seem uncaring. These providers will enjoy *Love Your Patients!* a great deal, and it will make their job more enjoyable.

I have said elsewhere that the second biggest problem in healthcare today is rudeness. I wrote *Love Your Patients!* to eliminate rudeness, apathy and indifference from healthcare. The stories and cases in the book, which take up over a third of the pages, involve technicians, paramedics, nurses, physician's assistants, and a wide variety of healthcare workers, demonstrating that we all have some room for improvement.

Why should doctors, nurses, dentists or any healthcare provider practice with compassion, respect and humility?

Because patients get better faster and stay better longer when they are treated with *agape*.

Patient outcome, that is, the degree of success of any healthcare intervention, is closely tied to patient satisfaction. Research on patient satisfaction and patient outcomes has consistently shown that the quality of the interpersonal interaction has a large impact on patient satisfaction.

I interpret these data to mean that providing the right medication or treatment or operation for a patient is only one part of any intervention. A balanced and comprehensive therapeutic regimen begins with a loving, concerned interpersonal relationship.

All other things being equal, the provider who treats their patients with love have happier patients, who are more compliant, seek healthcare less often and file fewer lawsuits than patients who are treated rudely or without love.

Is it true that patients treated with *agape* file fewer lawsuits?

Yes! Lawsuits in healthcare are almost random occurrences. This means that lawsuits are filed for many reasons, and a poor outcome is only one of those reasons. Research has demonstrated that providers who are sued more than their colleagues are more often seen as “distant” or “uncaring.”

The Maryland Board of Physicians new physician orientation discusses physician complaints:

The most common reason that patients complain to the MBP is because of *perceived* arrogance on the part of the physician. When the patient has endured a long wait, rudeness at the hands of office personnel or the physician, or inadequate time with the doctor, the patient is more apt to attack the quality of the medical care given.

Patients who *perceive* their doctor as being arrogant and uncaring are much more likely to express dissatisfaction with their medical care and are much more likely to sue if there is a bad outcome.

The art of medicine is the art of *agape*. When providers deliver their healthcare with compassion and respect and humility, they are building a caring relationship with their patients. This is much more than just applying some technical intervention at them. When patients feel the richness of *agape*, they are more likely to understand and accept any imperfections in their care, because they know that their provider is acting with their patient's best interest at heart.

Do these principles apply to family and visitors, too?

Absolutely. *Love Your Patients!* teaches us that family and visitors are to be treated as patients, too, albeit patients who are concerned about their loved ones' health, not their own. All the principles of behaving compassionately and respectfully and humbly apply equally to visitors, family, clergy, and anyone who has any concerns for the sick individual.

In my practice in the emergency department, there are a huge number of visitors and family of all types, calling and coming in with their loved ones. I treat each one of them with compassion and respect and humility. Further, there are plenty of people who are both caregivers *and* concerned visitors. When the social worker is involved in a case of domestic abuse, when the police bring in an intoxicated criminal, or when group home workers bring in one of their residents, these people have the role of both provider of care, (or patient advocates) as well as concerned visitors, who need to be kept informed about the health and medical condition of their "patient."

Is your book, *Love Your Patients!*, only for physicians?

Definitely not! There are many excellent nurses, nurse practitioners, technicians, physician's assistants, aides, paramedics, dentists, hygienists, physical therapists, pharmacists, and all other healthcare specialists who can benefit from, and improve their practice, by behaving with *agape*. Virtually anyone who has contact with patients, in any environment, will do their job better, and enjoy their job more, when they practice their healthcare with *agape*.

I am actively working on getting this book to be standard reading for everyone coming into any field of healthcare. I sincerely believe that the delivery of healthcare, at every level, by every provider, will be better when we all color our actions with the soft warmth of *agape*.

Are you the only healthcare provider who thinks this way?

Absolutely not! I have developed this philosophy of healthcare by watching many, many caregivers over the years. I have noticed that patients who were treated by caring, loving professionals tended to do better, and have fewer problems, over time.

Without a doubt, in general, nurses are far more advanced in the art of *agape*, than are

physicians. I suspect this has to do with the fact that the profession of nursing is grounded in the belief that the quality of the nurse-patient interaction is a fundamental component of their delivery of healthcare. Unfortunately, more and more nursing is becoming technically oriented, and complex machinery tends to separate us from our patients. That's why I endorse nurses reading this book as well!

Amongst physicians, clearly Dr. Bernie Siegel and Dr. Hunter "Patch" Adams have done more to advance this philosophy of healthcare than I could ever hope to do. Dr. Siegel has authored many books on health and wellness, as has Dr. Adams. Interestingly, both of them are so devoted to improving the interpersonal quality of healthcare that they have organizations supporting their goals.

However, in my practice of emergency medicine, I see many patients in the emergency room who are upset with their doctor or provider. I frequently have patients ask for referrals to physicians or caregivers who think and act the way I do.

I believe that the first step in a health and healing is a good relationship with your doctor, nurse, or other provider. It is the job of the healthcare professional to establish that respectful, nurturing relationship.

Can doctors and other caregivers do their complex tasks and at the same time act with *agape*?

Certainly! One of the reasons medical and healthcare training tends to be so long and complex is so that we become comfortable and at ease with the difficult tasks our patients need us to perform. However, with very few exceptions, there is always time to build rapport and trust with our patients prior to any sophisticated interventions, detailed interviews or complicated decision making.

The purpose of practicing with *agape* is so we know our patients better, have a better understanding of their needs, desires, limits and goals, and can tailor our recommendations to suit them best.

For example, there are many ways to offer treatments for adult onset (or Type II) diabetes. We can prescribe pills, insulin injections, dietary changes, exercise or a combination of any of these. What is the best intervention? Only the patient and their provider, working together, can determine that.

Patients do not come with signs or waving flags indicating which treatment is best for them. The only way we can determine how best to care for someone is to ask questions about them, gain their trust, and admit our own limitations.

What is more important, scientific knowledge or compassionate care?

This is like asking, what is more important, food or water? They are each very important...essential... to quality healthcare.

Healthcare providers go through years of training because our actions, our decisions, directly affect the lives and health of so many people in our careers. Knowledge, experience and life-long education are indispensable for the modern provider.

Yet, at the same time, the purpose of all that training and education is to help make *people* better, to help *people* make medical decisions that will yield happy, healthy lives. Our healthcare is provided to patients and families, not diseases. Often these patients and families are worried, anxious or confused.

All our knowledge, all our experience can only be useful if our patients trust us and are willing to listen to our advice. That trust comes when we are compassionate, interested, humble teachers, who share what we believe to be important in a respectful and loving manner, with the sincere goal of helping our patient.

Is there *time* to practice love in healthcare?

Yes. Although it seems that *agape* and compassionate care would take longer for the provider, in reality, less time is spent over the ensuing months and years. While establishing trust and rapport may take a few more minutes in the first few visits, once that trust is established, our patients are more compliant, require less follow up, and utilize less medical services. This was actually shown in a study in Great Britain!

Therefore, while it will take more time to ask your patients about their job or their military experience or their grandchildren, in the long run, that time yields vast benefits to you, your patients, and your relationship.

What is the purpose of the new national, required medical students' test, the Clinical Skills exam?

According to the United States Medical Licensing Examination (USMLE™) website, the purpose of the new Step 2 Clinical Skills (CS) Exam is to ensure good communication skills for practicing physicians in this country:

“The ability to communicate effectively with patients, demonstrating appropriate interpersonal skills, is essential to safe and effective patient care. Step 2 CS is intended to ensure that all physicians practicing in the United States, regardless of country of origin, can communicate effectively with patients. Carefully developed rating scales, as well as intensive training in their use, are used by the standardized patients to assess communication, interpersonal skills, and English speaking skills...”

In essence, it seems the board is trying to weed out those students who extremely bad at interpersonal interactions, and therefore cannot forge a bond with their patients. This is a good thing. Patients need doctors with whom they can speak comfortably.

Love Your Patients! will help students master the interpersonal skills necessary to pass the Step 2 Clinical Skills exam with ease.

Love Your Patients! teaches skills which will benefit everyone, not just clinicians. *Love Your Patients!* allows practitioners comfort and relaxation with their style of interaction, so that their medical decision making is not disrupted by any interpersonal problems.

What role does *Love Your Patients!* play for medical students?

Love Your Patients! will make life easier for medical students. I certainly remember my medical school training, trying to integrate volumes of complex information into something useful to my patients. Fortunately, for me, I had a Master's degree in clinical psychology, and I had practiced psychology before and during medical school. While the interpersonal interactions were easy and enjoyable for me, I saw many of my colleagues frustrated and upset by their inability to relate to, and communicate with, their patients.

By adhering to just a few of the many simple prescriptions in *Love Your Patients!* students will be able to enjoy their time with, and learn from, their patients.

In fact, all students in the caring professions will get more out of their clinical time when they are comfortable and relaxed in their ability to relate to their patients.

Should patients give this book to their healthcare provider?

Yes! Any patient who has ever been treated rudely while at the hospital or office should give this book to the rude provider. Any patient who can't find the words to tell their doctor or healthcare provider about their poor bedside manners should give them this book. Any patient who loves the quality of care they receive, but hates the way it is delivered, now has this book to give to their doctor!

This is the perfect way to tell your doctor, "Hey, I like you, but I do not like the way you treat me." Giving this book is a non-judgmental gentle way to confront someone on their behavior, and give them a way to improve.

And, by the way, I am holding a contest for practitioners. The clinician who receives the most copies of this book as a gift from his or her patients gets a free invitation to one of my seminars!

How can a patient get a doctor or nurse to listen to them?

Patients can and should take a role in making their needs known to their caregivers. *How* patients do this depends on their style of interacting, but here are some tips that may help.

When patients preface a concern, symptom or medical history fact with a strong or forceful qualifier, the significance is appreciated by the doctor or nurse. For example, patients can say something that gets the provider's attention:

"This is very important to me..."

"I want you to understand exactly how this makes me feel..."

"These are crucial to me..."

"I absolutely must know what you think of these symptoms..."

"My most significant concern..."

"What worries me more than anything else..."

"Before I can leave here today, I must have your opinion regarding..."

Patients definitely need to be cautious in using medical terminology. While we all like to seem knowledgeable and well informed on obtuse and complicated topics, such as anatomy and physiology, when patients use medical terms with doctors and nurses, the doctors and nurses assume they have

detailed knowledge on the topics. The providers may think the patients know more than they do know. Obviously, this can lead to the professionals glossing over some topics, skipping others, and talking in too much jargon about others.

What can patients do when their doctor or nurse is in a hurry, or fails to answer their questions?

This is a very painful topic, but unfortunately, occurs all too often. In our understaffed and time pressured workplaces, we caregivers often seem in a hurry, or worse, seem uncaring or uninterested in explaining things to patients. While there is no excuse for rudeness, most times rude behavior is really a misunderstanding which can be remedied. Patients can help prevent these misunderstandings with their words, their body language, and their actions.

- State your needs and requirements up front, and frequently during your time with your provider. (Remember, the squeaky wheel gets the oil.) For example,
 - “I have five questions I need answered right now, or as soon as possible.”
 - “You said you would do [a specific task]. When will this happen? I need to know.”
 - “I need to know exactly when I will get the results...tell me when someone will contact me, or who I should call if I do not hear from you.”
- Wave your hands about, stand up, make eye contact, and be animated! It is easier to ignore a person who is sitting passively in the corner than it is to ignore a dynamic, moving person!
- In extreme circumstances, such as when the provider walks out of the room while the patient is still talking, the visitors or patient may need to let their needs be known in no uncertain terms.
 - Step between the caregiver and the door. If the way out of the room is casually blocked, it is much more difficult for the provider to leave before everything that needs to be discussed is discussed.
 - Follow the caregiver out of the room. While you should never be a stalker, it may be necessary to let the provider know how strongly you feel by following them, and explicitly stating your needs, and asking *when* your questions will be answered.

What should a patient do when their nurse, or doctor or other healthcare professional focuses on the wrong problem, forgets some important information, or fails to let their patient speak?

Redirect, redirect, redirect. It is common and normal for a caregiver to focus on the most serious problem and allow the less serious problems to be addressed later. For example, I will often see patients who have actually been saving up their problems and concerns until they have several, so as to make a trip to the ER worthwhile. When I ask, “How can I help?” They begin a long list of problems. “Well,” they say, “I have chest pains, my left eye is itchy, my knee gave out on me last week, I have this rash in my groin, and I get diarrhea once in a while.” This list of problems is virtually impossible to deal with in one visit, so I will focus on the most serious, the chest pain. However, if the chest pain has been going on for 6 weeks, and it’s from a broken rib, I may be barking up a wrong tree, and something else may be more important.

Therefore, it’s best for the patient to list their most serious concern first, and state why it is the most

serious concern. Then, it helps to tell the caregiver exactly how many other problems there are, and to ask their opinion on the seriousness of each problem. There is no reason to omit any concerns, because two different problems can be related. But, an organized, prioritized list is much easier to work with than a shot-gun blast of complaints.

Quotes from *Love Your Patients!*

Caring Communication

Our patients will know what's in our heart from the expression that's on our face. (pg. 27)

Remember, our face, our hands and our voices communicate our message. Our words are merely punctuation for that message. (pg. 172)

Arrogance is the first sign of mediocrity. (pg. 59)

Polite words re-focus our attention back on *the person*. (pg. 180)

The burden is on us to be understood, not on our patients to understand. (pg. 201)



Humanistic Healthcare

Empathy: A shared burden is much easier to carry. (pg. 26)

We are exposed to hurt, sick, dying, unhappy people all the time. And all of them, silently or loudly, call for our help. (pg. 12)

Physical distance permits emotional distance! Therefore, get a little closer! (pg. 31)

Respectfulness can be thought of as a concern for the other individual's sense of self. (pg. 98)

Our patients want to know that they are in good hands. However, they also want those hands to be soft, warm and gentle. (pg. 112)

The more you say, "I'm sorry," the fewer things you will have to be sorry about. (pg. 133)

True sorrow brims with compassion and kindness and humility. (pg. 183)



Patient Needs

It's best to offer help before they have to ask for it. (pg. 46)

While patients often feel that being a subject for teaching is a silver lining to their illness, they provide us this service at the risk of becoming their diagnosis. (pg. 158)

Empty respect does not warm any hearts. (pg. 188)

The best teachers answer the questions that are never asked. (pg. 217)



Clinical concerns

It appears that Mr. Moider retreats to the false security of complex medical nomenclature when he is faced with deep emotional concerns. (pg. 108)

The healthcare setting is no place for personal prejudices...The quality of our care cannot be rationed based on our personal feelings. (pg. 169)

I have cared for patients who had intestinal worms squirming out of their anus. I've met patients who had maggots that filled their leg wound. I once cared for a man who had roaches scurrying out of his sleeves. Each one of these patients needed my care. Each one was glad I did not make a big deal out of their situation.

Patients get better faster and stay better longer when treated with agape. (pg. 206)

The art of agape is the art of medicine. (Section III)

About the Author

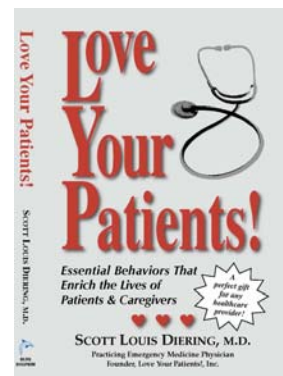


Dr. Scott Louis Diering is a practicing emergency medicine physician, who also gives lectures and workshops on patient satisfaction. He founded Love Your Patients!, Inc. to make the world a better place.

He currently lives and works in western Maryland. Previously, Dr. Diering worked in Scottsbluff, Nebraska, where he was hospital media spokesperson, wrote and hosted the hospital's TV segments, and was county Medical Society president.

Before attending medical school at Wake Forest University School of Medicine, Dr. Diering practiced as a clinical psychologist. He earned his Master's Degree in clinical psychology from the University of North Carolina at Greensboro.

Dr. Diering grew up in New Jersey, and graduated from Rutgers College in New Brunswick, New Jersey in 1983. He still has many friends and family in New Jersey, and his New Jersey roots are easily seen in his language and mannerisms.



Scott Louis Diering, MD

PERSONAL:

Born: November, 1961
Perth Amboy, NJ

Address: 99 Siegel Ct.
Frederick, Maryland 21702
301 620 1588

Email: diering@loveyourpatients.org

EDUCATION and TRAINING:

7/95-6/98 Emergency Medicine Residency Program
University of Michigan/St. Joseph's Mercy Hospital
Ann Arbor, Michigan

7/93-3/95 Neurosurgical Residency Program
University of Tennessee Health Science Center
Memphis, Tennessee
(Electively withdrew from program)

6/92-7/93 Internship: General Surgery
University of Tennessee Health Science Center
Memphis, Tennessee

1988-1992 Doctor of Medicine
Bowman Gray School of Medicine
Winston Salem, North Carolina

1983-1986 Master of Arts
Clinical Psychology
University of North Carolina at Greensboro
Greensboro, North Carolina

1979-1983 Bachelor of Arts
English and Psychology
Rutgers College
New Brunswick, New Jersey

**LISCENCES AND
CERTIFICATIONS:**

Physician and Surgeon
State of Maryland, #0060192
Expires 9/30/04

Physician
State of Nebraska, #20775
Expires 10/01/2003

Fellow, American College of Emergency Physicians
Fellow, American Academy of Emergency Medicine

Diplomate,
American Board of Emergency Medicine

Diplomate #410823
National Board of Medical Examiners

Advanced Cardiac Life Support
Advanced Trauma Life Support
Instructor, Advanced Trauma Life Support
Advanced Pediatric Life Support

WORK EXPERIENCE:

Medicine: 6/03-present

Emergency Medicine Physician
Washington County Emergency Medicine Physicians
Hagerstown, Maryland

6/98-6/03

Emergency Medicine Physician
Regional West Medical Center,
Scottsbluff, Nebraska

6/95-6/98

Medical Director, Urgent Care
Oakwood Hospital – Annapolis Center
Wayne, Michigan

3/95-6/95

Staff physician:
President's Island Occupational Medical Clinic,
Memphis, Tennessee

Psychology: 1988-91

Consulting Psychologist, Guilford County
Dept. of Mental Health and Mental Retardation,
Greensboro, North Carolina

PUBLICATIONS and PRESENTATIONS:

Diering, Scott Louis (2004). Love Your Patients! Essential Behaviors That Enrich the Lives of Patients and Caregivers. Blue Dolphin Publishing Nevada City, CA: 243 pages. ISBN: 1-57733-141-9.

Diering, SL (2004). Patient Satisfaction in the Emergency Department. Critical Decisions in Emergency Medicine, 18 (12):1-7.

Website: www.LoveYourPatients.org (2/2003; updated regularly)

Diering, Scott. Pitfalls in Communication! Enhancing Patient Caregiver Relations. American Academy of Emergency Medicine, Annual Conference, New Orleans, February, 2003

Diering, SL and. Bell, WO. (1991) Functional Neurosurgery for Psychiatric disorders. A Historical Perspective. Stereotactic and Functional Neurosurgery, 57: 175-194.

Harter, M.R., Diering, S., and Wood, F. B. (1988). Separate brain potential characteristics in children with reading disability and attention deficit disorder: relevance-independent effects. Brain Cognition.7 (1):54-86

RESEARCH:

Emergency medicine

University of Michigan
Lab Setup: *Hyperbaric Oxygen Therapy and Cognitive Deficits in Carbon Monoxide Poisoned Rats*

Advisor: Robert Silbergleit, MD

Neuropsychology

Dept. of Psychology, UNC-Greensboro
Master's Thesis: *Event related brain potentials and attention to strong somatosensory and visual stimuli*.
Advisor: M. Russell Harter, Ph.D.

Event related brain potentials and attention in normal, Reading disabled and attention deficit disordered children.
(A series of NIH grant studies).
Advisor: M. Russell Harter, Ph.D.

Behavioral Psychology

Dept. of Psychology, Rutgers University
Anticipatory contrast in animals.
Advisor: Charles Flaherty, Ph.D.

HONORS AND ACTIVITIES:

Scottsbluff, Nebraska

Award of Excellence

Public Relations Society of America

Paper Anvil for Hosting Televised "Medical Minutes"

President, Scott's Bluff County Medical Society (2003)

Regional Representative, State Bioterrorism Task Force

Regional West Medical Center's Media Spokesperson

Residency: University of Michigan

Hyperbaric Oxygen Therapy: 6 Weeks' Intensive Training

Kuakini Medical Center, Honolulu, Hawaii (Spring, 1998)

Advisor: Dr. Robert Overlock

Bowman Gray School of Medicine

Honors: Class of '43 Scholarship (1989-92)

Emmanuel Sternberger Scholarship (1989-92)

Joseph Collins Scholarship (1991-92)

Activities: Peer counselor, Assistance to Impaired Medical Students

Students Teaching AIDS to Students, 1989

Students Teaching Early Prevention, 1990

Medical Students Literary Society

University of North Carolina at Greensboro

Honors: Pre-medical Student Award, 5/88

Chemistry Student Excellence Award, 5/87

Activities: President, Graduate Student Council, 1987-88

Rutgers College

Honors: New Jersey State Scholarship, 1979-83

Deans List 1981-83

Activities: Academic Peer Counselor, 1982-83

Rutgers Rugby Football Club 1980-82

PROFESSIONAL ASSOCIATIONS:

American Academy of Emergency Medicine

American College of Emergency Physicians

American Medical Association



DrDieringRadio_Interview.mp3