



UNC  
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

Vasculitis Foundation- North Carolina/Raleigh Chapter patient support meeting

May 2008

“Who should be your physician?”

Who should you have as your doctor? Hold on for a minute. Who is it? Does it have to be a rheumatologist? Does it have to be a nephrologist? Should it only be somebody who specializes in this disease or should it be a combination? I will tell you for myself, and I've had several medical issues, I see a wonderful internal medicine person, who I go to as the person who can help me coordinate all of my care. So I will tell you that the most important thing to find is someone who listens to you, and who will listen long enough to help you either get an answer, or get you to the next step. And, in my opinion, it should be somebody locally. You can't drive to that person more than a few minutes. You have to find somebody locally, who you trust.

Then, you have to find a specialist who understands this disease. But that specialist does not have to be the primary person, as long as that specialist and the primary person communicate well together. But specialists, I will tell you that the vast majority of kidney doctors and rheumatologists and ear nose and throat surgeons, are specialists in their own areas. But are not necessarily specialists in Vasculitis. And that's where support groups come, because in fact, you folks know in various areas, who in fact does have an experience to answer the question of who is best for you.

But let's say there are two specialists who really do know this disease well, who are sitting next door to each other, who you go to. You go to the person who you can communicate more and better at that point in time. But incidentally, that may change, and usually does change. So the way we've actually solved that to a certain extent, is we have a combined kidney and rheumatology clinic. Mary Anne Dooley, who I think has been in this support group—so Mary Ann Dooley and I share a clinic. Why? Sometimes a person is better by seeing Mary Ann, and sometimes they're better suited by seeing me and sometimes I'm sure they're just tired of seeing me, and they want to see Mary Ann, or vice versa. Because these diseases last so long, or the sequella of them, that's perfectly appropriate, to switch back and forth as long as there's good communication. But listen, if you don't think your physician is listening to you, you are absolutely in your right to say “Okay, pause, sit back down, here's something we have to talk about.”

You can't come in with a list of a thousand questions and expect a person to answer, so I love people who come in with all of their questions, and you know there are five pages of questions, and they're in there in a 20 minutes slot. That doesn't work either. But the general rule is you can have three questions that you should feel 100 percent comfortable in getting an answer to those three questions before you leave the room. That's the magic number. Make sure you know your three questions.