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A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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How to Find a Doctor . . . Doctors and Lawyers

Dr. Robert Mendelsohn

Since I so frequently am asked, "How can I find a good doctor?" I'm leading off this Newsletter with my answer to that question. Once the subject of good doctors has been attended to, I turn to the matter of bad doctors--resident physicians who are exhausted by the demands made on them by their training, and doctors who--even at the most prestigious of hospitals--treat patients with great negligence.

I hope this issue of my Newsletter provides you with much food for thought and continues to raise your consciousness to the fact that all doctors are not equal.

Q I read your column, subscribe to your newsletter, have read all your books, have seen you lecture, have listened to you on the radio and have watched you on television. Even though I have learned a lot from you, this information is no substitute for a real live doctor who can give me personal advice. Therefore, can you recommend a doctor--perhaps a former student--in my area?--J.A.

A *How to pick a doctor*

If you have read my writings carefully, you will notice that I frequently mention doctors around the country for whom I have great respect. For instance, in my latest book, "Dissent in Medicine: Nine Doctors Speak Out" (Contemporary Books, 1986), some eminent physicians from around the country have written chapters on various subjects. Included in the book are George Crile, M.D., of Cleveland; Henry Heimlich, M.D., of Cincinnati; Edward Pinckney, M.D., of Beverly Hills; Richard Moscowitz, M.D., and David Spodick, M.D., both of Massachusetts; Samuel Epstein, M.D., and Gregory White, M.D., both of Chicago, and Alan Levin, M.D., of San Francisco.

Similarly, my three previous books all mentioned the names of doctors whom I respect. However, while the doctors I cite in my writings and public appearances may agree with me on some topics in medicine, they may differ with me on others.

The same holds true of my former students. Although they were subject to my influence during medical school, internship and residency programs, they are not clones of Dr. Mendelsohn. Many of them are not fortunate enough to enjoy the freedom of private practice. They may be employed in hospitals, HMO's and other institutions or clinics where they must follow the "rules," and their freedom to manage patients may be sharply limited. (I am lucky that I enjoyed that freedom, not only originally in pediatrics, but also now in general practice, since many of my patients have grown up.)

Furthermore, doctors change, just like all other people. Some of my ex-students become more like me as they grow in experience; with some others, the opposite is true. That is one reason why I have never compiled or published what many people request of me: The Mendelsohn Five-Star Guide to Doctors Around the World.

Plenty of doctors out there agree with much--even most--of what I say, but they keep very quiet and maintain a low profile. They don't write books or articles. They don't go on television. They don't know me, and I don't know them. Yet, one of them may be just the right doctor for you.

So to you and to the many other people who ask me for referrals, instead of giving names, let me recommend criteria for evaluating and selecting a doctor.

First, recognize that it won't be easy. Given the nature of medical education today, good doctors are hard to find. Ask around. Talk to your friends and relatives. Contact the doctors in your area mentioned by me in my writings and public appearances, and ask them for referrals. When you have narrowed the candidates down to a "short list" of nominees, you can interview each of them.

Ask them if they favor and support home birth. Will they give you the prescribing information detailing the risks of immunizations before they give your child shots? If they prescribe a drug for you, will they hand you the full prescribing information that the drug companies have honestly shared with them? Should they (and you) decide that you have been unnecessarily damaged by a previous doctor, will they go to bat for you in court, even if this involves testifying against another doctor? If all else fails, ask them what they think of Dr. Mendelsohn.

Since a doctor may agree with me on one or two but not all of these subjects, perhaps you will have to select more than one doctor. Look at how people choose lawyers. They may have one lawyer to make out a will, another for tax purposes, a third for real estate closings. Similarly, you may find a doctor who is skilled at home births, but who fervently believes in immunizations. You may find a doctor who will testify for you in court but who doesn't want to have anything to do with home births.

Maybe you will decide against having any doctor. After all, plenty of people don't get a lawyer until they are in trouble. Since the best part of American medicine is emergency care (of course, with the current lust for organs for transplants, fatigued and inexperienced residents and long waits, it can also sometimes be the worst of care), there is no reason why you shouldn't wait to choose a doctor until there is an emergency (shock, trauma, hemorrhage, broken bones, acute abdominal conditions, meningitis, etc.). Today, even the AMA is opposed to the routine annual physical exam for healthy people.

When you find a good doctor (or doctors), don't keep that fact a secret. Tell your friends about him, write to the newspapers about him and invite him to speak to the organizations you belong to. Praise him to other doctors, and maybe those other doctors will follow his example. Perhaps there soon will be so many doctors in your area who meet the criteria I have presented that you won't have to ask me for long-distance recommendations.

Was your doctor taught to interrupt?

When you try to describe your symptoms to your doctor, does he interrupt you?

If so, you are not alone. In a survey of 73 conversations between medical school physicians and their patients, researchers at Wayne State Medical School, Detroit, found that, on the average, the doctors interrupted their patients after 18 seconds (Chicago Sun Times, May 18, 1986). Only 23 percent of the patients were able to complete their opening statements, and only half the patients were able to describe all their symptoms.

Since it is important that your doctor listen carefully to your history (85 percent of all diagnoses are made on the basis of history alone, before a physical examination or laboratory tests have been done), tell him about this study. Especially if he interrupts you.

Perhaps he went to a medical school at which he was taught to interrupt patients. Tell him that at Dr. Mendelsohn's school, the University of Chicago College of Medicine, medical students were taught over and over that if you listen to the patient long enough, he will eventually give you the diagnosis. If you listen five minutes longer, he may give you the treatment as well.

Tell your doctor firmly that, even though he may have been taught early in his career to interrupt patients, you do not want him to interrupt you. If he argues, tell him you recognize the demands on his time, but you--or your insurance carrier--are paying him and you want full value for your money.

Before you listen to your doctor, make sure he listens to you.

Q Enclosed please find an excellent article from the Virginian-Pilot dealing with the grueling life of medical residents. Isn't it something?--K.L.

A Thanks for giving me another inside look into hospital residency programs. This article, which was based on interviews with 20 residents at the Eastern Virginia Graduate School of Medicine, was a very moving one.

Hospital residencies are dehumanizing

Reporter Ellen Whitford begins by quoting a fledgling surgeon who operates on patient after patient over a period of four days on four hours of sleep: "If you've been asleep four hours, you start to worry. It might be 3 a.m., and you're thinking about some patient. You call the hospital and ask them to check this, check that. You just never get away from it." And then she quotes an Ob/Gyn resident: "You start to resent patients.... Late at night, or at the end of a 36-hour shift, you feel like the patients are oppressing you."

An internal medicine resident expects to work around the clock until the following evening. By 9:30 p.m., she is "completely beat." Another admits there is "rarely a time for sleep. The fatigue is numbing. I'm not nearly as nice a guy as I used to be. I'm impatient. I snap at people." And the quality of care that's given under these conditions? Says one resident: "It's scary to admit it, but you miss things. You're just so tired."

I previously have written that residency programs can be dehumanizing. This article tells of residents who feel isolated from the world and from their friends and family as relationships go under. A 30-year-old, fourth-year resident relates: "I've been married for 12 years, but if you count the nights I've spent at home, I've probably been living with my husband for six years....It's really hard. You can't rely on the resident to show up....It's just impossible to have a normal homelife."

Meals are snatched on the run, if there is time for them at all. One third-year Ob/Gyn resident began work at 8 a.m. and had his first chance for a meal at 8 p.m. He had just set his tray on the table when he was paged for a delivery. Leaving his meal untouched, he returned an hour later to cold food, a not uncommon occurrence in the life of a resident.

What happens to the residents' idealism during their years of training? According to one young doctor, "You develop this feeling that after you get done with this, you want yours." Another's residency had soured him so much that all he wanted when he got through was "big bucks"--big cars, big houses and big boats.

Sadly, if the decision were theirs to make over again, many young doctors would not choose medicine as a career.

One intern calls his training "medieval"; to another, it's "a form of torture." One third-year surgery resident sees no way around it: "You get hardened." One resident recalls a cancer patient: "It sounds terrible, but when he died, I didn't care at all. It was less work for me. It meant I didn't have to see him every day."

Still another admits, "You're tired of taking care of people, you're tired of working so hard, you're tired of taking orders from everybody, you're tired of being grilled, you're tired of being tired. You just get fed up with the whole thing."

What can we learn from this honest report?

If you are hospitalized and the resident who is examining you seems a little dazed or sleepy or irritated or frustrated, remember it isn't you; it's him. Before he gets started on your case, perhaps you should ask if he slept last night, if he ate a good breakfast, if he has been with his family recently. If the answers are negative, suggest he skip your examination and spend the time on R & R. Assure him that if he won't tell the chief of his service, you won't either.

If you know anyone who plans to go to medical school, ask if he/she has any idea what lies ahead in later life. If you know someone who is already in medical school, ask if he has thought about skipping those long residencies necessary for specialization, instead spending only the minimum amount of time in hospitals that is necessary to get a state license (usually one year).

If you have a son or daughter who is becoming romantically involved with a medical student, intern or resident, start educating your child about the downside of that relationship.

If you see undesirable or even despicable character traits in your own doctor, be aware that his present attitude and behavior may have had their origins in his medical training.

Can doctors and lawyers be friends?

Should lawyers and doctors get together? According to Nina Appel, the dean of Loyola University School of Law in Chicago, the answer is yes. She recently introduced a master of science degree in health law for non-law students through Loyola's Center for Health Care Law. This program was created to "bridge the gap" between lawyers and health care professionals who have not been the best of friends due to their "war" over medical malpractice suits (Chicago Tribune, September 28, 1986).

While it is hard for me to argue against any attempt to help antagonists understand each other better, perhaps another point of view is in order.

First, not all lawyers are antagonistic toward doctors, and vice versa. Obviously, plenty of lawyers, particularly those employed by hospitals and insurance companies, are defending doctors. Yet many lawyers, on behalf of their clients--the patients--are attacking doctors.

In a very real sense, the opposing parties are not doctors and lawyers, but rather doctors and patients. The lawyers serve both sides. Indeed, this is one of the doctors' chief complaints against lawyers--regardless of the outcome, lawyers never lose.

Since I have been testifying in legal actions for more than two decades as an expert witness, I have had a unique opportunity to listen to many lawyers on both sides, the plaintiff's and the defendant's. I also have had the opportunity to listen to quite a few law students. I have learned a lot about the differences between medical education and legal education. For example, consider the time involved. When a law student completes school, he usually begins to make a living and to live his life. But when a medical student finishes, he usually is in for years of internship, residencies and fellowships before he can begin to make a living and live his life.

During his education, the law student obviously spends much time studying outside the classroom. But compare that with the medical student or resident who routinely works through the night in a hospital without having the next day off! Aside from these quantitative differences, there are significant qualitative differences as well. In law school, the student learns how to ask questions. In medical school, the student learns how to give answers.

In law school, the emphasis is on communication. The tests require both oral and written answers--words, sentences, paragraphs, briefs. But in medical school, the emphasis is on the passive gathering of facts, with little interplay between faculty and students. The important tests (comprehensives, board examinations, etc.) are almost entirely multiple-choice. The medical student needs only to mark a space, a technique which is not calculated to encourage communication.

In law school, students are taught that there are at least two sides to every question. In medical school, students are taught, explicitly and implicitly, that there is only one correct answer. Law students learn respect for historical precedents; medical students learn to use the newest drugs before the side effects are known.

In law school, students are taught to have great respect for their clients. In medical school, students are taught that patients (or in their language, the laity) cannot understand the arcane mysteries of medicine. Law students learn the importance, indeed the necessity, of fully informing clients. Even today, medical students learn to give patients full information only with reluctance.

To law students, the words "adversary," "confrontation" and "controversy" are part of the territory. To medical students, those same words are poison.

Let's take a look at the different arenas in which doctors and lawyers operate. I have testified in many medical malpractice actions dealing with everything from children damaged by vaccines and obstetrical procedures to missed diagnoses of meningitis. I have appeared as an expert witness in licensure actions concerned with who can practice acupuncture, prescribe nutritional supplements or do home births. During my tenure as chairman of the State of Illinois Medical Licensure Board, I participated in the process of disciplining doctors. I have testified on behalf of public agencies involved with contested adoptions, standards for residential treatment of the emotionally disturbed and guardianship questions of the aged. And I have testified for large corporations in the areas of workmen's compensation and AIDS. I have lectured on medical/legal topics at law schools and before lawyers' associations. I have testified on behalf of patients and on behalf of doctors.

As a result of my broad spectrum of experience in observing and participating in the interactions between lawyers and the medical profession, I have developed a deep respect for the American legal system. Until the time I began to testify, I had thought little about trial by jury since my high school civics class. But now I wish doctors would treat their patients with the same degree of respect and concern with which lawyers treat jurors.

I have developed a deep regard for the adversarial system in which there is a prosecuting attorney, a defense attorney and cross-examination. As I watch the truths emerge from this process, I again wish patients were given the same opportunities for questioning their physicians.

With the growing practice of mandatory second opinions before surgery, a bit of this method is beginning to seep into medicine. But how many patients ever have the chance to consult personally with doctors who oppose certain operations, certain laboratory tests and certain prescriptions that have been recommended?

In my own practice, while I routinely pull medical books from my shelves, I also pull out books written by healers outside the medical

religion. That way, patients can read for themselves the conflicts of opinion about practically every aspect of health and disease. I teach my students to do the same.

I also urge my patients and my readers to obtain their medical and hospital records and review them on their own. And I am always impressed with the insights patients gain from this personal scrutiny, which many doctors even today claim is beyond the capacity of their patients' understanding.

When lawyers prepare cases, I always am impressed by the amount and quality of the research they do. Because lawyers learn so much about the particular area of medicine they are concerned with in the particular case, I always try to convince my medical colleagues to approach a medical/legal encounter with the premise that the lawyers know more medicine in this area than they do.

Still, doctors do accuse lawyers of filing "frivolous lawsuits." But, at least in my experience, lawyers almost always have powerful documentation to support their cases. (After all, under the contingency fee system, a lawyer doesn't make money unless he wins.)

Finally, I have been impressed with the ability of lawyers to appreciate the validity of at least some of the arguments on the other side and, therefore, to compromise. Or, in other words, to settle the case. That is why so few cases ever come to trial.

Therefore, while I congratulate Dean Nina Appel on her new venture of offering a master's degree to non-law students in health care law at Loyola University of Chicago, I do not think it will necessarily lead to better relations between the two professions. Certainly, doctors and other health care workers will learn more about the law and lawyers, and vice versa. But, I predict that the graduates of the program will be just as likely to take sides in the ongoing confrontations between patients and doctors as will those who haven't attended a single course.

And that's the way it should be. Until the medical profession decides to be honest with patients--and to tell the truth, the whole truth and nothing but the truth--the real adversarial relationship will not lie between doctors and lawyers, but rather between doctors and patients.

AAP teaches self-defense methods

With more and more doctors getting sued, the American Academy of Pediatrics has sent its members (myself included) a little booklet entitled "An Introduction to Medical Liability for Pediatricians." Let me share with you some of the gems of wisdom gleaned from this booklet.

In the section on patient records, the booklet honestly confesses that "Medical records range from fair to terrible (and most are illegible), and it is fortunate for most pediatricians that few lawsuits are generated from these medical records alone....Progress notes may not reveal changes in treatment and/or patient's change in course. Such entries as 'status quo' in one day's progress notes and 'autopsy denied' in the next day's notes succinctly illustrate this problem."

In case you are as amazed as I am by this frankness, continue to the next sentences: "Nurses' notes may graphically portray the patient's condition when the pediatrician's do not. Attorneys capitalize on this type of discrepancy."

Wouldn't it be wonderful if physicians paid as much attention to the extensive and excellent notes written by nurses as do lawyers? The booklet instructs pediatricians to read the nurses' notes and "record explanations for any differences." (Wouldn't you think that pediatricians somewhere in their medical training would have learned to read those notes?)

Later in the booklet, after telling the pediatricians to promptly record progress notes, the booklet warns them in italic type, "Never Change A Record." In Appendix A this idea is well-summarized in the

first of 23 tips (which include "establish rapport..." and "Answer all patients' or parents' questions...") on preventing lawsuits: "Maintain complete, accurate and unaltered records which can be defended in court."

In view of the number of cases I have seen in which records have been altered between the time the lawyers asked for them and the time of their appearance in court, I regard this as the kind of instruction that should be taught to physicians long before they begin to practice medicine, like on the first day of medical school.

Even more gems of wisdom follow, such as: "It is important to see all patients at regular intervals and to record significant findings at each visit." Didn't you think that was what being a doctor was all about? Why does it take the threat of lawsuits to stimulate the learned Academy into teaching this kind of elementary behavior to its esteemed Fellows?

Later on, the booklet points out that a major cause of lawsuits is failure of a house officer (resident) to obtain adequate and prompt consultation. Just in case the house officer didn't know it, the booklet tells him or her, "A consultation also is a valuable educational experience."

The Academy warns the resident to work with the attending physician as a team and not to upstage the attending man in front of the patient. "Remember, 'brownie points' are not gained from surprising the attending pediatrician in front of the patient or parents," rebukes the booklet.

The house officer also is warned not to discuss a case within hearing distance of the patient or family member: "...they could be anywhere, e.g., in the elevator or in the cafeteria." (Wouldn't it be wonderful if doctors spent as much time discussing things with their patients as they do talking about them behind their backs?)

I hope that pediatricians, increasingly beset by angry patients accompanied by lawyers, will pay close attention to this introductory booklet. But for every patient, whether he is or is not suing a doctor, the revelations about pediatricians and pediatric practice and pediatric education are so honest that this AAP booklet becomes must reading for every family that uses a member of that specialty. If you take your child to a pediatrician, why not ask him to lend you his copy?

The enclosed newspaper clippings will tell you more about the outcome of Kathy's case. Our family can never thank you enough for the strength of your testimony. Evidently, the jury agreed with both you and us that a gross injustice had indeed occurred with Kathy. We admire your courage in standing up for the truth.--Mrs. Charles Hodkinson

Malpractice at Mass. General

Thank you for your letter and the articles you sent from the Boston Globe, the Boston Herald and the Providence (R.I.) Journal-Bulletin. Two of the headlines read, "Testimony: Doctors starved girl to death" and "U.S. jury finds doctor negligent in death of girl, 6, at MGH."

For the benefit of my readers, the case involved your six-year-old daughter, Kathleen Hodkinson, who died because her doctors at Massachusetts General Hospital allegedly failed to make sure she got enough food to fight the infection responsible for her illness. The expert witnesses (myself included) testified that the doctors (including Harvard University's chief pediatrician, Thomas E. Peebles) had performed a liver biopsy--a risky procedure--on the girl despite knowing that her condition was too weak to warrant that kind of surgery. Kathleen died three days after the operation.

The jury, having listened to experts on both sides, awarded $400,000 (plus interest totaling $720,000) to the child's family. The jury found pediatrician Peebles negligent in this wrongful-death case.

Although the evidence was plentiful that Kathy was suffering from infectious mononucleosis, the doctors performed the liver biopsy because they feared she might have cancer. The doctors' lawyer stated that Kathy could not be treated successfully until the doctors were sure of what disease she had.

Nutritionist Donna Cippola, a registered dietician, testified that Kathy's doctors failed to heed warning signs that the girl wasn't receiving enough calories or protein. Cippola said Kathy was "a sick, distressed child who needed at least 2,000 calories a day. She was actually receiving somewhere around 204." Cippola concluded that Kathy's immune system was "putting up a good fight but just couldn't keep up. The doctors could have broken this vicious cycle and they did not."

In his closing argument to the jury, attorney Philip Mulvey (who along with attorney Daniel Hourihan represented the Hodkinsons) pointed out that the girl had eaten little or nothing since entering the hospital and had received only dextrose and water intravenously. Mulvey said she received no protein during that period.

Mrs. Hodkinson, a registered nurse, said that if this case "prevents just one other child from dying the way Kathy did, the nine-years' wait [the child died in May of 1977] was worth it. People should ask questions when they are admitted to a hospital. If they don't get answers, they should keep digging until they find answers. Don't be like sheep to slaughter.... I am a registered nurse and was kept in the dark."

Mrs. Hodkinson and her husband, the parents of five other children, filed suit against the Harvard University-connected doctors after reading their daughter's medical records. They requested and were refused the records before the surgery was performed, and the medical records were not obtained until February of 1978. Mrs. Hodkinson testified that if she had read the records sooner, she never would have consented to the liver biopsy which was responsible for her daughter's death. She said her daughter's hemoglobin levels were too low for the elective surgery to take place.

Mrs. Hodkinson said, "When we saw what had happened to Kathy and the way she died, we felt we had to bring it to the public's attention.... I'm glad the jurors got the main one [doctor] who was negligent because I hope it never happens to anyone else again."

I became involved in this case soon after the parents reviewed the medical records which they were unable to obtain until almost a year after her death. The Hodkinsons and their lawyer contacted me after seeing me on television and reading my first book, "Confessions of a Medical Heretic." I agreed to review the records and give an opinion.

On the basis of the record review and a personal visit from Mary Hodkinson, I was so outraged by this case that I committed myself to testifying on their behalf. After years of delaying tactics through legal maneuvering, the case finally came to trial before a U.S. District Court jury this past fall in Boston, home of Massachusetts General Hospital, the teaching hospital of Harvard University Medical School.

Along with other experts, I pointed out the negligence and below-standard performance of the doctors--especially the pediatrician--in looking for a far-fetched diagnosis, rather than going with the obvious one of mononucleosis. I also outlined for the judge and jury the failure of the pediatrician to pay any attention to Kathy's state of malnutrition which was induced by her 12 days of hospitalization.

I expressed my horror that anyone would perform a 3-1/2 hour operation to biopsy a liver on a child in such a debilitated state. When the attorneys asked me to try to explain the behavior of the Harvard doctors, I first described my own background on medical school faculties--12 years as an instructor in pediatrics at Northwestern University Medical School, followed by another 12 years as a tenured Associate Professor of Pediat-

rics, Preventive Medicine and Community Health at the University of Illinois College of Medicine.

I told about the games that some academic doctors play. For example, the classic rule: If you hear hoofbeats outside the window, don't think of horses, think of zebras. In other words, don't look for an ordinary diagnosis. Instead, make points by searching for a rare malady. A diagnosis of flu won't enhance your reputation, but make a diagnosis of Tsutsugamushi fever (also known as Japanese River fever) and your fame--at least in academic circles--will be assured.

In the case of Kathleen Hodkinson, why should doctors settle for infectious mono when they might find a lymphoma or other tumor? As evidenced by this case, the game of academic one-upsmanship can be lethal to patients.

So what can we learn from the Hodkinson case?

First of all, you can fight City Hall and win. Or, in this case, a family from outside of Boston, who brought in out-of-state experts, sought and received justice right in the lion's den itself--the home turf of both the doctors and the hospital. The American legal system--with its trial by jury and adversarial confrontation--is alive and well.

This is an important point to keep in mind when some doctors, frustrated by this justice system, try to evade trial by jury on the grounds that the American citizen is too stupid to judge medical matters.

However, there are now many highly credentialed and experienced doctors throughout the country who believe, as I do, that one criterion of a good doctor is his willingness to stand up in court for a patient, even if this means testifying against another doctor.

If you or a family member believe that the outcome of your medical treatment was not what it should have been, get the hospital and medical records immediately--even if this requires the help of a lawyer. And because of the peculiar ethics and behavior of some academic doctors, be particularly cautious and persistent if you are a patient in a teaching hospital.

Though malpractice actions, as in this case, may take many years, the case of Kathleen Hodkinson is eloquent evidence that while the wheels of justice may grind slowly, they grind exceedingly fine.

Potpourri

Carotid artery can close

Despite its unproven nature, carotid artery surgery still is being widely used to prevent strokes.

The latest bad news about this operation, in which plaques that obstruct blood vessels in the neck are reamed out, comes from Robert DeGroote of the New Jersey Medical School, Newark, who did follow-up studies of patients who underwent this high-risk procedure. Eight years after the original carotid endarterectomy surgeries, Dr. DeGroote found carotid artery restenosis or re-closure (Internal Medicine for the Specialist, June, 1986).

If your doctor recommends this surgery, ask him whether the arteries he plans to widen will narrow again and how soon this procedure will begin. Only after you receive these answers can you decide whether undergoing this operation is worth risking the considerable mortality and complication rate.

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Another View

by Marian Tompson

When Laurel offered to help her pregnant friend, Deb, find another doctor, she phoned me for some suggestions: "Deb has been treated so poorly by her current obstetrician that I thought if we could find a doctor for her who encouraged breastfeeding, the new doctor would also be more likely to be sensitive and caring."

How I wish it were that easy! Ever since the American Academy of Pediatrics came out in favor of breastfeeding in the late 1970's, all doctors seem to support breastfeeding. This can make it difficult for a mother who is trying to determine which doctors really do advocate breastfeeding and which ones will be quick to offer formula feeding as the solution if any problems arise.

Jenny was certainly fooled when she gave birth to her first baby a few months ago. While she was pregnant, her doctor had seemed to be totally supportive of her desire to breastfeed. But shortly after getting home from the hospital with her new baby, Jenny broke out in German measles, the result of a rubella shot she had been given in the hospital. Both Jenny's doctor and the internist he had suggested she consult told her to wean her baby.

Now, if either of those doctors had really appreciated the hazards of formula feeding or cared enough about Jenny's desire to continue breastfeeding, they would have first checked the medical literature. Or they would have phoned LaLeche League International, the organization that has been offering information to mothers and health professionals for more than 30 years. And they would have learned that the most medically appropriate course of action would have been to urge Jenny to continue nursing. The baby already had been exposed to German measles, and breast milk, rich in immunities, would have provided the baby with the best protection against getting the disease.

When LaLeche League International recently tabulated the reasons for phone calls made to its Franklin Park, Illinois, headquarters during a six-month period, they discovered that 20 percent of the calls came from women whose physicians had told them to wean their babies. Most of the reasons given for weaning could be called laughable, except that depriving a mother and baby of the closeness of breastfeeding and the health benefits it provides to both of them is not funny. Unfortunately, it never occurred to Jenny to question the knowledge of the two doctors she consulted.

So, what can we do to find the right doctor? Obviously, we have to be well-informed about the kinds of problems about which we might be consulting the doctor. When interviewing a doctor, ask questions to which you already know the answers. And don't be embarrassed about taking the doctor's time to get answers that are important to you. A study done at the University of California Medical School at Irvine indicated that all patients wanted more information from their doctors, and they were frustrated by their inability to get answers to their questions. Interestingly, doctors overestimated by nine times the amount of time they actually spent providing information to their patients!

We can join or form a consumer information group. We Can, the Creative Alternatives Network in New Paris, Indiana, has established a library, publishes a newsletter and holds meetings and workshops to provide members with information on locally available health care as well as on other issues of concern to families.

Is it worth all the trouble to find the "right" doctor? Read the powerful, personal book, "Love, Medicine and Miracles," by cancer surgeon, Bernie Siegel, M.D. (Harper & Row, 1986) and find out how Dr. Siegel discovered that, with mutual respect and good communication, the health of both patient and doctor improves!