QUERY

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I can remember my time in medical school — decidedly unhalcyon days — when, at the behest of my attending, I, a lowly clerk, would call specialists in the hospital and ask them to see patients on our ward. I was quite bad at this. I took too long to give pertinent details, digressed, repeated physical findings … more than once I was cut off and asked to simply give the name and location of the patient. *Click.*

I've since gotten better at the art of referral. The formula is actually quite simple: say the patient's name first, then his or her age, then where I'm calling from, then the reason for the consult (query appendicitis, say, or query Guillain–Barré) and then give a streamlined history and any positive findings on physical exam.

This approach usually works; I can honestly say that most specialists I call are attentive, collegial and accommodating at seeing *our* sick patient at the soonest possible moment. My appendicitises and Guillain–Barrés and complicated fractures get seen the same day, as they should be. Yet every once in a while I encounter an attitude I've come to detest. The attitude is: *Go away, I'm too busy for this.*

This attitude oozes into silences and pauses; it leaks from the phone like radiation. Such specialists ask for silly details to put you off balance, enquiring about trivia like adductor pain and a psoas sign when the history and abdominal exam are classic for appendicitis, or for tuning-fork vibrational sense when it's clear the patient has loss of distal muscle tone and sensation. Or they ask a battery of irrelevant questions designed to make you feel remiss and confirm a power differential: *I ask the questions around here, you answer them.*

My bottom line is this: I think my patient needs to be seen by the consultant, and that really should be enough. I'm open to CME but it shouldn't come in the form of knowledge abuse. I know the specialist is entitled to ask questions, and *should* ask questions, to better triage and differentiate the case; yet such a process should not involve taking perverse enjoyment in making the family physician squirm. Some of those I consult are indeed very busy, far busier than me; the wait to see a neurologist in my environs is over a year. Yet the backlog isn't an excuse for such behaviour.

I've dealt with this problem long enough to develop a strategy to salvage consults that start to go awry. Now I say, "Dr. X, I'm sorry, but we seem to have got off on the wrong foot. I don't call you very often, and I never call unless I think there is something wrong. If I thought this could wait, then I would have tried to book the patient into your clinic. But I think the problem is worrying enough that you should see this patient now."

As soon as I communicate that I am *worried* about the patient, the tone of the conversation changes. It lifts us both out of the FP–consultant vortex and onto common ground: concern for the patient, the frontier on which all physicians can unite. — *Dr. Ursus*

DOI:10.1503/cmaj.050221