

The Insider's Guide to...
**GOOD
MEDICAL CARE**

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Library of Congress Cataloging-in-Publication Data
Greenwood, Lindiwe F.

The Insider's Guide to... GOOD MEDICAL CARE

p cm.

ISBN-13: 978-1456377113

ISBN-10: 1456377116

First Paperback Edition

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*I*ntroduction

If you are reading this, it means you took the first step in finding a more effective, thorough and better-informed way to handle your health care. Over the next several pages, I will walk you through the basics of good health care, as well as behind-the-scenes, insider information to help you make the best choices for your medical care. You might be wondering why I am qualified to sell this information. The truth is I'm not only a patient, but I am also a Board Certified Physician, and I have had the dubious honor of looking at health care from both sides of the fence.

I was inspired to write this book after having so many friends, family members, and patients bombard me with questions over the years. It's not that I mind explaining things. After all, that is what I do for a living.

However, it *did* concern me that something as important as health care and its players were so elusive and confusing for the average person. Also concerning is the fact that the information isn't often available to those who want it. If there is info out there, it is typically one-sided. Through this book, I am going to attempt to fill you in on all the little known facts and "tid-bits" you have always wondered about, but never had that doctor around to tell you.

Sit back and relax with a good cup of caffeine-free coffee ☺! Some of this information will be a review, while other parts will be the latest news; some parts you may even find surprising. It is my hope that after you read this book you will feel better informed and empowered as well as fully- equipped to seek the best health care for you and your loved ones.

The Major Players in Medicine

I think it is best to give a crash-course on “how doctors are made” and also to provide some guidance as to whom you should you go to for what services. You might think that as doctors we would be taught in school the identification of all of the specialties and whom you should see for what. Well, as residency goes along you start to sort of learn these things, but you would be surprised by how much “on the job” training there actually is for doctors. Let’s start by taking a look at *doctor lingo 101*.

Training Lingo

▲ **Medical Student:**

Person going to school to become a physician, usually requiring four years of medical school with clinical involvement (patient contact) in years three and four.

▲ **Intern:**

First year resident. During this time the physician often rotates through many different areas of medicine to grasp the full range of the specialty.

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- ▲ **Resident:**
Physician in-training (pays homage to the time when doctors in training literally “lived” at the hospital). This is when a physician gains practical experience and training in their respective speciality.

 - ▲ **Fellow:**
A physician in training who has completed residency but is now completing a specialized fellowship in their specialty of choice. This is called a fellowship; can be 1-4 years.

 - ▲ **Attending:**
Physician who has finished all training and is responsible for overseeing fellows, residents and students, particularly in the hospital.

 - ▲ **Residency:**
Period of three to seven years post-medical school when physicians are trained.

 - ▲ **Fellowship:**
Period in post residency when a physician may undertake further specialized training.

Types of Doctors

- ▲ **Doctor of Medicine:**
An allopathic doctor, the one who earns an M.D. degree from medical school and represents about 70 percent of all medical school graduates. Many of these doctors study specialties that concentrate on different areas of the body, such as cardiology, gastroenterology and pulmonology.

▲ **Doctor of Osteopathy:**

Type of medical doctor who attends a medical school and becomes an osteopathic doctor or D.O. These doctors attend an osteopathic medical school (outnumbered by allopathic medical schools by about 12 to 1). Today, there is virtually no difference in the training between the two disciplines, other than a technique called Osteopathic Manipulative Medicine. This technique involves manipulation of the joints and body parts to help in the diagnosis and treatment of injury or disease. Many medical doctors with a D.O. degree go on to general practices in areas like family medicine.

▲ **Doctor of Dental Medicine:**

Dentists, who attend four years of dental school, and handle the medical care of the teeth and gums. Dentists have a DMD in their titles. There also are doctors who specialize in dental surgery and have a DDS in their titles. Many dentists specialize in areas such as endodontics, orthodontics and pediatric dentistry. Each of these specialties requires additional schooling.

▲ **Doctor of Chiropractic:**

Doctors, who have a DCM in their titles and attend four years of chiropractic medical college, specializing in joint pain anywhere in the body. Many chiropractic treatments involve the manipulation of the spine; chiropractic doctors work on the principle that misalignments trickle down to affect the nervous system.

▲ **Doctor of Optometry:**

Doctors attend four years of optometric medical college and have an OD their titles. They are the primary doctors for the diagnosis and treatment of eye diseases and related conditions. An Optometrist is not to be confused with an Ophthalmologist, who is an M.D.

▲ **Doctor of Podiatric Medicine:**

Doctor who undergoes four years of podiatric medical college and then a residency program of two to four years. These doctors diagnose and treat diseases and injuries to the lower leg, including the foot and ankle. The degree obtained is a D.P.M.

▲ **Specialist:**

A physician who has completed his or her residency and has also completed a fellowship in a specific area. Once specialists have finished their fellowships, they will offer a specialty, such as surgery or ophthalmology, to patients.

▲ **Sub-Specialist:**

A “specialist within a specialty.” For example, a Pediatric Retinal Specialist is in the specialty of pediatrics, ophthalmology, and retinas (part of the eye).

Specialties

The following is a list of most specialties and sub-specialties:

▲ **Allergy and Immunology:**

medical specialty of Allergy and Immunology focuses on the diagnosis and treatment of allergies and some immunological disorders (disorders of the immune system, the system that fights off disease).

▲ **Anesthesiology:**

medical specialty focusing on administering pain-killing drugs during surgery in the operating room. Anesthesiology also

includes the field of Pain Management, a sub-specialty which helps manage chronic (ongoing) pain in patients with prescription medication, injections, or other therapeutic methods.

▲ **Dermatology:**

Medical specialty focusing on the diagnosis, treatment, and prevention of diseases, disorders, and conditions of the skin. These days, many physicians in this field are also trained in laser and aesthetic practices of skin treatment.

▲ **Emergency Medicine:**

Emergency Medicine is the field which focuses on emergency or acute medical care of patients who need immediate medical attention due to trauma, accident, or a major medical event. Some of these physicians also practice Urgent Care medicine.

▲ **Family Medicine:**

A primary care field overseeing the basic healthcare needs and preventive medicine of patients of all ages, from infant to geriatric. Family care is usually the cornerstone of this practice and often takes place in an ambulatory (outpatient/clinic) setting.

▲ **Internal Medicine:**

Similar to family medicine in that it includes primary care and basic healthcare management of all areas of a patient's health, internal medicine typically does not include pediatrics or obstetrics like family medicine. Additionally, internal medicine includes more in-depth training and patient care in a hospital setting as well as acute care. Finally, internal medicine includes many more sub-specialties such as:

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- **Cardiology** – deals with all things concerning the heart.
 - **Endocrinology** – deals with the endocrine system, i.e. diabetes, thyroid, adrenal, etc.
 - **Gastroenterology** – deals with the stomach, intestines, rectum, gastrointestinal system, etc.
 - **Geriatric Medicine** – deals with healthcare involving those mostly 55 and up.
 - **Oncology and Hematology** – deals with cancer and blood disorders, i.e. sickle cell, etc.
 - **Hospice and Palliative Medicine** – deals with cancer and any terminal patients in the end stages.
 - **Infectious Disease** – deals with infectious disease and its prevention, i.e. TB, HIV, etc.
 - **Nephrology** – deals with disease and conditions of the kidneys and dialysis.
 - **Pulmonary Disease** – deals with diseases of the lungs and sometimes sleep medicine.
 - **Rheumatology** – deals with diseases of the joints as well as autoimmune and connective tissue disease, etc.

▲ **Neurology:**

Medical specialty focusing on the diagnosis, treatment, and prevention of diseases, disorders, and conditions of the brain

and nervous system. Patients who have suffered a stroke, or who battle ailments such as epilepsy, Alzheimer's, or Parkinson's are a few examples of some of the patients who are treated by neurologists.

▲ **Neurosurgery:**

Surgical specialty of medicine devoted solely to surgery of the brain.

▲ **OB/GYN (Obstetrics & Gynecology):**

Obstetrics is healthcare for pregnant women, including labor and childbirth and providing a safe delivery of the baby. Gynecology entails the diagnosis, treatment, and prevention of diseases, disorders, and conditions of the female reproductive system. Some physicians choose to practice one without the other. There are also several sub-specialty practices that fall under the larger umbrella of these practices, such as Maternal-Fetal Medicine and Reproductive Endocrinologists, the physicians who deal with female infertility.

▲ **Ophthalmology:**

Medical specialty focusing on treatment of the eyes and retina. Not to be confused with an optometrist, ophthalmologists can also do eye surgery and prescribe medication unlike optometrists, who typically focus on eyesight correction and screening of eye disease.

▲ **Orthopedic Surgery:**

Entails surgery of the joints, bones, and muscles. Patients with sports injuries or injuries from an accident may be treated by orthopedic surgeons, as are patients with some types of arthritis in the joints which may be surgically repaired.

▲ **Otolaryngology (E.N.T.):**

Medical specialty commonly known as “E.N.T.,” which stands for ear, nose, and throat. Otolaryngology includes office-based care and surgical procedures both in the hospital and in the office. Therefore, a variety of practice environments are available in this field.

▲ **Pathology:**

Medical specialty that deals with tissues and specimens for biopsy to help determine and decipher various disease processes, this includes post-mortem. This physician also supervises and interprets lab data and practices.

▲ **Pediatrics:**

Primary care field of medicine focusing on the healthcare of children, from newborn to age 18 and sometimes 21. Most pediatric jobs are office-based, where routine physicals, immunizations, coughs and colds, and “lumps and bumps” are handled frequently, but also entail handling the newborn nursery at the hospital. However, there are also numerous pediatric jobs available at children’s hospitals. There are also pediatric subspecialties such as pediatric surgery and pediatric oncology.

▲ **Psychiatry:**

Entails the treatment of patients’ mental health and well-being. Psychiatry may be practiced in an office, providing psychotherapy and medication management for more common psychiatric care, or in a psychiatric hospital for more serious, acute psychiatric issues such as bipolar disorder, schizophrenia, and other issues requiring hospitalization. Psychiatry also involves treatment of patients with addictions, such as drugs or alcohol.

▲ **Radiology:**

Medical field which entails the use of medical imaging to diagnose a variety of problems across all specialties and body systems. Most all medical specialties work in conjunction with this one for diagnosing and confirming disease processes.

There are also interventionists who have special training in biopsy, vessel ablation, and further specialized interventions.

▲ **Surgery:**

General surgeons perform a variety of abdominal and laparoscopic surgeries. Surgeons may also sub-specialize to focus on trauma surgery, vascular surgery, plastic surgery, or cardiac surgery, to name a few.

▲ **Urology:**

Medical specialty involving diagnosis, treatment, and prevention of the urinary tract as well as the male reproductive system. Urology includes office-based care and surgical treatment. If a male is having a problem with infertility, this is the specialty that would deal with this issue as well.

** This information was supplemented by information on healthcareers.about.com and a complete list of board recognized medical specialties is listed in table form in the back of this book. **

Understanding How Docs Become Docs

In order to become a doctor, you need to have a four-year undergraduate degree, then a four year medical school degree. After that, things get a little more varied and complex. Once you finish medical school, you are then selected to attend residency. The residency is where a physician in training learns the ins and out of their specialty. The first year is called the intern year.

These terms are remnants from a time when doctors practically lived at the hospital. Residency is anywhere from three years and up to seven years. After the residency, if a physician decides to become a specialist or a sub-specialist, then they will undergo training for an additional one to three years in a Fellowship.

All of this really just points to the fact there are many different types of doctors and the more you know about them and what **YOUR** needs are, the better able you would be to find the right doctor to fit them. As new techniques and even specialties come into existence, this list will get longer. Keeping yourself well-informed and educated about the medical community is the first step to good medical care.

Behind the Scenes in the Medical World

Now, I just want to take a little time to let you know how this all fits together and how it might affect you if you were in the hospital. So let's say that you have to go into the hospital for a scheduled hernia repair. When you come into the hospital, it would not be unusual for some of your first interview questions (and let's face it, that's what it is: an interview) to be asked by a medical student. This is often the first time a medical student gets to see what patient care and interacting with a real life patient is like. They are often extremely excited and eager to take this task on, and that is a good thing... Many complaints of patients are that as doctors move further up the ladder "no one takes the time to listen." You **WILL NOT** have this problem with a medical student!

The problem is that after about an hour of the student asking you everything from "what is your pet's first name," to "what age were you diagnosed with XYZ," that is when the resident is going to come in and ask you all the same things all over again! Now this is not purposeless. Rather, the repeat interview is done for three reasons:

1. It tests the medical student to see if the right questions were asked.
2. It tests you, as the patient, to see if the same answers are given, as sometimes, when our memories are jogged, new facts come to light.
3. The resident's questions are going to be more direct, shorter, and just more generally to the point.

After the resident has asked questions, this is likely the time when the Attending Physician comes in as the “clean up crew” to ask any last remaining questions and to bring it all together. If it is determined that you will need a specialist, the Attending will write a note based on all the other notes to the specialist, highlighting all of the pertinent info. There is a saying amongst doctors: “The higher up you go, the shorter the note and the shorter the questions.” All of this is a bit redundant, yes, but it is necessary to ensure that everyone is doing their part, learning and, most of all, that patient-care is at its best.

Just know that each time you answer all of those questions you are doing your part as a patient to help medical education as well as to assist in your own personal medical care. It is also important for you to know that no action or decision done by any part of the medical team (team usually includes the Attending, resident, student, nurse, and social worker) is ever done alone. There are many checks and balances in the system. This is a good thing.

Understanding Various Health Care Settings

Health care is practiced in a variety of different settings. I have discovered over the years that there is always a sub set of people who are disappointed about where and how their care is delivered. I think this is because most patients are not really aware that **WHERE** you go for care is just as important as from **WHOM** you receive care. Below is a short, but not exhaustive, list of the different types of health care settings, as well as what they have to offer, and for whom they might be best.

▲ **Inpatient:**

In the hospital care.

▲ **Outpatient:**

Out of the hospital care; usually office/clinic-based.

▲ **Teaching Hospital:**

Usually a large, often urban or central, medical center with many specialties, physicians, and services. If you are a patient at one of these centers, you will encounter all of the learners that I outlined above. Good for people who want a variety of options, specialties, have difficult or unaccepted insurance, are on a fixed or non-existent income, or are uninsured. Good for anyone who wants a “tried and true” setting, ie Johns Hopkins Hospital, University of Maryland Hospital, UCLA Medical Center, etc.

▲ **Private/Non Teaching Hospital:**

These hospitals tend to be a bit smaller, and you will not encounter all the learners as you would at a teaching hospital, because there are no “home teaching programs.” On occasion one of these hospitals will contract with an outside teaching program to have residents visit, but again, there are no residency programs stationed at the actual hospital. Good for anyone who wants a bit less hustle and bustle or anyone who does not want to encounter the “full medical team” as outlined above, but these hospitals still offer many options and specialties.

▲ **VA/Veterans Hospital:**

These hospitals are similar to the ones mentioned above, only their mission is to take care of our country’s Veterans. Many of these types of hospitals are “self contained” and offer all types of services to those who qualify as Veterans and their family members.