Estimating prognosis is a poor use of physicians' time

Dr Ladouceur's editorial in the August issue noted that family physicians are often asked to provide an opinion about a patient's prognosis, including how long a person's disability will last, how long a person will need home care, and how long a person can remain independent in the community.[1] He cited Downar et al,[2] who followed patients whose doctors estimated they would probably die within a year. Two-thirds of the patients survived longer than a year. Dr Ladouceur concluded that physicians cannot predict a patient's prognosis and wrote, "The most absurd aspect of this story is that ... physicians remain the most reasonably apt to establish prognosis."[1]

Defending the Affordable Care Act in the United States, Sommers et al cited evidence indicating that the expansion of Medicaid (allowing people to go to a doctor) decreased the chance of dying, particularly from heart disease, infection, and cancer.[3] About 280 people need access to medical care to prevent 1 death during 1 year.[2] Millions of Canadians do not have a family doctor, partly because doctors are too busy filling out forms to take new patients.

I agree with the spirit of Dr Ladouceur's editorial. I think it is absurd that bureaucrats demand we do something (ie, estimate prognosis) that cannot be done with the current state of knowledge. Our time would be better spent looking after patients.

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Competing interests
None declared

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Strategy to diminish nonresponse

Neimanis et al report that 36% of all requests from primary care physicians for specialist consultation in Hamilton, Ont, were not responded to by the end of their study's follow-up time of 5 to 7 weeks.[1] This experience is likely mirrored, anecdotally, in many communities. Emergency physicians also make elective specialist referrals and run into similar problems. Furthermore, as an emergency physician, I often see people who come to the emergency department thinking they can work around the problems of nonresponse for a consultation or a prolonged wait for either a consultation or diagnostic procedure. As frustrating as these encounters are, these patients are simply trying to make an uncertain, unresponsive system work for them. Neimanis et al shed descriptive light on the problem of nonresponse to a request for consultation. However, most of the suggestions to solve the problem, including those from the Canadian Medical Association "toolbox,"[2] are general and not helpful.

I use the following strategy to diminish nonresponse for an elective consultation from a specialist. When I make a referral, I write out the name of the specialist for the person and tell him or her that he or she should receive a call from the specialist's office regarding an appointment time by a certain date (usually about 1 week). If he or she does not hear from the specialist's office, he or she is to call the office and ask if the specialist received the referral. If the office did not receive the referral, the person phones the emergency department and asks for the referral letter to be faxed again. If the specialist's office acknowledges receipt of the referral, then the person should ask when the appointment is. If the consultation date has not been fixed, then the person should ask by what date the specialist's office will notify them about the consultation. If he or she has not heard by that date, call again and go through the same procedure. I emphasize to the patient to be polite but insistent in pinning down dates. Patients should try to be perceived as just seeking information they deserve to have. The squeaky wheel gets the grease.

Patients can generally handle waiting for an appointment when they know when it will be. They can adjust their expectations or seek a referral to a different consultant if the wait time seems excessive. What is difficult and frustrating is the uncertainty of not knowing when or even if a consultation will be booked. I am amazed when I see people who tell me they were referred 6 months ago to someone, whose name they never knew or have forgotten, and they have not heard back from their family physician or the specialist about when the consultation will take place. Their faith in the system