

# Feature

## Seven Tips That May Save Your Life

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**EDITORS' NOTE** Dr. David Blumenthal is Board Certified in Cardiovascular Diseases and Internal Medicine. He graduated from Weill Cornell Medical College in 1975 and did his residency at New York-Presbyterian Hospital/Weill Cornell Medical Center. He also held a fellowship in cardiovascular diseases at Johns Hopkins Hospital from 1978 to 1980. He has been rated as one of the Best Doctors by New York Magazine.



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**ORGANIZATION BRIEF** New York-Presbyterian Hospital (<http://nyp.org>) is based in New York City and is the nation's largest not-for-profit, non-sectarian hospital, with 2,242 beds. The hospital has nearly two million inpatient and outpatient visits in a year, including more than 230,000 visits to its emergency departments. New York-Presbyterian provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine at five major centers: New York-Presbyterian Hospital/Weill Cornell Medical Center; New York-Presbyterian Hospital/Columbia University Medical Center; New York-Presbyterian Morgan Stanley Children's Hospital; New York-Presbyterian Hospital/The Allen Hospital; and New York-Presbyterian Hospital/Westchester Division. The hospital has academic affiliations with two of the nation's leading medical colleges: Weill Cornell Medical College and Columbia University College of Physicians and Surgeons.

Ultimately, you are responsible for caring for your health. Here are seven things you can do to make the most of your annual doctor visits – and if you're not doing annual visits, it's time you start:

1. Make sure all your records are with your doctor. This requires that you hand deliver or fax those coming from other doctors. You can't count on doctor A sending records to doctor B – it might happen, but doctor B is not thinking about the fact that your records are en route. So if the records go from doctor A to you, then you know they've moved, and you're going to be sure that they'll move from you to doctor B.

2. Be prepared with a complete list of all the medications you take. You would be

surprised how often intelligent people, and intelligent physicians, make mistakes about medications. It's not uncommon for doctors to read you the list of medicines and doses they think you're taking but neglect to mention a medicine, or they may be unaware that something was added by another physician. So it's great to either bring the bottles or the actual prescriptions, or to make a list at home of the actual pills and the dosages you take. I have hundreds of patients in my practice – you have

exactly one. It's a lot riskier for you to just count on me, my staff, or a pharmacist to make sure things are the way they're supposed to be.

3. Discuss your family history and any changes in your relatives' health. When you first meet a doctor, they're very careful to ask you all the pertinent questions about your own past history and that of your family. But it is not common for doctors to ask what has changed in your family history since your previous visit, and that can matter. A sibling's history is actually more important than parental history, because it shows how genes are affecting the family. Having a parent with coronary artery disease is a risk factor for coronary disease; but a sibling with coronary disease is an even greater risk factor for coronary disease. Recent changes in family history are something doctors don't often ask and patients don't think to volunteer.

4. Have a list of questions prepared. These could include both issues specific to you and general sorts of things you've heard about or are concerned about. You need to figure out, however, what your medical sources are going to be, and to distinguish between "headline" medicine news and more serious articles about health. Headline medical news is often somewhat sensationalistic because it's a vehicle to make someone want to buy a magazine or newspaper. The reporting may be accurate, but often doesn't incorporate legitimate criticisms of the research.

In contrast to that, sources like the *Harvard Health Letter*, the *Johns Hopkins Health Letter*, or Jane Brody, for instance, who writes a good column for *The New York Times*, are outlets that use multiple sources that will allow them to put an article in the appropriate context, and

therefore, make it clear whether it's important for you or not.

Different people will have different lists of questions that will be age appropriate, sex appropriate, and health-risk appropriate for themselves.

5. Once you and your physician develop a schedule for your health maintenance, you need to be responsible for keeping that schedule. If you need a colonoscopy in the year 2010, don't assume that someone is going to contact you in the year 2009 and remind you that you need a colonoscopy – you have to manage your own list. Although I maintain a test schedule list for each patient, if I don't interact with you or if you miss a visit, I'm not going to be thinking about it. But you should be thinking about it. If you have trouble remembering, have someone keep the list for you.

6. Avoid excessive screening tests. Ask your doctor how a test result will change your therapy. There is nothing wrong with screening tests, but you don't want to screen for the sake of screening. There is no reason to do tests if you end up with the exact same therapy that you would have had without the test.

Appropriate screening should be done: colonoscopy and skin exams, for example. However, it's lamentable and a major reason the health care system is in trouble, that tests are sometimes conducted to generate revenue, not necessarily because they are needed.

7. The last point, which is philosophical, is directed at people who are resistant to the idea of taking medications. Some people have a sense that it's not "natural" to take medication. I remind them that the goal of evolution is survival of the species. If you look back to our evolution, women had babies as soon as they had their periods, so they had children in their teens. They were grandparents in their 20s, and they were village elders in their 30s and then died before unfavorable genes kicked in. We would like to achieve longer life. You have to take into account the fact that we're stuck with some genes which predispose us to processes unfavorable for long life – hypertension and hypercholesterolemia to name two – and that's often the reason why people need to take medicine chronically. ●