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A pioneer in menopause research, Dr. Utian founded the world's first menopause clinic in Cape Town, South Africa, in 1966 and established the Cleveland Menopause Clinic in 1983.

Recipient of many research grants and awards, he is the author of more than 150 scientific publications and five books. He is the Honorary Past-President of the International Menopause Society and Honorary Founding President and Executive Director of The North American Menopause Society. He is also Chairman of the Council of Affiliated Menopause Societies (CAMS) of the International Menopause Society.

The What and the Who of Contemporary Menopause Management

We ask a lot of 'whats?' in clinical practice. Consider the most recent new patient you have just seen in your office. The front office staff had already asked innumerable questions, like "What is your name?", "What is your age and date of birth?", "What medical insurance do you have?" So, by the time she entered your consulting room you had a pretty good idea of the patient's demographics.

Chances are that you started the conversation, after the preliminary courtesies, by asking, "What is your main complaint?", and then proceeded to ask a series of other "what's?", such as those about previous medical history, family history, personal habits, exercise and diet patterns, and so forth.

But did you ever get around to asking the woman, "WHO are you?"

There are many complexities in the current practice of medicine. The quantifiable or factual issues are usually obtained by starting with the question "what?". However, the qualitative issues in our patients' lives are far more difficult to delineate, measure or understand.

In reality, who is the woman sitting in the chair opposite you? Behind the bare facts you have gleaned, how do you determine whether there are deeper issues, concerns, fears, secrets or sorrows that she really wants to discuss but, for a plethora of reasons, is hesitant to expose? Naturally, she is simultaneously trying to evaluate the person opposite her. As she "sizes you up" there are many questions in her mind. Are you someone she can communicate with and, above all, are you someone she can trust? Until the latter privilege is justified in her eyes and granted to you by your actions, body language and words, the 'who she is' will never come out. If real communication, what in fact creates and determines the true linkage or bonding, fails, the inevitable result will be a failed consultation—failure to expose and address the real problems, failure to be able to counsel, and likely failure of future adherence to any treatment plans recommended.

This communication may be of limited importance in certain medical specialties and situations. If the problem is a fractured wrist, a strep throat or an ingrown toenail, perhaps there is no need to know who the patient is. Be a technician, administer the therapy and get on to the next patient. But we have chosen this area of medicine, and did not choose to be veterinarians. In the practice of contemporary menopause management, knowing the "who" is a sine qua non to good medicine.

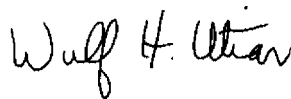
Time is unfortunately the enemy. The "who are you?" opens the door to the qualitative and most personal and private issues in the individual's life. Getting to grips with this involves inevitable talk time, the one commodity that is so limited in current medical practice. But defining both the "who" and the "what" is essential if the

objective of the visit is ultimately to enhance quality of life.

I do not have a simple solution to offer for this dilemma. Traditionally, talking time in the practice of medicine has always been poorly valued and reimbursed as compared to surgical time, although it is not really obvious to me why there should be such a discrepancy. But tell that to the insurance companies!

There are some changes you could introduce into your practice that may be of some assistance. Become familiar with some of the validated instruments for quantifying personal aspects of life and patient levels of concern, including psychological, quality of life, sexuality and personal behavior instruments. Most can be self-administered. Use, listen to, and communicate with your entire office staff more effectively. Often, something will be said to the practice nurse or physician assistant that never was expressed to you. Consider a short, end-of-the-day meeting with the office clinical staff to determine whether there were issues missed. But none of these adjuncts can replace the face-to-face discussion.

The simple fact is that unless you know WHO your patient is, you are unlikely to resolve WHAT *really* ails her. When all is said and done, the challenge is yours to face, and the modus operandi yours to sort out. If you want to practice contemporary menopause-related medicine, you have to get to know the woman who is placing the health-related quality of her life in your hands. When I contemplate the many patients I have seen over many years in practice, I have absolutely no doubt that those women with whom I truly bonded, irrespective of their beliefs and backgrounds, are those who best adhered to therapeutic recommendations. Of course, try and prove that in a randomized, controlled study!



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