



10 Things You Need to Know Before You Choose a Doctor

1. The General Practitioner (GP): Family Practice (FP) vs. Internal Medicine (IM) Doctor?

When you are looking for a general practitioner (GP), it is important to understand the difference between a family practitioner (FP) and internal medicine (IM) doctor.

Generally, an FP takes care of any family member, including children, adolescents, young adults, and the elderly. The FP also may perform simple procedures in the office, including minor surgery. The care is broad and simple, having to do with one or few health issues.

An IM doctor, or internist, usually treats older individuals with more deep, complicated medical problems. They do not perform as many procedures, though they may perform some necessary diagnostic tests in the office. While care is not offered to as many generations, it is deeper and more involved, sometimes dealing with five to ten medical conditions.

2. Medical Doctor (MD) vs. Doctor of Osteopathy (DO)?

Is there really a difference? Short answer is yes. In theory, doctors of osteopathy have more training in some natural medicine; however, there isn't any considerable difference in reality. If you find a good doctor, it really does not matter if he or she is a DO or MD.

Most doctors are not trained in what does and does not work when it comes to treating illness with natural methods. Doctors who are knowledgeable in this area generally learned and trained on their own time, and such doctors are very rare indeed. Most so-called doctors who are not MD or DO are really not "doctors" at all. Generally, they offer limited care and procedures, and their responsibility is very limited. When you are suffering from a serious illness or medical condition, it is better to find a good MD or DO.

3. Hospital vs. Outpatient Only?

Until recently, it has been customary for a doctor to admit and take care of his/her own patients in the hospital when patients are admitted for treatment of a very serious condition. This was a great service, as it provided consistency in care, in-depth knowledge of the patient condition, and a peace of mind that the patient would be treated with the care and consideration they deserved and had come to expect.



Unfortunately, with modern medicine becoming more and more corporate, and with the advent of the most recent legislation and the implementation of electronic medical records, this is becoming a rarity. Most good, decent, caring doctors who are even slightly efficient and competent have found, at least in the last few years, that seeing and managing their own patients in the hospital is a nightmare.

Between the maze of onerous rules and regulations and being treated as commodities by the hospitals, as well as the time needed to learn how to access and input electronic medical records, going to the hospital has become an unjustified burden for doctors. Hospitals and large healthcare corporations are more concerned about compliance with federal regulations and documentation rather than real medical care. No longer is the patient the top and first priority.

As such, beware of doctors who work in offices and hospitals nowadays. They are likely employed by the hospital, or else they are overworked, stressed out, and close to nervous breakdowns themselves. They are seldom efficient enough in the office to sever ties with the hospitals. These doctors are not ideal, despite the first impression that it would be good for you to be seen by the same doctor in the office and the hospital. Times have certainly changed when it comes to this.

4. Effective vs. Covering Symptoms?

Most doctors are happy to prescribe medications to treat annoying symptoms without really doing anything to improve the root cause or underlying condition. Disease and illnesses can continue even when symptoms are treated, growing and festering and worsening under the surface. Also, many modern doctors do not consider the long-term implications of some of their treatments. They do not consider the nutrient deficiencies that some medications or medical conditions create. Sometimes, there are severe, long-term consequences of only remedying the symptoms, such as in the case of steroid use.

5. Pill-Pusher vs. Treating Deeper Causes?

Some doctors are afraid to run tests on patients or wait too long to run them, until the patient develops a serious medical condition or the condition is too far gone. This can happen for several reasons, including insurance over scrutiny or underpayment for the medical test. For example, some doctors do not even order baseline laboratory tests until there is a problem. However, when there is a problem and tests are abnormal, there is no baseline to compare it to, and medical decisions will be cloudy at best. A doctor who discovers a severely abnormal EKG, for instance, may not order further testing until the patient presents with a severe symptom, such as chest pains.

Some basic tests, like laboratory tests with cholesterol panel, EKG, urine analysis, mammogram, and others, should be performed routinely and periodically.



6. Standard Doctor vs. More Natural Doctor?

Few doctors are trained or knowledgeable beyond standard medicine. If you are fortunate enough to find an MD who will guide you more in a more “holistic” way between unconventional treatments and also can keep the balance with traditional medicine, treat him or her as gold.

These doctors can tell you which alternative treatments are good and promising and which are hype. They understand the value of the right diet and nutrition, as well as the benefits of exercising the right way and what vitamins and supplements are good or not. They may perform scientific biochemical testing other doctors have never even heard of. They can offer more treatments, hope, and usually better care than standard doctors.

Beware of doctors who only regurgitate standard American Medical Association lines on health issues.

7. Nice Smile/Good Manners vs. Effectiveness?

There is a category of people in life who are not as knowledgeable, deep, or efficient, yet they get ahead in their careers simply because they are nice. They have a charm about them and smile a lot, and they have a charisma about them, the ability to make others feel good. The medical profession is surely not spared of people like this.

When it comes to matters of your health, though, you need a guide who knows what he or she is doing, one who is swift, experienced, and efficient. You need someone who can guide you out of the health maze. When you feel lost in the medical jungle, which can be very daunting, you cannot afford to have a guide who just smiles nicely but remains undecided on the best way out. You need an experienced, knowledgeable guide who will have your back and take your interests to heart. Yes, your doctor should be polite and have a decent bedside manner, but that is not the first trait you should look for.

Many patients have died with a smiling doctor by their side, both of them naïve to the fact that there are treatments available that might have saved them.

8. In-House vs. Outside Testing?

Like everything in life, there must be balance and appropriate testing in medicine. Just as an airplane pilot looks at cockpit dials, a doctor must examine test results to figure out where a patient stands at any given time. Every medical condition must be gauged by some kind of measurements and testing: once in the beginning, to see where the patient’s journey starts, then periodic tests as the condition of concern is treated.



Some doctors just shoot from the hip, without relying on medical tests at all, and some doctors do too much testing. As a patient, you will probably be better off with too much testing than with too little. Many mistakes and misdiagnoses occur when a doctor assumes things about a medical condition without having the tests to back up those assumptions.

It is good for a doctor and the patient to test in the office at much as reasonably possible. This is more convenient, timely, and affordable for the patient, but it also ensures that the doctor is involved and can interpret the results for him- or herself. In many cases, outside tests have read as normal, while in-house tests have come back with different results which changed the course of illness for the better.

9. Eager to Refer vs. Conservative?

Some doctors want to deal with minimal health issues and will, therefore, easily and refer a patient to a specialist. Many doctors refer frequently and too easily, some just to cover their actions. Some patients are also too eager to seek a specialist, hoping for a quicker solution to a medical dilemma. Like a general contractor, your FP or IM doctor should know when to refer, but he or she should not refer too little or too excessively. In some cases, a specialist will not offer anything but confusion to the patient.

You would not build a house by dealing with contractors yourself unless you are a general contractor already. If you did, you would only be asking for trouble, and the job would not be done appropriately, thoroughly, or on time. The concept is the same in medicine. You need a good general doctor to coordinate medical care for you, including the specialist's recommendations, care, or concerns.

In general, there are two types of specialists:

The **over diagnosing specialist** is the one who quickly diagnoses you with several serious health conditions and orders several complicated or invasive tests or even surgeries to follow. Before you know, whether you need to be or not, you are under the knife!

The other type, the **underdiagnosing specialist**, will, no matter how serious the patient condition, dismiss it with an unexpected: "You're fine."

Very few specialists are comfortably balanced, and most lean—unbeknownst to the patient—to one side or the other, depending on hospital politics, insurance requirements, personal mishaps, and other underground factors not easy to discern.

Not only will these specialists interfere with good medical care and patient wellbeing, but they also undermine any authority or credibility the GP may have, because the patient may perceive the GP is mistaken simply because the so-called "specialist" said so.



The above considerations are good reasons for general practitioners to do necessary testing in house and to only make referrals to specialists when absolutely necessary and when they can effectively work together as a team for the wellbeing of the patient.

10. Personalized, Custom, and Beyond Standard vs. One-Size-Fits-All, Minimally Necessary?

Some doctors do not bother to individualize treatments for their patients. As unbelievable as it may seem, they prescribe the same doses of medications, regardless of weight, gender, age, and other factors. Also, most doctors do not do in-depth testing unless a serious condition forces them to. There is no analysis of in-depth cholesterol testing, genetic markers, amino acids, and vitamin and nutrient deficiencies, let alone toxicity or unusual microbial testing.

Most doctors in standard medicine are afraid to step out of the medical standard even a little, even if they know it might make a big different. For the great majority, it is far more important to conform and keep their metaphorical warm, cozy position than to step forward and take a stand.

Most of the time, when faced with complex and persistent medical conditions they have difficulty understanding, standard doctors are happy to say, “It’s all in your head,” or “You are just depressed” and send patients away without real answers. Some medical conditions just elude traditional medicine, however those conditions could greatly benefit from some small dietary changes and nutrient adjustments. Most traditional doctors refuse to look in that direction.

Even when traditional doctors hear about great medical successes from personalized medicine, these doctors dismiss it as hocus-pocus, as if they have the authority to decide what works and what doesn’t, regardless of recorded results. In fact, some doctors are blissfully ignorant and unwise and more than willing to dismiss the facts without even having enough information or the competence to logically make that dismissal. Doctors that practice natural medicine have been systematically patronized, belittled and ignored by traditional doctors even when traditional doctors have no understanding of the problem.

For these reasons, some patients go from doctor to doctor, only to be misdiagnosed or improperly diagnosed or treated. This can go on for years, and some patients ultimately pay with their lives. Without being offered a different medical approach, they fall through the metaphorical cracks of medicine and are not saved when they might have been, simply because doctors are not willing to step beyond the standard.