On Referrals

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"Doc, I want a referral.." To that opening sentence, the words "uh oh" rang out in my mind. Was it a referral on merit or on request? Will it be frivolous? Will the receiving specialist fall off his chair laughing? Or will this referral matter and make a real difference? How is it possible to promise writing this referral, with such a wide variety of outcomes. To answer yes or no (to that referral request), I need to take a full history, examine patient and do investigations.

At times, while taking history, we might realise that the issue can still be handled at primary care level by us. When such situations arise, I would usually try to explain the medical condition and the issues, and why the referral might not be needed at this time. That we can initiate treatment first and review accordingly. This explanation can be time consuming, and we can look silly when patient remarks "doctor, I still want the referral."

By this stage, I would just write that referral with a sigh of resignation. Maybe patient knows something I don't and anyway complaints might fly if I were wrong. And we don't want the potential of making our SMC collages more busy than they already are. Should I say no? Well, I do that at times. But it has to be done rather diplomatically, with a risk of both sides getting agitated.

So the referral process is actually a complex exercise. It requires the skill of reading a patient's body language and decoding their words, to determine their ideas, concerns and expectations regarding the referral. It requires patience, which can be challenging in a busy clinic. We also need the skills of explaining our decision to patients in a clear and concise manner. Giving a long lecture, just doesn't work out. Then there is the skill of writing that referral letter.

While chatting among friends, stories of hospital specialist disparaging referrals from primary care emerged. I suppose I would too, if I were a neurologist who received a referral to the effect of "Headache, please see." That was a random example, and I certainly hope we don't write like that. Perhaps a little more detail would be nice, and if the referral was demanded by patients, at least we should drop a hint of that to the specialist. We also have to be mindful that not all specialists have had a stint in primary care or polyclinics in their professional life, and may not understand work in our setting. Primary care doctors, on the other hand, have all trained in hospitals, so we have insight into the mind of a hospitalist as we write the referral letter.

Yes, I would consider referral letters to be an exercise in literature. Not only must that referral letter sound erudite, it must also make sense. And this difficulty is compounded in a case where the referral is not required, and yet demanded by the patient. As for cases where we are sincerely concerned, we have to write sufficient facts into the letter, with a clear clinical question for our other specialist colleagues to answer and assist us on. How we write, will convey the true flavour of the patient encounter on the day the referral was made, and why it was made.

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