

how to talk TO YOUR DOCTOR *about your treatment*

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THE PATIENT'S PHYSICIAN PLAYS A CENTRAL ROLE IN TREATING INFERTILITY, BUT OFTEN PATIENT-PHYSICIAN COMMUNICATION LEAVES MUCH TO BE DESIRED, RESULTING IN LESS THAN OPTIMAL CARE AND A LOWER CHANCE FOR PREGNANCY. HOWEVER, THERE IS MUCH PATIENTS CAN DO TO IMPROVE COMMUNICATION AND GIVE THEMSELVES THEIR BEST CHANCE OF HAVING A HEALTHY BABY.

Good communication requires a positive patient-physician relationship based on mutual trust. For this to occur, patients must obtain sufficient

information about their physician through their primary care doctor, professional and lay organizations, and others so that they are confident about their physician when they first establish the relationship. Trust will increase further with positive experiences and continuing good communication with their physician and the practice. Patients should raise any concerns at the first visit to clarify any outstanding questions or issues and to establish ground rules for the relationship. Such issues include physician qualifications, practice policies, medical protocols, insurance status, appointment scheduling, on-call availability, and functioning of the medical team and support services.

Patients need to be aware of all their possible fertility treatment choices.

Generally, these include no treatment, standard fertility treatment (e.g. clomiphene, gonadotropins, hysteroscopy, laparoscopy, male factor treatment, intrauterine insemination), in vitro fertilization (IVF), third party reproduction (donor sperm, donor eggs, surrogacy), adoption and choosing to remain childfree. The way I like to communicate with patients to help them decide on treatment is to perform a "cost-benefit analysis" to compare the different choices. Other doctors might have different approaches that also work. Patients should discuss with their doctor which approach (s)he prefers.

The benefit of any choice is equal to the value the patients place on that choice multiplied by the chance that the choice will be successfully realized

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if pursued. The value of any choice is determined only by the patients involved—after thorough and honest discussion of their hopes and dreams—prioritized by desirability. The physician should play no role in determining the value of the choices for patients, except for providing them with the best possible information about the choices. But the fertility specialist knows the probability or chance of success, and can quantify this objectively for the patient, either in a live birth rate per month, per IVF

about their financial status with the practice. Patients should also ask about treatment packages, payment plans, and refund programs that might be available. Just as patients plan other aspects of their financial life, they should ask for sufficient information to develop a comprehensive financial plan that will enable them to undergo the desired treatments.

The second cost is time. The most important time-related factor is patient age. Which treatment should be used

pregnancies and resultant risks to both the mother and the babies. Potential obstetrical complications include hypertension, pre-eclampsia, abnormal placental development, diabetes mellitus, prematurity, and operative delivery. For babies born in multiple pregnancies, prematurity is the major risk, and there are also increased rates of birth defects and physical and mental deficits above that found in singletons. Furthermore, multiple births create additional psychosocioeconomic problems for

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cycle, or chances over a period of six, twelve, or twenty-four months. Patients should ask their physicians for such an objective estimate, recognizing that no chance is known exactly and that for each patient the ultimate outcome will be either no success or 100% success.

After prioritizing the choices based on benefit, the costs associated with each choice need to be assessed. The costs will sometimes change the priority order of the perceived benefit. There are four types of costs: financial, time, health risk, and psychosocial.

The first cost is financial: how much treatment costs, how much insurance covers and how much the patient can afford. Most practices have financial counselors who can provide patients with objective information

and for how long is often dependent largely on patient age. Patients should ask their fertility doctors how their age impacts their choices. Time also refers to how patients need to alter their daily activities to make time for medical treatment. Patients should discuss the appointment requirements for their treatment with their physicians and their staff.

The third cost is health risk. Infertility treatment often involves the use of drugs and procedures that can potentially result in complications. However, risks directly related to fertility treatment are generally low, with the exception of ovarian hyperstimulation syndrome (OHSS). Patients should ask about their risk for OHSS. The major risks for fertility treatment are related to multiple

babies and families during child rearing. Patients should discuss with their physicians these risks and ways to reduce them.

The fourth cost is psychosocial.

Patients can do a number of things to deal with the considerable stresses associated with fertility treatment. The first is to discuss frankly with one's spouse all aspects of treatment choices, and agree on the approach they want. Second, patients should obtain information about their treatment using reputable sources such as www.asrm.org while avoiding the many sites with poor quality information. They should also obtain information from the practice, write down questions as they think of them, and ensure that all of their questions are answered. Finally, patients should

utilize support groups and fertility counselors if they are still having difficulty dealing with their treatment on a day-to-day basis.

After doing this cost-benefit analysis, patients should create with their physician a detailed plan that outlines which treatments will be attempted and for how long before moving on to subsequent treatments or non-medical choices such as adoption or childfree living. As treatment progresses, the additional experience gained will influence the overall assessment of fertility status and prognosis, and the plan can be modified through patient-physician discussion.

Patients and physicians must work together to communicate clearly so

that patients' expectations can be met. Good communication requires trust. In this era of the Internet, many patients can access the same data and information as their physicians, and patients who make the effort can develop significant knowledge about their fertility treatment. Sometimes patients believe that because of this they can direct their own care. This is an inappropriate conclusion. Regardless of how much patients learn and know, they cannot have the objective wisdom their physician has acquired from extensive training and years of experience. Patients need to feel they are receiving the benefit of their physician's wisdom. If they don't feel this they need to communicate this to their doctor, and if things don't change, they should change their

doctor. By following the above or similar approach to patient-physician communication, patients can give themselves their best chance to have a healthy baby.



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