

Doctors Need To Make Room For Disagreement With Patients

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While our [dad was in the hospital](#) [1] last winter, my brother shared with me his strategy for talking to the doctors we encountered – an approach honed over ten years of marriage to an internist and dozens of pediatrician visits for his two little boys. He asked smart questions that used medical terms to earn their respect, he told me. He was appropriately deferential, admitting his lack of clinical experience. If he disagreed, he gently offered empirical evidence to support his argument and then hoped that the doctor listened and didn't get defensive.

That's a tall order, even for the savviest of patients.

I've [written before](#) [2] about shared decision making: the idea that for medical decisions in which there is no clear right or wrong answer, doctors and patients should collaborate on choosing a path that best fits the patient's preferences. The success of this approach rests on the ability of patient and doctor to have a frank conversation. But this has been [historically difficult](#) [3] and a [study](#) [4] that was published last week in the [Archives of Internal Medicine](#) [5] helps explain why.

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[1] http://www.boston.com/lifestyle/health/blog/shortwhitecoat/2011/12/daughter_or_doctor.html

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[3] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3139436/>

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