

PATIENT FOCUSED CARE

Richard S. Irwin, MD, FCCP

Members of the dais party and women and men of the audience: I would like to speak with you this evening about a revolution: family, patients, the American College of Chest Physicians (ACCP), you, and me. All are related.

In his book, entitled "Time to Heal,"¹ Dr. Kenneth Ludmerer, an eminent internist, historian of medicine, and medical educator, has written a comprehensive critique of the history of American medical education in the 20th century. As the book ends, it is the late 1990s. It is a time that Dr. Ludmerer refers to as a prerevolutionary period in medical education and clinical practice because it is marked by "unrest, turbulence, and disintegration of existing institutions, but not yet by a platform or model."²

Dr. Ludmerer writes critically of all stakeholders, including society and the medical profession at large. With respect to the medical profession, he describes turf battles that appear to be more intense than ever before because generalists are doing more specialty care, specialists are doing more primary care, specialists are competing for a variety of body parts, and many physicians are concerned that their roles may be diminished by nurse practitioners and physician assistants. Dr. Ludmerer goes on to state that while radical changes will be taking place in the future, he is uncertain as to what those changes will be.

We have all been listening to the concerns of our families and patients, patient advocacy organizations such as the American Association of Retired Persons and the Leapfrog Group, and the Institute of Medicine regarding the deficiencies of modern American medicine. Based on this information, I believe that we know what to call this revolutionary period in American medicine. It is the period of patient-focused care. While many of you are practicing patient-focused care, this cannot be said of American medicine as a whole.

What is patient-focused care? For me, the idea of patient-focused care can be simply stated. I believe it is the care we want our families to receive all the time. However, I do not mean to imply that it is the care we want just for our families. I believe it is the care we want all of our patients to receive. Let me provide you with some specific examples.

If my wife, Diane, or your spouse, respectfully requests that a staff anesthesiologist rather than a third-year medical student be the one to insert an IV catheter prior to surgery, I hope that wish will be honored.

If my 92-year-old mother, Sylvia Irwin, or your mother, is 30 min late for an appointment in a hospital clinic because there is a long line at the registration desk, I would hope that she would still be seen despite being unavoidably late for her appointment. It is also my hope that when my mom calls her physician, the office phone is answered by a pleasant human being, and that her physician returns calls when he says that he will.

If my sister, Bobbi Pollock, or your sister or brother, travels 2 h for an appointment and arrives at the doctor's office on the wrong day, I hope that she will be accommodated and seen, rather than being sent home, because she is cared for by a physician or physician group that practices open access care.

I am hoping that my brother-in-law, Dr. Norman Pollock, will never have to see another physician who is so insensitive and preoccupied that he fails to consistently call him by his correct name and fails to put the earpieces of his stethoscope in his ears when listening to the heart.

If my daughter, Rachel Koh, or her husband, Dr. Andy Koh, or my grandchildren are prescribed a new medication, I hope that the physician will ask them about all the other medications they are taking to make sure that there is no potential life-threatening interaction between drugs.

If my daughter, Sara Dilorio, or her husband, John Dilorio, have to undergo general anesthesia and require anticoagulation to prevent blood clots from forming in their legs, I hope that they will be cared for by a physician who practices medicine according to the best available evidence and who embraces the concept of lifelong learning.

If my daughter, Jamie McIntosh, or her husband, Andy McIntosh, forget to bring a referral from their primary care physician for an office visit with a specialist, I would like the office staff to help them get the referral right then and there rather than send them home.

If my daughter, Rebecca, complains of heartburn on a daily basis, I hope that her physician will take the time to take a detailed history to recognize that her complaint is likely due to dietary indiscretions and may be improved by dietary and lifestyle modifications rather than prescribing very expensive drugs.

If my father-in-law, Richard Northrop, or his wife, Beverly, have to be admitted to a hospital, I hope that the hospital has an active and continuous quality improvement program, to ensure that the care they receive has the best chance of being of the highest quality and safe.

And, if my sister-in-law, Sandy Katz, or her husband, Steve Katz, is ever sick enough to be on life support in an ICU, I hope that they will be cared for by a compassionate physician who believes in interdisciplinary care, and is knowledgeable about end-of-life issues and the special needs of the family members.

Why have I defined patient-focused care in terms of family, mine and yours? Because we always want the best for our families. And, if we do not know how to provide patient-focused care in a certain situation, if we ask ourselves, what would I want another health-care provider to do for my mother, or father, or wife, or children, or grandchildren, the answer will often be the patient-focused thing to do.

Who made me aware of what patient-focused care really is about? While I have no doubt that it was being practiced by many of my teachers during my medical school training, residency, and fellowship training, patient-focused care was not a part of my formal medical education. What I remember observing most of all about the focus of the faculty that taught me was that they were faculty-focused, academia-focused, publication-focused, and research-focused. If I had been observing my dad with the knowledge that I have today, I would have understood when I was growing up what patient-focused care was all about because my dad, Dr. Harold Irwin, an internist in a sole physician practice in New London, CT, was providing it. However, as a kid, I only saw the care he provided as care that did not allow him to always be able to play catch with me in the backyard. Even though the lessons were there to be learned, I did not learn patient-focused care from my dad because I was kid-focused, and, when I was older, I became focused on something else.

So, who and what opened my eyes to what patient-focused care is really all about? It was my mom, and it was shortly after October 4, 1981, when my dad died. Time and time again, that first year after dad died, mom would tell my sister and I how disappointed and angry she was at dad's physician in Florida. Even though she had left word with the office staff that dad had died during a trip up North, dad's physician had never once called to say how sorry he was to hear of this and to inquire about how dad had died. Until that time, I truly did not appreciate how much my mom and dad had invested, and how much our patients invest, in their relationships with their physicians. And, when physicians do not acknowledge the deaths of their patients, it is perceived that physicians are silently saying that the deceased patient was not important. I try, as I am sure many of you do also, to attend the wakes, calling hours, or funerals of all of my patients who die, or send sympathy cards or books on grieving to families to help them with the grieving process. I try because it is patient-focused care, and I succeed most of the time with the help of Cindy French and Carrie Krikorian, nursing associates who have been with me for years, and other members of our patient-focused division. And, if you have associates like Cindy and Carrie, you will understand that, to me, my family extends also to Cindy and Carrie, and their husbands Herb French and Ed Krikorian, and to others, such as my fifth grade teacher Betty Beckman and her husband Darold. My family also extends to all who are dear to me or share common goals, philosophies, and convictions, such as my patients and the leaders, staff, and membership of the ACCP. If I were to speak on behalf of the ACCP or of medicine in general, I would refer to Webster's dictionary and extend the definition of family to a much larger group of people, the human race.

I would like to share with you a story that relates to why it is so very important for me to take a broader view of the definition of family. In 1996, I received a letter at my office that was dated August 9, 1996. It started: "I am trying to locate a Richard S. Irwin who once lived in New London, CT. I was his fifth grade teacher at the Jennings grade school. The school year was 1952–53. Then, I was called Miss Jones. I am sorting through items saved for years now. I would love to send to Richard his first study book from Hebrew school that he gave me and some pictures of him with his classmates." I

was deeply touched that my fifth grade teacher still remembered a little, too often disruptive, 10-year-old boy from New London, CT. Then, the memory of a time of my childhood that I had not thought about for years came flooding back. Betty Jones was the teacher and the first person outside of my home who made me feel good about myself. I do not remember why I gave her the present of my Hebrew school study book. Perhaps, it was an attempt to impress her because it was filled with gold stars. Betty's husband, Darold Beckman, tracked me down, along with a few other Dr. Richard Irwins in the United States, utilizing a database of 88 million phone numbers. The Beckmans had assumed that I turned out to be a doctor because Betty remembered that my father was a physician and I said in the fifth grade that I wanted to be a physician, and they had assumed that I would end up in New England. Their guesses were correct.

While Betty and I have corresponded often with each other by mail and phone since 1996, we had not seen each other for 50 years before this weekend. Because they are here tonight, I would like you to meet Betty and Darold as members of my extended family. Betty and Darold, could you please stand and remain standing. I would also like you to meet the other members of my family who I have already mentioned. I ask them to also please stand and remain standing.

Standing before you is my family. I only want the best for them, and for you and your families, and for our patients around the world. That is why I want all of them to routinely receive patient-focused care.

I would now like to ask everyone in the audience and on the dais to stand. Now standing with us is the group of individuals who represent the ACCP family. We also want them to receive patient-focused care.

With the entire ACCP family who is in attendance at this convocation now standing, the ACCP, the largest pulmonary and critical care medicine society in the world, has the opportunity to make a very important and powerful statement to our patients, our members, the American public, and the world. We, tonight, can officially embrace, loudly and clearly, the concept of patient-focused care. We can do this by having all health-care providers in attendance take our ACCP Patient-Focused Care Pledge, which appears on page 31 in your program. Please join me in reciting the pledge.

I will strive to provide patient-focused care wherever and whenever I have the privilege of caring for patients. I will also work to ensure that all health-care systems in which I provide care are patient-focused. Patient-focused care is compassionate, is sensitive to the everyday and special needs of patients and their families, and is based on the best available evidence. It is interdisciplinary, safe, and monitored. To ensure the provision of patient-focused care in my professional environments, I shall willingly embrace the concepts of lifelong learning and continuous quality improvement.

Please be seated.

We are in the midst of a revolution in health care. Reciting and embracing our pledge is just the first step in our officially joining the battle to change American medicine, and it is immeasurably important. The door now opens to greater opportunities for imparting the essence of patient-focused care. It is the time for you, for me, and for all who provide health care to practice patient-focused care as you have pledged to do so tonight. Do this, and we can recapture the respect, goodwill, and imagination of the American public.³ Live the pledge, encourage others to take it, hang it in your offices and clinics. I encourage you to go forth and spread the word; the ACCP will help us do it.

The speech was delivered on the occasion of the inauguration of Richard S. Irwin, MD, FCCP, as President of the American College of Chest Physicians 2003–2004. It was presented at the CHEST 2003 Convocation ceremony for conferring new Fellowship certificates on Sunday, October 26, 2003 in Orlando, FL.

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