

# The good doctor

Photos by Jan Sonnenmair  
Reporting by Caroline Harding



**B**arbara M. Korsch, M.D., is in the midst of a typically frenetic day at Childrens Hospital Los Angeles: checking on the dramatic progress of a toddler who fell out a third-story window ("Children are so remarkable;

they bounce back, in every sense of the word"), interviewing a prospective intern, reviewing a resident's performance during a videotape-critique session.

Then she pauses for a somewhat startling revelation. "I didn't want to be a pediatrician at first," the German-born Korsch says in her lightly accented but fluent English. "I had Dr. Kildare ideas of what doctors do: masks and gowns and surgery and keeping people alive."

Many thousands of doctors and children are grateful Barbara Korsch changed her mind.

More than 30 years ago she pioneered a method of teaching the then-unusual concept that a physician should treat the whole person, not just the problem. Today she passes on this message as a professor of pediatrics at the University of Southern California's medical school. (She also treats patients at Childrens Hospital, where, until the end of 1992, she headed the General Pediatrics division.)

Barbara Korsch checks on a toddler, now recovering nicely, who fell out of a third-story window. "We call this condition 'failure to fly,'" she notes.











Korsch's video-review sessions (above) let residents critique their own bedside manner. Young arrivals (top right) will find their hospital visit more pleasant, thanks to Dr. Korsch. Research (far right) is a routine part of a doctor's day.





*'In the evening I'm dead tired, but I feel good because maybe I've taught someone something; that's what energizes me'*







Korsch puts a patient (top and top right) at ease with a few words in Spanish, one of six languages she speaks. Her day began before dawn and ends (above) after dark—with an errand or two yet to do (right).

"Doctors are comfortable looking for something wrong and fixing it—what we call the 'find it, fix it' model," she explains. "Taking care of the patient, the family, the whole person has not been given enough emphasis. That has been my song."

It was as a young pediatrician in New York City—directing the Pediatric Outpatient Department at The New York Hospital-Cornell Medical Center—that Korsch first encountered the communication problems between doctors and patients—in this case, the patients' parents. Noting that many families never returned after an initial visit, she searched for reasons why.

"They'd taken the subway, waited for the appointment, seen a very good doctor and paid their fees, yet they didn't come back. That really intrigued me." When Korsch interviewed the parents she found that most felt the doctors had not understood, or had been insensitive to, their problems. "Until we did some of this work," she explains, "nobody really looked at whether communication made a difference. Certain patients were just thought to be uncooperative."

It didn't take long for Korsch to translate this finding into action by starting communication-related courses for student doctors. With the residents she stresses that the *parents* are the patients as much as the children.







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Korsch joins her study group to discuss literature over a wine-tasting dinner. Tonight's topic: Kierkegaard.

"Most pediatricians love children," Korsch says. "They just don't like the parents. One of the big jobs is to help doctors realize that the way to help the children is to have a good alliance with the parents."

This afternoon Korsch accompanies a young doctor to examine a crying infant. The child's unmarried teenage parents argue heatedly while the baby wails between them.

Korsch defuses the tension by speaking with both parents calmly, asking questions about the baby's care at home and recommending treatments.

Afterward, she tells the resident, "It's not helpful to be judgmental. You need to think, 'Is there someone with whom I can work?' You try to be supportive."

Later Korsch notes, "People think bedside manner is an inborn quality of nice, decent physicians. 'How can you teach compassion?' they say. Well, you can't teach compassion, but you can teach techniques." And she herself developed one of the most effective teaching methods: interpersonal-skills seminars in which residents are videotaped while examining patients, then watch the tapes to review their own performances.

"The valuable thing," Korsch says, "is that they get to see themselves, rather than my lecturing them endlessly—which I do anyway. One resident saw that she was chewing gum the whole time the mother was talking to her. She said, 'That looks awful, doesn't it?' Whereas if I had commented on it, she might have been offended."

It's important, too, that the residents be sensitive to the child's level of understanding. Korsch offers "the classic example: A doctor told a mother that her child had edema of the belly, meaning swelling. The child thought he had 'a demon' in his belly."

While Korsch says that virtually every medical school now has some version of a communication course, not all offer it as an integral part of the medical training. This, she feels, misses the point: "I believe that if residents are taught to communicate in a setting of care, it will be considered part of the care." ■



"If you want to smoke, sir, you'll have to walk on the other side of the street."