What is it like being a patient? That’s something I thought I would never need to ask myself. After all, to become a primary care pediatrician, I went through 11 years of schooling, plus a lifetime of continuing education — both the formal, required type and the learning that comes by doing, the stuff they don’t tell you in school.

Even with all that training and three decades in medical practice, I felt woefully unprepared when I began to visit the doctor’s office more often. I realized how difficult it is to be the one seeking care rather than the one giving it. In other words, being a patient is hard.
As someone who has had multiple physician visits over the years, writer and patient advocate Jackie Duda stresses the importance of a good interaction with your provider: “We, as patients, bear the onus of being able to communicate very clearly with our doctors,” she says.

### 5 Things to Bring to Your Appointment

1. All insurance information
2. A list of questions
3. A list of your medications, vitamins and supplements
4. A summary of your visits with other health care providers
5. A friend, relative or other advocate

A good doctor-patient encounter is not just a feel-good moment; it can prevent mistakes. A busy physician often relies on learned rules of thumb or experiences with past patients to make a diagnosis; communicating your situation effectively can keep the doctor from relying too heavily on these and, therefore, prevent errors.

A report by the Institute of Medicine found that explaining findings correctly, promptly and in a way that’s easily understood by patients is also **important in avoiding mishaps**. That’s a compelling reason to make the most of our office visits. And knowing what not to do is as important as knowing what to do. With that in mind, here are some behaviors to avoid:

#### 1. Overestimating technical abilities

Though I have never considered myself a rock star when it comes to all things cyber, I was particularly dismayed at the difficulty I had the first time I tried to sign up for a patient portal. Patient portals are increasingly common — a recent national poll found that 3 in 4 adults ages 50 to 80 have used one — but that doesn’t mean they are easy for all of us to use. Similarly, an insurance website or even that check-in tablet can pose problems for those of us who did not grow up with the technology. “Older people [may have] trouble with technology. Get someone to help you,” Duda says.

#### 2. Timing routine visits wrong

If you’re ill, you usually need to seek medical attention promptly. But if it’s likely a routine problem, timing may be everything. My Medicare representative pointed this out to me when I booked my physical. My scheduled appointment was after Medicare’s open enrollment period closed. So if I needed new medications that my Medicare Part D prescription plan didn’t cover, I couldn’t change plans for another year. Based on her advice, I moved up my physical. Timing of routine examinations also comes into play when you’re dealing with a health insurance deductible for your visits. You may be better off booking at the end of a calendar year, after you’ve met your deductible.
3. Coming in unprepared

It’s essential to do your prep before the office visit. Jonathan Appelbaum, an internist and professor of clinical sciences at Florida State University College of Medicine, notes: “We wish that they would come in prepared as much as I come in prepared to see them.” One suggestion offered by Michael Gloth, a geriatrician and faculty member at Johns Hopkins University and Florida State University: Relay your symptoms first, rather than presenting the diagnosis you think you might have. It’s likely that presenting what’s actually happening will be more helpful for your provider to make an accurate diagnosis than telling your doctor what you think the problem is. Coming in with a written list of symptoms is a great start. “Having it all written down ahead of time so that everybody’s on the same page is helpful,” Gloth says.

4. Keeping your doctor in the dark about seeing other providers

If you’ve seen other providers — say, a specialist or an urgent care physician — don’t assume your doctor will have that information. “Patients think we know everything — that we have all ... right in front of us. That could not be further from the truth. We don’t know who they’ve seen, what they’ve seen them for and what was done,” Appelbaum says.

During my tenure in practice, I regularly had children come in for follow-ups on serious illnesses treated at specialty hospitals — without the slightest bit of information as to what was done or, in some cases, what the diagnosis was. Insist on a summary, or at least a diagnosis and recommended treatment, from any provider you see.

5. Hiding the truth

Providers have heard it all, and the office should be a judgment-free zone. Talking to them about your sexual or drug history, for example, is never off-limits and might be important for your health. Family stressors and domestic violence are other topics to discuss. And those white lies
about how much alcohol you drink, what you are eating and how often you exercise can make a difference in your health. A full 80 percent of patients intentionally withheld the truth from their doctors about exercise, alcohol use, medication adherence and diet, according to a study in *JAMA Network Open*. The reasons? Mainly patients didn’t want to be judged or lectured or were embarrassed. Overcoming any feelings of embarrassment to have honest discussions with your doctor has many benefits: Doctors can more correctly interpret your symptoms and, when medication is needed, prescribe something that is less likely to be harmful.

### 6. Not knowing your family history

We know a lot more than we used to about how diseases are inherited. It’s never been more important to know details about illness in family members so you can share them with your provider. In my case, a family history of [glaucoma](https://www.aarp.org) led my optometrist to refer me to a specialist, who carefully follows me so I lesson my chances of developing that problem. In addition to providing information vital to diagnosis and treatment, family history helps put questions you might have into context.

### 7. Not bringing a list of your medications (including doses)

Drugs can interact with each other, and mix-ups do occur. Research has shown nearly half of adults ages 70 to 79 take at least five prescription drugs. Medication errors lead to thousands of hospitalizations and deaths each year — in part because doctors don’t have the full picture of patients’ medications. Remember too that vitamins and supplements can [interact with medications](https://www.aarp.org), so be sure to include those in your list. “We don’t always know what you’re taking. Be your own health record,” Appelbaum says. If your doctor isn’t asking about your medications, “you need to say something,” Duda adds.

### 8. Seeing the doctor-patient relationship as a one-way street

Traditionally, conversations between doctors and patients tended to have a “because I said so” ring to them. That’s no longer true. These days, there is (ideally) more collaboration between the two parties. “I feel my doctors want to understand what my situation and needs are,” Duda says. Your circumstances will largely dictate the best approach to caring for yourself. Realize that you have a say.

### 9. Ignoring the economics of your care

Get the most for your health care dollars. It’s important to ask how much things will cost, what’s covered by insurance and what the alternatives are. “The type of health care coverage that people have definitely has an impact on how likely they are to contact a health care provider,” Gloth says. If some aspect of your treatment isn’t affordable, let your provider know.

### 10. Leaving without written instructions on medications, wound care, recommended treatments
I fell into this trap after minor surgery. Woozy while coming off anesthesia, I left without even thinking about post-op care. My spouse did have a sheet of instructions, but they got lost after we returned home. Don’t let this happen to you.

**11. Leaving without your questions answered**

Nothing is more frustrating than leaving the office having forgotten about the one thing that you really wanted to ask your provider. Think about those questions, write them down — and if something concerns you, bring it up early in the visit. “Many times, in an older population, it’s not just a single issue,” Gloth says. “There are many, many issues, and the challenge is to get all the information upfront, rather than when they’re walking out the door.”

**12. Not using office staff**

If your doctor has to move on to the next patient — or if something comes up while you’re home and the provider’s not available — the office nurse, medical assistant or front-desk person may have handled something very similar on other patients. Develop a good relationship with other members of your provider’s team, and don’t hesitate to use them when needed.

Knowing how to communicate and work with your doctor isn’t easy, and it’s no surprise that we all (myself included) are prone to making mistakes in our interactions. If we strive to get better at avoiding the gaffes, that will go a long way to improving our encounters — and, it follows, our health outcomes.

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