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At age 33, after years of discomfort, I finally made the decision to have my genetically inherited bunions surgically removed. My parents had taken the preventive measure of putting me in extra-wide shoes when I was a child, but by the time I reached adulthood, the bones of my feet were severely misshapen and the pain was too much to bear.

The decision to have surgery marked the beginning of my self-education as a medical consumer. If I were to have an operation, I needed to find the best surgeon. Perhaps the combination of being naturally inquisitive and in a lot of pain was a good mix to motivate my search.

What did I want in a surgeon?

At the time of my decision, I was self-employed and had private health insurance. I didn't have a provider directory to look through, nor did I utilize the numerous medical information services available to the public. (I felt that these services may have a bias toward a specific hospital or medical group.) My acquaintances weren't as ready with recommendations on

Patient power

How one woman became an informed medical consumer — and why she chose the surgeon she did

By Sharon Berkey Grafius

top-notch foot and ankle specialists as they might have been with the name of a good family physician. So I started my search with the good old Yellow Pages.

My initial search was focused on expertise in the

purse. I needed someone who wouldn't make me feel ashamed when the inevitable tear would trickle down my face, and who would respect me for having done my homework.

I also wanted to ensure

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appropriate medical subspecialty, but other factors were in the back of my mind. I decided to look for personality traits in a surgeon that matched some of my own i.e., naturally conversational, friendly, a good sense of humor. I knew the doctor-patient relationship would go through several key phases, from introductory to post-operative care. I needed someone who would listen and wouldn't look down on me if I took a list of questions out of my

that my surgery would take place in a hospital, not a same-day surgery center or a shopping mall.

Office staff, reputation and availability matter. The Yellow Pages has a hefty list of orthopedic physicians to choose from, and I didn't see any large type jumping out that said, "Best Bunion Surgery in Town." How would I find people who would tell me the truth about their particular group of surgeons and

whether they truly specialized in this procedure?

I just started calling offices. I made a lot of judgments based on the kindness and patience of the person I spoke with. I explained that I was just beginning the process of looking for a surgeon and was interested in the specialties of their doctors. If they were at all impatient with my inquiries, I would simply thank them for their time and hang up. If they were considerate and listened to what I had to say, I would listen in return. Most of them told me their doctors were the best and explained why. I then tried to casually work my big question into the conversation. "Since you work in the field of orthopedics, have you heard the name of a doctor who is not in your practice but who is renowned for bunion surgery?" I scribbled down information in my notebook. Eventually the names of two surgeons floated to the top, having been mentioned most often. I had narrowed it down.

Once I had the name of the two surgeons, I simply called their offices to see who had the next available appointment. The first availability was with Scott R. McGarvey, M.D.

The physician–patient relationship

My initial visit with Dr. McGarvey was thorough, and I felt very comfortable with him. He discussed my medical history, gave a complete examination and took X-rays. We went over the surgery's risks, benefits, potential complications and the expectations for post-operative recovery. His lively orthopedic nurse and soothing office environment were a plus.

Because I felt some important personality connections with Dr. McGarvey, I didn't feel the need to get a second opinion. I realized the decision to proceed with surgery was in my hands. However, Dr. McGarvey advised me to wait. "I never like to have anybody decide they're going to have surgery on the first visit," he told me. "The second visit involves a more in-depth evaluation."

After my first visit, I took the time to check on Dr. McGarvey's credentials. He is a relatively young man, and I liked the idea that he would be versed in the latest procedures, but I felt some apprehension about the extent of his experience. I called the American Academy of Orthopedic Surgeons. They confirmed Dr. McGarvey's board certification, where he went to medical school, his post-graduate fellowship work, how many procedures of this type he had performed and how long he

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had been in practice. This information was accurate and reassuring.

On my second office visit, Dr. McGarvey and I discussed the fact that this was still an optional surgery. "The most important part of patient education is laying a foundation for you to understand the problem and the different treatment options," he said. "Then you should research the options on your own for a while. The final decision for surgery is ultimately up to you."

After my second visit, I began to check on my insurance benefits and what kind of coverage I could expect. Because I felt this type of foot surgery may be misconstrued as cosmetic, I feared nonpayment. "The most important priority in medical care is patient care, and every patient is different," Dr. McGarvey told me. "Not everyone falls into the insurance 'cookbook'—the rules and regulations on recovery following surgery. Because we have a close, informative working relationship with the insurance carriers, we can usually make sure that the people who don't fall within the cookbook are covered and that their care is not inter-

rupted," he assured me.

Nevertheless, I started a file on my computer documenting every call I made to the insurance company, including who I talked to and what they said. I also called the Insurance Commissioner for the state of Minnesota to make sure I understood my policy and what my rights were. After many phone calls, I felt reasonably sure that my insurance company would, or should, cover the procedure.

Taking the plunge

By my third office visit, I had made the final decision to proceed with surgery. "When you came back, you had researched things and had a lot more questions," Dr. McGarvey recently recalled. "You really had a clear understanding of what you were getting into. You were much more informed than most people and had done your homework. That is a credit to you and the way you approach things."

My last office visit was a week before the scheduled surgery. I specifically asked Dr. McGarvey before he left the room, "You'll be the one I'll see that the morning and the one doing the surgery, right?" He con-

firmed his "yes" with a smile. ("Well," I thought, "these are good things to know.")

The care I received from the doctor, his orthopedic nurse and the hospital staff was genuine and of the utmost quality, and the surgery was very successful. I followed my post-operative instructions to the letter. I kept waiting for all the unbelievable pain I had heard about to begin, but it never did. I followed my at-home care diligently and didn't incur any major complications.

Researching, planning and following through with this surgery was a milestone for me. The results were outstanding, not to mention the confidence it gave me to deal with any medical procedure, minor or major. I felt if I could withstand foot surgery, I could certainly have a baby (another one of life's greatest fears). I am happy to say I just delivered a healthy boy, thanks to the care of another competent, compassionate physician. In the end, the humanity factor is as important in a physician as the plaques that adorn the physician's wall. ❏

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