



International Foundation for Functional Gastrointestinal Disorders

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I Have a Gut Problem: Which Doctor Should I See?

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I Have a Gut Problem: Which Doctor Should I See?

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When suffering from ongoing gastrointestinal symptoms, you may find it difficult to choose or even find a doctor to care for you. Modern healthcare systems are complex, and without guidance it is often difficult to find one's way among the myriad specialists, clinics, hospitals and rules that comprise and manage a community's health care establishment. If a person is acutely ill, the local hospital's emergency room is a logical recourse, for such facilities have the equipment and medical and nursing staff for those needing urgent care. But emergency rooms are inappropriate places for the care of chronic illnesses such as the functional gastrointestinal disorders (FGIDs). In these cases time and continuing care are required. Therefore, a practicing physician or clinic prepared to spend the necessary time and offer continuing care is ideal.

The type of doctor or clinic you visit may depend greatly upon where you live and the rules of your health care plan that I will briefly discuss next. Thereafter, I will point out favourable physician characteristics that you might consider.

Your Healthcare System

Most people, even doctors and politicians are surprised when they learn how much health care systems differ from one to another. Medical science is universally available and accepted in developed countries, but societies have devised a great many ways to deliver it. To make things more complicated, each system is constantly revising itself in response to social, demographic and economic pressures. This article will not venture a comparison of the quality of the developed world's health care systems, but it is safe to say they all have limitations. Critics worry that managers, concerned with costs, sometimes lose sight of the reason for their very existence – that is the patient. Nevertheless, an article such as this is aimed at patients everywhere and must highlight some of the differences, for these determine which doctors one *may* choose. In Britain and Canada, for example, ill people are encouraged to first consult a family doctor (general

practitioner in Britain). One is then referred to a specialist if deemed necessary. In this case, the patient will have professional advice about which specialist to choose. Some European national systems have or are moving towards this model. In Canada, if a specialist accepts a patient not referred by a doctor, he or she may not charge specialists' fees.

In the United States, there is no universal health care system, although Medicare and Medicaid and even the Veteran's Affairs program are national in scope and care for the aged and many of the disabled. For most others there are many health maintenance organizations, preferred practitioner organizations, private and state government insurance programs and employer or non-profit plans, each issuing their own rules about access and physician behaviour. Some plans employ the family doctor as gatekeeper; that is doctors are penalized if they refer or order tests beyond a certain norm, or if they see their patients too frequently. Clinics are paid according to the patients they accommodate, and for economic reasons may limit the time doctors spend with each patient. Since many healthcare plans are engaged through an employer it may be difficult to change either the plan or the doctor(s) you must see. Detailed description of healthcare funding is too complex for an article such as this, but the first rule in seeking care is to understand your own healthcare coverage and what doctors it permits you to see.

Healthcare systems aside, there are several issues to consider when choosing the type of doctor you will see for your chronic intestinal symptoms and what his or her personal characteristics should be.

What Type of Doctor?

Should you first consult a family doctor or a specialist, and if the latter what kind of specialist? It may seem a no-brainer to call a gastroenterologist with a gut pain. However, organs other than the gut reside in the abdomen, and choosing the wrong specialist may waste time and lead to inappropriate testing and treatments.

Conversely, if the pain is deemed to be in the pelvis, one may be misdirected to a gynaecologist or urologist. Women with IBS are more likely than others to have gynaecological surgery. Similarly, irritable bowel syndrome (IBS) patients are more likely than others to have surgical removal of their gall bladder – sometimes not a good thing, and irrelevant to their IBS. While an association of the abdominal distress with altered bowel habit may suggest a gut disorder, most people should seek guidance in their choice.

Another difficulty with specialists is that they are trained in diagnostic and remedial procedures and to offer opinions to a referring physician. Most are unprepared or insufficiently remunerated for long-term care, and patients with functional gastrointestinal disease may need regular visits. Such patients are numerous, and providing continuing care for many can compromise a specialist's principle role in diagnosis and procedures.

As we age, we accumulate diseases. A young person's only complaint may be belly pain. However, as he or she passes middle age, arthritis, high blood pressure, varicose veins, eczema and many other diseases become common. The specialist route means visiting several doctors, who may be unaware of each other's actions. While sometimes unavoidable, such a policy may be costly, time-consuming and increase the risk of counterproductive measures. Some treatments for high blood pressure or arthritic pains may adversely affect the gut. Certain stomach medications may alter the metabolism of other drugs. It is neither uncommon for the elderly to be prescribed more medication than they can keep track of, nor for their specialist doctors to be uninformed about their entire medical economic, social, and psychological status.

As the reader may now guess, this specialist writer believes most people should receive their primary care from a family doctor, although some specialists may assume this role in certain cases. A doctor offering primary care must be familiar with chronic disorders affecting all body systems, and should be in a position to know the patient's entire medical history and his or her psychosocial, economic, and family background. In chronic, painful disorders, the symptoms are often

intertwined with daily living. These can profoundly affect each other and doctors can best help patients when they take them all into account. Of course, family doctors cannot be expected to know everything about every condition. That's why we have specialists. The wise primary care doctor will refer to a specialist for an opinion or diagnostic evaluation when necessary, but subsequently stand ready to act on the specialists' information and provide ongoing care. In custody of a patient's complete medical record and a list of current and past medication including untoward effects, a primary care/family doctor should be best positioned to provide comprehensive and safe care.

Nevertheless, such a doctor may be difficult to locate. Many family doctors, especially those working part time, work in walk-in or hospital clinics where the record is incomplete. Moreover, a patient may see a different doctor each visit, to some extent diminishing the family doctor advantage. In many places such as in my Province of Ontario, previous government policies have led to a critical shortage of family doctors and many people find existing doctors too busy to accept them. Such a crisis exists in the United States as well. A recent symposium published in the *New England Journal of Medicine* cites many reasons why medical students do not choose family practice as a career. Most health care systems need improved remuneration, working conditions, and esteem for their family doctors.

What Sort of Person Should my Doctor Be?

Whether your doctor is a family doctor or a specialist, there are certain characteristics that bode well for the satisfactory care of your chronic disorder.

- Is your doctor empathetic and does he or she listen attentively as you explain your symptoms? Does he or she believe you have a real disorder? If you get the impression your doctor thinks your symptoms are trivial or “all in your head,” it's time to move on.
- Is your doctor able to spend time discussing and explaining the problem? Does your doctor order many tests, but fail to explain the reason for them and the meaning of their results. Does he or she regularly order medication or diets without explanation of their risks and benefits – for there

are few cures in chronic gut disease, and in general the fewer drugs the better.

- Are you able to get an appointment within a reasonable time? Is your doctor usually available, or do you often see a stand-in who is unfamiliar with your case.
- Does your doctor seem knowledgeable about your problem, yet ready promptly to seek a specialist's advice for difficult issues?

Perhaps most importantly does the doctor inspire confidence, and establish a good rapport? No doctor is perfect, but the above questions should help you decide. Remember, you are not married to your doctor. It is your right to find a new one and have your complete medical record transferred. On the other hand, too many changes can be counterproductive.

Conclusions

For chronic disorders, choosing a doctor can be difficult, especially if long-term care is contemplated. In general, a family or primary care doctor is best prepared to assume this role, using appropriate specialist referral if necessary. The choice is influenced by the type of medical care coverage you have, and the availability of appropriate physicians. Ideally, your doctor should:

- know your entire medical history,
- recognize the importance of your symptoms,
- empathize with your discomfort, and
- be prepared to spend the necessary time explaining their meaning.

Your doctor should be available when needed, be frugal and deliberate with tests and treatments, and ever be your advocate.

References

Longstreth GF. Irritable bowel syndrome and chronic pelvic pain. *Obstet Gynec. Surv.* 1994;49:505-7.

Thompson WG. Health-Care Systems and the Placebo Effect Chapter 17 in *The Placebo Effect and Health: Combining Science and Compassionate Care*. Prometheus Books Amherst NY. 2005.

The Future of Primary Care. *New England Journal of Medicine* 2008;359:2085-92.

Thompson WG. The Therapeutic Relationship Chapter 14 in *Understanding the Irritable Gut: The Functional Gastrointestinal Disorders*. Degnon Associates, McLean VA. 2008.

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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.

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