

Time to care

Momi E. Ka'ano'i*

Mr. Iesupu⁵ said, "Give me one good reason why I should do this colorectal cancer screening?" With confidence, I spouted the statistics for colorectal cancer (CRC) morbidity and mortality rates in Hawai'i, in Hawaiians, and nationally. He was not convinced. I talked about preventing cancer and being alive for his family, and still he demurred. In defeat, I gave up and asked him how I could persuade him to be screened. He simply said, "Doc, if you tell me to do it because you care about me, I'll do it."

"Wow," I thought, "Could it be that simple?" *Let them know you care.* At the time, I was facilitating a focus group with Native Hawaiians to find out ways to increase CRC screening rates in Native Hawaiians and the barriers that prevented them from getting screened. I learned a valuable lesson that day.

P 'ali kalo i ka wai 'ole.

Taro, for lack of water, grows misshapen.

For lack of care one may become ill.

'Ōlelo No'eau, no. 2705¹

While reviewing laboratory results with Mrs. DeCosta one day, she confided, "I appreciate the time you spend explaining things to me. I don't remember anyone doing this with me before. Now I know why I need to take my medicines and what they are for. *Mahalo* (thank you)."

Time is defined as the "measured or measurable period during which an action, process, or condition exists or continues." Care means, "to be concerned about" ². In providing health care to patients, it is imperative to spend a measurable period with them on issues of concern for their health.

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In medical residency training, I was told that I spent too much time with my patients. I consulted with them and educated them to create the best solution for their concerns and priorities. Upon reflection, I realized that few of my patients were ever hospitalized or had bad outcomes. I was encouraged by one of my mentors to write about how the time I spent with patients actually improved their health outcomes and lessened the burden on them and the health system. At the time, I thought maybe my patients were healthier than others.

In my current practice at a community health center, I see many "train wrecks," patients who have not seen a physician in years and present with multiple uncontrolled medical problems. They require "tune ups." Fortunately, my current situation affords me opportunity to spend quality time with my patients. When patients feel listened to, they are empowered, they do better, and they take responsibility to care for themselves. In the past two years, I have had approximately 15 to 20 patients hospitalized out of more than 600 patients. I attribute this, in large part, to the amount of time I spend listening to, and caring for the people treated in the clinic. The wonderful pattern I have seen in doing this is that my patients not only get better, they feel better. They lose weight; they take their medicines—their diabetes, hypertension or dyslipidemia are controlled. Outcomes are good, resulting in minimal hospitalizations and few complications.

Aia no i ke k a ke au.

Whichever way the current goes.

Time will tell.

'Ōlelo No'eau, no.69¹

Mr. Kealoha laughs and says, "Doc, I look at you and you look like my daughter. I listen to you and you sound like my mother. I appreciate what you do for me and I trust you. I feel relaxed. You and your staff treat me nice. You guys are the best. Thank you for taking the time to listen to me." Comments like these are all the rewards needed to continue to take the time to care for my patients.

I refer to the extra time spent with patients as the "art" of medicine. The science of medicine is the easy part. The art of medicine refers to the creative energy used to customize a treatment plan based on individuals' unique circumstances and priorities in order to yield successful outcomes. Factors to consider include finances (e.g. bills, food), cost of

medication(s), mental health, willingness to modify lifestyle behaviors, willingness to take medications, employment status, and environmental stressors – timing and frequency of taking medications, family or living situations such as having children in prison or on drugs, caring for grandchildren, or homelessness.

There was a time when doctors were trusted family friends, when they made home visits, when they went out of the way for their patients. Unfortunately, medicine has become a business, and words like “productivity”, “relative value units” (number of patients seen per office visit code), and “increased revenues” represent the prevalent areas of emphasis. Therefore, the priority has shifted to seeing more patients in shorter blocks of time in order to increase revenues. Quality patient care is compromised, health of patients is not improved or remains poor, and increased office visits and hospitalizations lead to increased medical expenditures. Over time, trust in physicians will diminish.

The “art” of medicine also refers to the skill of developing a relationship with the patient. The doctor-patient relationship is touched upon in medical training but relationship building is not emphasized in practice. Some refer to it as “bedside manner.” Regardless of its name, it is very important to the success of each patient’s health and quality of life. There is no time to develop a relationship with a patient in only 5 to 10 minutes per visit. Patients sense if you are rushed or stressed, if you have compassion or empathy. Compassion and time are significant factors in the success of the doctor-patient relationship and to the success of a patient’s health. An investment in time with a patient is an investment in working together to motivate the patient and empower them to be responsible for their health. The responsibility for the patient’s health is shared between patient and doctor. The relationship is mutually fulfilling when the patient receives the time and care that he/she wants and the physician gets a patient who adheres to the treatment plan. Each patient visit is another step toward developing a relationship with that person.

Medicine is social work with a twist of science. Patients come to see the doctor as whole people with complex lives, although short patient visits usually prevent the physicians from addressing more than the chief complaint or symptom. Cultural competence is also important to the doctor-patient relationship. Physicians must know themselves—from where they come—before they can be open and sensitive to others’ cultures. Imagine the difference in outcomes if each patient were treated as a family member.

Ua ola loko i ke aloha.
Love gives life within.

Love is imperative to one’s mental and physical welfare.

‘Ōlelo No‘eau, no. 2836¹

It’s funny that my patients know me as much as I know them. Our relationships are so developed that they begin to counsel me about my stress level, sleep, and recommend that I take care of myself and take a vacation. It’s nice to know that when I take the time to care for my patients, they take the time to care for me.

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References

1. Pukui, MK. *‘Ōlelo No‘eau: Hawaiian proverbs & poetical sayings*. Honolulu: Bishop Museum Press, 1983.
2. Webster’s Dictionary. Available at <http://www.m-w.com/dictionary.htm>. Accessed in 2004.
3. Personal interviews with patients of Kaua‘i Community Health Center. Names have been changed to assure confidentiality.

§ All patients’ names are fictitious to assure confidentiality. Patients’ comments are as recalled by the author.

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