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Advocating for our patients using clinical research

Brandon Baker

Wayne State University School of Medicine, brbaker@med.wayne.edu

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REFLECTION:

Advocating for our patients using clinical research

BRANDON BAKER, Wayne State University, Detroit, MI, brbaker@med.wayne.edu

I was a first year medical student when I first heard of the so-called “debate” related to screening mammograms. My classmates were surprised to learn that there is evidence against performing screening mammograms.¹⁻⁴ Hearing about the research itself was not the most shocking part—it was that this evidence has been widely available, yet nothing has changed. I was so bothered by this realization that I continued the conversation at home with my mother, who has had several mammograms in the past. She asked me rather bluntly if she should continue to get her mammogram every year. The only thing I could tell her at that time was, “That’s a conversation you should have with your doctor.” I had just discussed the latest research on the subject, yet I was unable to advise her what to do.

The topic did not resurface for the next two years. As a third year medical student having completed seven months in the hospital, including time spent in the breast clinic, I did not once experience the guidelines for screening mammograms presented as controversial. I did, however, have an encounter with a patient in my continuity clinic at a family medicine office, in which the topic surfaced once again. Only because of my experience during Translational Medicine in my first year at medical school did I feel comfortable discussing the current research with this patient on my own. I was amazed, and rather relieved, at how responsive she was to hearing about the evidence and being able to make an informed decision about her own health. My supervising physician continued this conversation with her. He discussed the research and its implications for her in great detail. In the end, the supervising physician told her it was completely up to her whether or not she wanted to schedule a mammogram, even if just for her peace of mind. She chose not to, and was very satisfied discussing it all with us to make the right decision for her. As the patient left the office, a feeling of accomplishment came over me, knowing that we had done the right thing for our patient.

I think the reason that practicing physicians are not discussing the latest evidence with patients is the same now as when I began medical school: learning something that contradicts what we thought was true can be uncomfortable. Sometimes, doctors do not want to go against common practice. It’s easier to follow established procedures without stopping to think, “Is this what is best for my patient?” The biggest injustice we do to our patients is to remain comfortable and ignore research evidence. We need to do what is in our patients’ best interests by following the evidence, and policies need to change to reflect that evidence.

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BRANDON BAKER is a third year medical school student at Wayne State University School of Medicine.



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