HEALING ARTS

Materia Medica

Why Dr. Oz Makes Us Crazy

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A recent cartoon in the New Yorker magazine showed a patient waiting in a doctor's office. Gracing the wall, next to the predictable diplomas, was a sign: "Thank you for not mentioning Dr. Oz." Like all great humor, this cartoon was based on a strong foundation of truth. What clinician has not experienced a patient armed with recommendations that he heard from a celebrity physician or story on the local television news?

We practice in an age of striking change in the doctor-patient relationship. We used to struggle with questions such as, "How should we balance paternalism with patient autonomy?" Such questions seem far less relevant at a time when patients are so empowered with information. Whether the source of the knowledge is the Internet, Dr. Oz, or one of the many physicians plying their trade in the mainstream media, patients come to their visits with increasingly strong opinions about their care. There is little question that this is a positive change. While creating challenges for the physician, it also offers the potential for more satisfying, collaborative care. So why is it that a patient armed with information from the media often causes us more aggravation than a patient who recounts recommendations from their aunt, friend, independent research, or doctor neighbor?

Putting aside the transformative interventions of public health, the day-to-day practice of medicine is about caring for the individual. While we physicians fill our days providing sound advice to our patients, there are, by comparison, remarkably few recommendations that we can make to the population as whole. Everyone should exercise and wear seatbelts, nobody should smoke or drink excessively, and everyone should receive childhood vaccines. Not only are these types of recommendations limited in number, they are also neither terribly interesting nor surprising. They would certainly not support a daily, or even weekly, television show. Once we get beyond basic recommendations it becomes difficult to give health advice to large populations. Anybody who has ever been interviewed by the lay press realizes this immediately. After every recommendation you utter, a wave of caveats floods your brain.

I was recently interviewed for a magazine piece. The question was a good one; simple and interesting to a large readership. "When you have a headache, is it better to treat it or just tough it out?" If a patient asked this question, it would be

easy to answer. You would know the severity of the headache. You would know the type of headache or would recognize that it required evaluation. You would know the patient's likelihood of experiencing side effects of analgesics. Does this patient drink, have renal insufficiency, gastritis? You would also know the patient's values. Is this a patient who willingly uses medications or one who prides herself in her stoicism?

Trying to make a more general recommendation, you face an uncomfortable choice. You might choose to give a concise answer that will satisfy the interviewer and interest the reader or viewer, but will certainly be wrong for a large number of patients. Or, you might choose to give a long-winded answer filled with exceptions, cautions, and seemingly extraneous details—an answer that is more accurate but likely to confuse your audience. Now imagine that your choice is influenced not only by your desire to impart information, but also by a need to maintain ratings and your lucrative media position.

This is why physicians, those of us responsible for the care of individuals, are so often frustrated by celebrity doctors who ply their trade on TV, in print, and on the Internet. Health news sells. Every local news show, most newspapers, many magazines, and innumerable Internet outlets have health and wellness sections. Even the best outlets, those with thoughtful writers and producers, who research their subjects in depth, avoid disease-mongering and sensationalism and try to stay true to evidence based medicine, often present information that seems illogical and inappropriate when restated to the doctor in the office.

The other reason that today's healthcare/media complex causes us such irritation is that no doctor likes to be second-guessed. We might ask, "Who is this person giving advice to my patient?" These are not only second opinions we did not seek, but often opinions on issues that we didn't even know existed. *Who knew my patient was troubled by his waning libido?* We might be insulted that our patient feels the need to seek care in other ways. *Are my recommendations and level of accessibility not good enough?*

So what is the solution? It is human nature to be interested in health-related news, and it is capitalism to try to make this news as marketable as possible. It is to our benefit, as doctors, when patients avail themselves of accurate health information outside the office. When we physicians serve in our roles as experts, we must first make all efforts to get the boring but crucial information out to a broad audience: Bicycle helmets, safe sex, exercise programs, and gun locks are not terribly

interesting subjects, but they do lend themselves to broad recommendations that, if followed, would help all consumers. When discussions enter the realm of less broadly applicable recommendations, we must admit this limitation. We must carefully define to whom we are speaking and make it clear that recommendations made to large groups often do not apply to individuals. It takes creativity to accomplish this while keeping the information engaging, but to do so is to everyone's benefit. We must also routinely defer to the doctor who is really caring for the patient. This needs to be done in a more genuine fashion than the typically advertised admonition to "talk to your doctor about _____."

Taking excellent care of a single patient is difficult. Taking excellent care of an entire audience is impossible. On the other hand, educating patients is often done

well by Dr. Oz and his colleagues in the media, with terrific graphics and easy-to-understand explanations. It can, however, be done even better and when it is, we physicians may embrace, rather than bemoan, our celebrity counterparts.

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