

Entitlement Vignettes: Irsksome

by Ann Gerhardt, MD

February 2011

We are all entitled to good medical care. We should expect providers to be considerate, competent and communicative. For the most part a patient can foster this kind of care by asking questions and entering into a civil discussion of options.

It is possible to be a patient advocate without being a jerk. Even with a lapse in care or mistake, in most cases appealing to concepts of good medical practice corrects the problem better than flaunting entitlement. Being a nice person that caregivers want to help clears the way for good care far better than anything else, and contributes to a healthy collaborative approach to decisions.

Flaunting money as a way to get your doctors hopping can be counterproductive. A rich patient with HMO insurance was referred to me. I don't belong to any HMOs, but the patient assumed I would see him for free, just because he was a prominent local rich person. I didn't see him, wondering about the logic of comp-ing someone who could afford to pay. If I'm going to work for free, I'll see someone who really can't afford the care. I suggested to the referring doctor that the patient could lose weight by spending less money on Morton's steak dinners. That way he could lose weight and be richer. He's still obese.

On another occasion, an arrogant relative from Brentwood, who informed us she was rich every third sentence but couldn't manage to actually fly here to visit her hospitalized loved-one, nagged, threatened and irritated all involved in her relative's care. She would "medi-vac" him to Southern California where the "good" doctors are. After a while we all hoped that the patient really would transfer care to that southern medical mecca so we wouldn't have to deal with her any longer.

His care didn't change one iota with all her harassment, though it was hard to continue *to want to* care, given how difficult she made it for everyone. He did quite well and was discharged much improved. Turns out, when we called her bluff and offered to transfer him at

Published by

HEALTHY CHOICES FOR MIND AND BODY

Written by Ann Gerhardt, MD

her expense, since it wasn't medically necessary, she balked at actually having to pay.

You don't have to be rich to flaunt entitlement. Non-rich patients with insurance, even publically funded coverage, can at times be quite irritating. Those who demand services that would not be appropriate for anyone, insurance or not, certainly don't endear themselves to medical caregivers.

A MediCal patient demanded an ambulance to take her home from the hospital because she was weak. When I asked who would pay, the husband said, "You will."

A middle-class patient with Blue Cross, who tells me he hasn't paid income taxes in years, has a leg ulcer from poor circulation and diabetes. It and he are stable enough for care at home, where there are fewer bad bacteria to cause super-infection. He demands continued hospital care, because "he has insurance".

Do these people have no sense of the greater good? Or of being a person that nurses and doctors might want to care for?

My personal opinion is that we are all entitled to competent care, regardless of ability to pay. But that doesn't mean we are entitled to unnecessary, duplicative, or potentially dangerous care.

If you have a bad doctor or nurse, threats won't make them good. Switch. Then complain to the higher ups. It you can imagine writing a complaint that won't sound entirely stupid and petty to Judge Judy, it's probably valid.¶