

HOW I LEARNED TO BECOME A BETTER VETERINARIAN BY VISITING MY DAUGHTER'S PEDIATRICIAN

BY CESAR TELLO

The white walled room was clearly a pediatrician's office. There was a very long, very high, black padded examining table on one side and a very archaic looking metal scale on the other. The walls were riddled with faded animal figurines intermixed with 1980's style posters explaining the nuances of ear infections and ocular diseases.

We were just about to give Isabela her first set of vaccines. The doctor had finished the physical examination and Jadeling, my partner in crime, was hovering over our half dressed baby waiting for further instructions.

Anxiously she asked, "Is it going to hurt?"

The doctor responded in a half annoyed, half matter of fact way, "Yes, but only for a few seconds." There was no attempt to assuage our tremor and since we were new parents, we were not prepared for the scream that Isabela let out. To our dismay, the doctor did not follow up with any baby talk. There were no acknowledging words of comfort; no "I'm sorry Isabela, what a strong voice, you guys have an opera singer in the making." There was no gentle massaging of her injection sites. To us there appeared to be no empathy. All you saw were two parents feeling as if a 10 ton truck had just slammed into them.

Our daughter, Isabela Nusta, was born on May 17, 2006 at Columbia Presbyterian. It was an incredible day, as most parents out there can relate. The entire experience was filled with dumbfounded expectations, despair, and transient moments of anxiety, all under the cloud of an ominous c-section. Jadeling and I managed within the mayhem. A bedridden week passed by and it was due time

for our daughter's first visit to the pediatrician. During one of our prenatal visits we had inquired about a list of recommended pediatricians affiliated with the hospital. Our hope was that if the pediatrician was good enough to be recommended then they should be a great choice for our precious baby girl.

Immediately prior to her first visit, we were very nervous. Not only did we have to meet someone new, who we would entrust with all of our child's medical care, but we had to physically get there. How do you use the car seat? Where's the manual? Please avoid the bumps on the highway, my incision is still healing. Oh my goodness, there are so many people with road rage driving around. Throw into the quagmire, grandma and grandpa inputs, it can be thoroughly overwhelming. Not to mention my generation's inclination towards lecture style dissemination of information rather than the traditional transfer of oral history.

The first visit was pleasant, but it lacked the connection that we were looking for. We had a short list of questions. "What vaccine schedule were we going to use?" I took out a copy of the AAP Vaccine Recommendations and showed it to her. She looked away. She said, "The vaccine schedule we use is a little different from what the AAP recommends, so as long as you're ok with the variation, there should be no problem." I wanted to ask why she used a different protocol but she said it sternly and her body language appeared that there was no room for negotiation. In retrospect that should have been my first clue. Next question. "What was the best baby formula to use? We were given this in the hospital but we went to the Enfamil website and found that there are different formulations. Lactose intolerance runs in our family. Could Isabela be vomiting because she has a sensitive stomach or is allergic to milk? Could we try the lactose free formula?" Again, she looked at us as if we were the tenth parent in a row to ask her this. "Just stick to iron

fortified breast milk and stay away from all the other variations. Milk allergy is very rare and things would look a lot different. Go ahead and try the different formula but change it back to regular formula after a few weeks." Jadeling and I had been debating breastfeeding and so we asked the doctor for her opinion. "Should we continue to breastfeed?" Her response was, "Breastfeed as long as you feel comfortable, but if you can't don't feel bad about starting her on the bottle. It's better that she be fed regularly than not enough." Next question. "How did the practice handle their emergencies?" "I have a one doctor practice and answer all of my own emergency calls." We thought to ourselves, did we really want this setup, what if she was away on vacation, what if she was really tired? Did she ever take any time off? Last question, "Did the doctor have any children?" "I have 2 children." But then she failed to show us any pictures or tell us any stories. Her answers were succinct but therein lay the problem. They were too dry and unemotional. We yearned for a more personable doctor who would see us through the inevitable tough times. Our second and third visits were no different, and so there we committed ourselves to finding a new pediatrician. A friend had commented to us that it was imperative that we find someone whom we felt comfortable with or in the end we would eventually change. In her own search for a friendly doctor, she had visited five different pediatricians.

So this is when I began to re-examine my bedside manners within my own practice. I'm a small animal veterinary practitioner in Queens. Over the past 9 years, I've made it a point to help my clients feel comfortable with their pets. One of my mentors had once told me: "We went to school 8 years so we could understand what this and that is. The average pet owner has no clue what's going on. It's only natural that they come to us with every question. You have to be patient."

The doctor-animal bond is unique and distinct from many known medical relationships in that it involves a third party guardian and a first party patient with little ability to consent or contest the decision making process. The closest it comes in comparison to is the parent-child relationship with the pediatrician.

It's a tricky relationship to enter into and nurture. There are countless permutations within the relationship when you take into consideration the diverse owner and pet personalities. Although I dream that my prepossessing personality will instantly embrace my client in a blanket of instant connection, the reality is that I have to work very hard to gain their trust. Many times it's instant; but on other occasions it's a process. With my Spanish speaking clients it helps that I'm fluent in their native tongue. The connection is cultural as well as linguistic. With others it's important that I studied at Cornell. Other people want a young doctor. And yet others inquire if I have pets. I like to think that they like my mannerism and my dedication to the art of communication. I always aim to be honest and straightforward; and above all, I am implicit in my belief that all decisions are best made through informed consent and that the basis of all relationships is "trust". If I can help their pets, I will do what is possible, but there might be a point at which I have to refer them to a specialty practice because they require more elaborate attention.

Within my practice, I have many patients and many corresponding client personalities. After going through the experience of being a parent at a pediatrician's office, I put myself in one of my client's position. I started to ask, what I would want my doctor to do with me if I was a bringing my pet to a vet. I like a smile to begin with. I like to see them talking to my pet. I like attention. I like empathic emotion. I like some personality. I want to know what my pet has, but I also want the doctor to know that I'm here. Basically, I want someone

who can answer all my questions and at the same time acknowledge that I'm not just another client but a real person. I want them to ask me how my day is going, maybe even give me advice about something unrelated. We're taught that we supposedly learn something new everyday. Why not from the vet?

I always tell me employees that trust is the basis of any relationship, and the client patient relationship is no exception. When my clients come to my office, I always try to leave them with the impression that they are not just ordinary people, but the dedicated parents of a lovely pet companion. It's hard to appreciate this. The day can be tough. The bill can be high. The stress can be abdominal. But the reality is that no matter what veterinarian they go to the advice will generally be the same. You need to care for your pet and you need to pick a vet that you trust. Without trust you enter into the conundrum of jumping from vet to vet.

And that is where we are - still in search of that ideal pediatrician for our daughter. Our hope now is to teach her sign language so she can approve or disapprove of her next pediatrician. Personally, I want someone who is more on my wavelength. Our first doctor was nice and competent, but that wasn't what I was looking for. I did not want to settle for a good doctor. I wanted a doctor with emotion and passion. Maybe it was too much to ask for. Maybe it was not practical. There office hours were very convenient. But settling fosters such a reticent attitude. We spoke to friends and learned that many people jump from pediatrician to pediatrician. It was a common occurrence. Whoooo. That helped unload the guilt. But it impressed upon me that the next time I had a first time client in my examining room; I make every effort to establish that high level of trust because in a crunch situation that's what we all look for.