



# International Foundation for Functional Gastrointestinal Disorders

IFFGD  
700 W. Virginia St., #201  
Milwaukee, WI 53204

Phone: 414-964-1799  
Toll Free: 888-964-2001  
Fax: 414-964-7176  
Internet: [www.iffgd.org](http://www.iffgd.org)

**Doctor–Patient (116)**

© Copyright 1995-2012 by the International Foundation for Functional Gastrointestinal Disorders

## Doctor–Patient Communication

By: Kevin W. Olden, M.D., Asst. Clinical Professor of Medicine and Psychiatry, Mayo Medical School, Scottsdale, AZ

The doctor–patient relationship is a complex one. The patient enters into this relationship usually in a distressed state and desires to be made more comfortable and emotionally and spiritually relieved by the outcome of the interaction (which some would call “healed”). The physician brings to the relationship a technical knowledge of organ systems and disease processes, clinical experience, medical judgment, and in most cases, empathy and understanding of the patient’s needs and concerns.

Functional GI disorders present a special challenge to the doctor–patient interaction for several reasons. First, functional GI disorders are characterized, in most cases, by vague symptoms of variable intensity. Many times, these symptoms involve the most intimate anatomic areas of the body. The sensitivity of these issues can complicate the task for the patient who needs to express them in terms that the physician can interpret to formulate a diagnosis. Secondly, the physician is hampered by the absence of obvious structural lesions that often lessens the likelihood of devising a specific medical intervention that is successful. In some cases, the physician’s own anxiety can be increased by the lack of a symptom complex that leads to well-understood disease entity, such as parasites or lactose intolerance. This deficiency, in turn, often leads both physician and patient to over-investigate the symptoms.

So what are the ingredients that comprise successful doctor–patient communication about the functional GI disorders? Patients can help their physicians by describing their complaints as accurately and as concisely as possible. Physicians will always ask these questions: Where’s the pain? How long have you had the pain? Is the pain going any place else? What makes the pain better or worse? Having fairly precise answers to these questions can be extraordinarily helpful to a physician in formulating a working diagnosis. Physicians describe their initial history-taking as the “history of the present illness.” And this phrase means just that: Physicians like to start out with the complaint as currently perceived. What the pain was like months or years ago is less helpful to the physician. If your symptoms fluctuate, keep a diary of them and the activities in your daily life that are associated with exacerbation or relief of GI symptoms.

Important clues, which are oftentimes subtle, can become apparent in the course of journal keeping over a few weeks.

Alleviation of concerns is uppermost in a patient’s mind when visiting a physician. However, many times, the concerns of the patient are dramatically different from those of the physician. It is absolutely critical that you clearly and directly voice your concerns to your physician. “Could I possibly have cancer?” or any other question that is prompted by fear should be immediately brought to your physician’s attention. The phrase, “There are no stupid questions,” always applies in the doctor’s office. If you feel devalued or ignored when you raise emotionally loaded questions, you should consider changing your physician. The intangible chemistry between doctor and patient is of critical importance to any successful therapeutic endeavor. If you do not feel comfortable with your physician or your needs and concerns are not being met, change to another one. The best of physicians and the most delightful of patients may not “click” and a “no fault divorce” is infinitely preferable to a long suffering and unproductive therapeutic relationship.

Functional GI disorders many times demand that a physician take a history of very intimate areas of your life that center around bodily elimination and sexual functioning. If the patient is female and the doctor is male, we have found it extremely helpful for a female assistant to be present during the history taking and always present for the physical examination. If such techniques can make you as a patient feel more comfortable, make your desires known. Rare is the physician who will not accommodate any reasonable request which will make a patient more comfortable. Again, you need to ask.

A very sensitive area of inquiry concerning past experience with physical or sexual abuse presents a special challenge to both patient and physician. This area is important to explore because numerous studies have shown that childhood physical or sexual abuse is frequently accompanied by development of significant bowel dysfunction in later life. Psychotherapy, both individual and group, and peer support groups, can be extremely helpful in relieving the pain associated with these traumatic experiences. But this information needs to be known before solutions can be sought. The decision about when and how to reveal this information is entirely up to the patient. I have many patients who have chosen to defer discussion of these sensitive issues during the first few visits. This area is one where the physician should defer to the needs of the patient. However, it is important

for the physician to at least raise the importance of such issues and their relationship to functional GI disorders.

A critical period of doctor-patient communication occurs at the end of any office visit. Doctor visits are universally stressful for patients. (I can vouch for that; remember all doctors have been patients at one time, too!) Doctor visits should always conclude with a set of treatment recommendations that are fully detailed. These recommendations often include instructions on how to prepare for diagnostic tests, descriptions of medications and their side effects and directions on modifying your diet. The quantity of information can come as a torrent to a patient who has just endured a lengthy history taking and physical examination. To compensate for feeling overwhelmed, write down the doctor's recommendations. If you do not understand them at first, ask your doctor to

repeat them. If you still need extra support, the physician or an assistant is usually more than willing to spend time after the formal visit going over the details of treatment.

Remember, it is to the physician's advantage to have a patient who is properly following the treatment recommendations. Many physicians' offices provide written information on topics such as proper nutrition and medications and their side effects. You can also obtain IFFGD brochures about the functional GI disorders and other education materials from your physician. Be sure to ask for any available materials.

Finally, remember that your relationship with your doctor does not end at the front door. If questions or concerns arise, call your physician! Remember, the most successful doctor-patient relationships are those in which both the patient and physician feel comfortable and confident in each other's ability to communicate.

---

## Organic and Functional Bowel Disease – What's the Difference?

By: Richard Nelson, M.D., Colon & Rectal Surgery, University of Illinois Hospital, Chicago, IL

IFFGD was formed to provide support, encouragement, and information to individuals with functional disorders of the large intestine, rectum and anus. For many individuals with these disorders, the initial contact with a physician was probably frustrating. This arises from communication between the physician and patient taking place at completely different and non-intersecting levels. While the patient is anxious and embarrassed, the physician is far more concerned that the presenting symptoms might be indicative of an organic disease of the bowel, even to the point of brushing off the functional complaint.

### **What is the organic disease and how does it differ from functional disease?**

Organic illness involves a change in the structure of the bowel brought about by degeneration, inflammation, or cancerous change. Examples include cancer of the colon, ulcerative colitis, Crohn's disease, diverticulitis, appendicitis, or polyps of the colon. In many cases the symptoms are acute and explosive requiring emergency treatment. In even more cases the symptoms, especially early in the course of these diseases, are insidious and subtle, often very difficult to distinguish from those disorders of bowel function that are not organic, such as constipation, incontinence, irritable bowel syndrome or anal spasm with pain.

Your physician is going to be more concerned with finding an illness that constitutes a grave risk to your health and life, and will often expect you to share his relief when he finds after appropriate tests that it is "only functional." Don't be too hard on him or her. It all has to do with perspective ("I'll never lose a patient from that disease again") and training ("Cancer is the root of all evil").

But how might you know if your symptoms are functional or organic in cause? An easy answer is that the only way to find out is to have your physician do the X-rays

and endoscopies needed to demonstrate that. This can obviously be overdone, but it constitutes the "bottom line." When in doubt, do it. In many cases of organic illness the symptoms, as stated above, are the same as functional illness; diarrhea, bleeding, pain, seepage or incontinence. But diarrhea combined with fever, or bleeding with anemia or extreme weakness, pain with loss of weight, and incontinence combined with paralysis or altered sensation are all combinations of signs that suggest organic illness. Sudden changes in your symptoms are also more indicative of an organic problem. Look for symptoms away from the area of your rectum and changes in how old clothes fit. The cause of bleeding must always be determined, but not necessarily repeatedly.

Colorectal organic disease can be easily ruled out with a few tests. It is sensible to do this before complete evaluation and treatment of functional problems. If you see another physician, bring the results of your X-rays and endoscopies with you, so that needless repetition of these studies doesn't take place.

---

Opinions expressed are an author's own and not necessarily those of the International Foundation for Functional Gastrointestinal Disorders (IFFGD). IFFGD does not guarantee or endorse any product in this publication nor any claim made by an author and disclaims all liability relating thereto.

This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert's care.

IFFGD is a nonprofit education and research organization. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. For more information, or permission to reprint this article, write to IFFGD, 700 W. Virginia St. #201, Milwaukee, WI 53204. Toll free: 888-964-2001. Visit our websites at: [www.iffgd.org](http://www.iffgd.org) or [www.aboutibs.org](http://www.aboutibs.org).