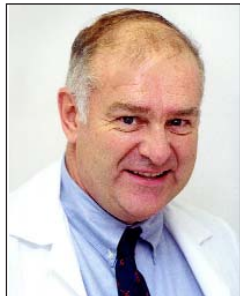


House Calls:

Doctor Types to Avoid

by Dr. Michael Lacombe



The two occupational diseases of doctors — arrogance and skepticism — produce certain character-types and practice styles. If you are searching for a physician and have made a list, you should now pick from that list one who can keep both his pride and self-doubt in check. A caveat: as both patient and doctor myself, I have encountered hundreds of physicians but only a small handful of the following character-types. However, you need to know about them.

The **Shirking Procrastinator**, endowed with an excessive amount of skepticism and self-doubt, prefers the anarchic type of doctor-patient relationship. He will prescribe the medication you wish; you need only ask. He will tend to avoid examining you unless you have a specific complaint, and you will note that he prefers rose-colored glasses.

This group has a subspecies, the **Guileful Guilt-provoker**. Burdened with self-doubt, he avoids any responsibility for the patient and when pressed tends to treat the patient by provoking guilt, viewing the patient's complaints as the patient's fault. This type in the extreme — and I am furious when I encounter him — is the physician who tells the cancer patient that she is responsible for her own disease. Another subspecies is the **Artful Dodger**. She skillfully avoids encounters with patients and families and avoids the necessary explanations of illness that a patient requires. But don't confuse the Artful Dodger with the busy doctor who must necessarily employ the help of nurses, nurse practitioners and physicians' assistants to deal with more routine tasks of filling prescriptions, diagnosis and treatment, and patient education. Still, when you have what you believe is an emergency, you should always be able to talk to your doctor. Highly confidential questions should be discussed only with your doctor, as is your right.

The **Arrogant Overweener** is at the authoritarian end of the spectrum. With an abundance of pride, this doctor displays offensive superiority, excessive self-importance, is angered by second opinions and will not brook any question of his judgment, much less question that judgment himself. The **Petulant Prima Donna** is in this group, loving praise, hating criticism, ever temperamental. He can never be made to wait, but will allow others to wait for him. The Arrogant Overweener finds it impossible to permit the patient to take responsibility for himself. His bristling response to the question "Doctor, what would you think of a second opinion?" identifies him.

Now for the **Eristic Joust**, adored by attorneys, bent on self-promotion. His standard approach is to disparage other doctors and other therapeutic maneuvers. "You got to me just in time," he says. "He did that to you?" he asks. "I can't believe he prescribed that medicine," he pronounces. These are his familiar songs. This self-serving stance stimulates litigation but, to his dismay, the Eristic Joust often finds himself deeply embroiled in those lawsuits he himself has stimulated because he may have the deepest pocket of all.

Certain patient-types prefer these character-types. Hypochondriacs love the Shirking Procrastinator, who will give the hypochondriac whatever he asks for — whatever test, medicine or surgical procedure. Angry, litigious patients seem attracted to the Eristic Joust and dependent, passive patients obviously prefer the Arrogant Overweener.

It should be said that most of us as doctors have a little of each of these character-types within us, and have to contend with them everyday. I have myself avoided patients and their families, frequently tripped over my pride, and have — I am sorry to say — been guilty of jousting. Most doctors would admit the same.

Now for your influenza-related questions: first, have politics played a role in the distribution of vaccine? And secondly, we are confused about whether children eight years old and younger need a booster shot of the H1N1 vaccine.

You bet there are politics involved in the H1N1 vaccine distribution. Politics and money. Thankfully, I am not aware of any classes of people in Maine jumping the line ahead of high-risk individuals in line for flu shots. But Calgary Flames hockey players — and allegedly Toronto Raptors and Toronto Maple Leafs players — have done so. It now seems pretty clear that Wall Street bankers got preferential treatment as well. One late-night comedian explained it well:

"The bankers rationalized this as thinking they would be more susceptible than others. It's a swine flu."

As for one shot or two: the World Health Organization (WHO) last week, after a meeting in Geneva, changed its recommendation that children eight years old and younger get two shots of the H1N1 vaccine separated in time by four weeks.

This runs counter to the Centers of Disease Control and Prevention (CDC) policy that those children need the booster to mount a sufficient antibody response to the virus. In large measure the WHO's new recommendation has been prompted by vaccine shortage. The answer to this controversy is not clear as of this writing (11/16/09) and may come in a week or two, possibly even before you read this column.

In studies looking at the antibody response of children younger than 10 only 25 to 36 percent of those children reached antibody levels considered protective. But these studies looked at the antibody levels after only 10 days of the first dose. Studies will assess those antibody responses further out from that first inoculation. But, as a side note, some studies in adults have already shown that levels did not get much higher after 21 days than they were at 10 days.

It is impossible at this point to set policy. The Prevention Center at MGMC has scheduled follow-up booster shot clinics at area schools already, but is faced with vaccine shortage like everyone else. Those second-dose clinics have for now been put on hold, pending answers to these questions, which will be come soon. And says the director of the National Institute of Allergies and Infectious Diseases,

"One of the dangers in jumping ahead and saying you want to stretch out the supply by giving a single dose to these young kids, is that you'll be under-protecting them. If that happened we wouldn't be saving a dose for each vaccinated child. We'd be wasting a dose."

The bottom line answer is this: we are dealing with a novel H1N1 virus of now-pandemic proportions and have been and will continue to respond in your best interests as the new scientific information becomes available. There are hotlines you can call, and you may e-mail me as well with your questions.

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