

Improving Patient-Doctor

Both patients and doctors cite communication as their core complaint during office visits, but the barriers to effective communication can be overcome.

By Ronale Tucker Rhodes, MS

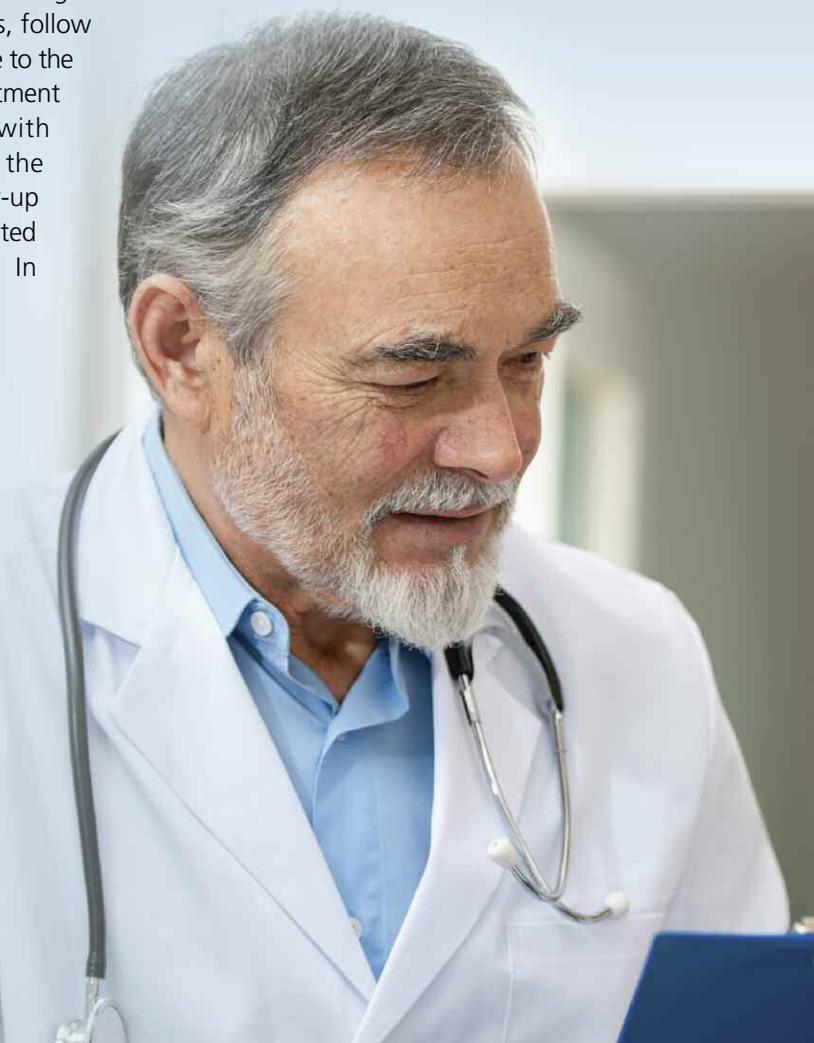
When 1,000 Americans were asked what bothers them most about going to doctor office visits, communication was the chief complaint.¹ On top of gripes about long waits and billing disputes, they complained about being rushed, not being heard or failing to understand what they were being told. Surprisingly, doctors also cite communication as their chief complaint when seeing patients. Competing interests that limit the time doctors are able to spend with patients is a major reason. Yet, other reasons stem from a breakdown in the doctor-patient relationship caused by a lack of good communication skills on the part of both patients and doctors. It takes two for miscommunication to occur, and it takes two to correct the problems.

Benefits of Effective Communication

Doctor-patient communication has come a long way over the years. The medical model has evolved from paternalism to individualism, spurred by the growth of the Internet and by the health consumer movement. Today, the dominant communication model is information exchange comprised of shared decision making and patient-centered care,² which includes “respecting and responding to patients’ wants, needs and preferences, so that patients can make choices in their care that best fit their individual circumstances.”³

Many studies show that good doctor-patient communication benefits both patients and doctors. It has the potential to help regulate patients’ emotions, facilitate comprehension of medical information, and allow for better identification of patients’ needs, perceptions and expectations. It also leads to patients who are more likely to be satisfied with their care, especially to share pertinent information for accurate diagnosis of their problems, follow advice and adhere to the prescribed treatment (agreement with treatment and the need for follow-up is strongly associated with recovery). In

addition, there are correlations between patients’ sense of control and their ability to tolerate pain, recover from illness and function daily. For doctors, good communication leads to satisfied patients who are less likely to lodge formal complaints. It also provides advantages for doctors in terms of greater job satisfaction, less work-related stress and reduced burnout.²



Communication

Barriers to Good Communication

Doctors and patients face a number of different barriers to communicating effectively with each other.

Avoidance behavior. Some physicians avoid discussing the emotional and social impact of patients' problems because it distresses them, either because they feel unable to handle the issues or because they simply don't have the time. In turn, patients may be unwilling to disclose problems that could delay their recovery.⁴

Language barriers. Doctors spend years learning to speak in medical jargon, some of whom specialize in certain dialects, which becomes second nature to them. The use of technical

terms, rather than plain English, makes them difficult to understand and creates a language barrier with patients, which undermines the communication process.⁴

Different perspectives. Compounding the language barrier is a different understanding of even plain English words. Peoples' backgrounds, experiences and emotions influence how they interpret what is being said, and the same words spoken by someone to two different people may have entirely different meanings to each of them. For instance, how a doctor defines a successful surgery is likely very different from how a patient would. The result is doctors and patients entering the room with entirely different perspectives.⁴

Intimidation. How patients and doctors view each other is another issue.

The patient-doctor relationship is very uneven, with the physician in a powerful position.

In fact, oftentimes, from the beginning of an office visit, every step has the effect of making a patient feel at the mercy of staff members.⁵ In focus groups that explored how patients discuss healthcare issues with their physicians, researchers found that even well-educated patients feel intimidated in the physician's office. "In the context of a medical consultation, people feel uniquely vulnerable," says Dominick Frosch, PhD, an associate investigator at the Palo Alto Medical Foundation's Research Institute and associate professor at the University of California, Los Angeles. "Asserting their views might require disagreeing. Patients fear that will lead to negative consequences that might impact their care in the future."⁶

Patient anxiety. People who are ill or who think they are ill may suffer from heightened anxiety, which also chips away at their self-confidence.⁶ In addition, as much as 20 percent of the population suffers from white coat syndrome. Anxiety prevents patients from getting vital care.⁷ This is especially true for those with rare diseases. In the U.S., it can take up to eight years to receive an official medical diagnosis for a rare disease. The uncertainty, conflicting information, wrong diagnoses, frequent trips to different doctors and specialists cause stress and anxiety.⁸

Distrust. Patients with rare conditions, who have been bounced around the medical system, have been misdiagnosed and have seen specialist after specialist, may grow to distrust doctors. As a result, they may go into an appointment feeling guarded and with low expectations, which leads to poor outcomes in a cycle of self-fulfilling prophecies. On the flip side of



the coin, when doctors are presented with a situation that is outside the norm of their experience, they tend to distrust what patients are telling them. Doctors are scientists, and they are trained to rely on objective tests and treat patient reports with skepticism.⁴

Internet. While 21st century technology is a good thing in today's patient-centered care model, it can pose problems for both patients and doctors. After researching conditions on the Internet, patients sometimes think they know more about a subject than their doctor. In addition, there tends to be a pessimistic and worst-case bias in medical information on the web, with the worst outcomes reported more than successes. This can lead to heightened concerns for patients that, in turn, causes them to be labeled alarmists. Doctors are responding to the shift in patients taking part in their diagnoses and treatments, but some are more willing than others to accept it.⁴

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Shortage of physicians. Numerous forecasts have predicted shortages of physicians in the United States, particularly in light of the expected increase in demand from the Affordable Care Act (ACA). The share of primary care providers who are physicians is expected to shrink from 71 percent to 60 percent in 2025. In 2010, there were nearly four primary care physicians for every nurse practitioner in primary care, but in 2025, it is estimated there will be just more than two physicians per nurse practitioner.⁹ "As harried clinicians, we have a lifetime of learning in our heads that we immediately try to use to diagnose and treat before we run from one visit or operation to another," says Atul Grover, MD, chief public policy officer of the Association of American Medical Colleges. "This pressure will only get worse as the shortage of physicians grows."⁵

Competing agendas. Time is the fundamental prerequisite for good doctor-patient communication, and with the changes brought about by the ACA, competing agendas are limiting doctors' time. "In the U.S., the median duration of visits to office-based physicians is less than 15 minutes," says John Sotos, a cardiologist and flight surgeon. "So, it's unsurprising that communication ... is reduced to bare

minimums." According to Dr. Larry Shore of My Health Medical Group in San Francisco, "There's some data to suggest that the average patient gets to speak for between 12 and 15 seconds before the physician interrupts them."

A new poll by NPR, the Robert Wood Johnson Foundation and Harvard School of Public Health found that three out of five patients think their doctors are rushing through exams. But, for the most part, a doctor's impatience is driven by competing agendas. For one, reimbursement rates for a primary care visit are notoriously low.¹⁰ The reimbursement pressures and frequency of patients per hour are creating new justifications for some doctors not to connect with their patients at a deeper level, says Fred Hassan, chairman of Bausch & Lomb.⁵

Another competing agenda is electronic health records, which have compounded the time problem because they, too, demand communication time from the physician. Electronic health records in the office requires many doctors to spend much of a patient exam looking at a computer screen instead of the patient in order to record information. "As legal documents, their need trumps the patient's need," says Sotos.⁵

Also with the ACA, doctors now have to demonstrate high-quality care by encouraging vaccination, further lowering blood pressure, ordering additional tests, adding new medications, initiating referrals, persuading patients to be screened (like mammograms) or discussing its pros and cons (like PSA). "The longer our agenda gets, the less time patients have to raise issues that matter to them," explains Gilbert Welch, a general internist at the White River Junction VA and a professor of medicine at the Dartmouth Institute for Health Policy and Clinical Practice in the Geisel School of Medicine. "Physicians are increasingly distracted by being compelled to meet the needs of the system — rather than the needs of the patient."⁵

Solo doctoring. Traditionally, physicians have been taught to function solo in medical school. With the new medical model, this is changing by teaching them to work with a variety of disciplines with a focus on teamwork. Unfortunately, patients often expect "Dr. Lone Ranger," and doctors hate to disappoint them or diminish their own reputation with patients. "Patients have this expectation about doctors because they watch TV," says Leah Binder, president and CEO of Leapfrog Group, a national organization representing employer purchases of healthcare. "In a given year, millions more people watch programs about hospitals than enter an actual hospital. With all due respect to my fellow commentator from 'House,' hospital dramas reinforce public expectations of the doctor-hero, who needs little or nothing from his colleagues."⁵

Strategies for Doctors to Improve Communication

Physicians who are good communicators have empathy and respect for patients, and they understand that those who are sick are highly vulnerable. That means not interrupting patients even when time is short or when they are in a hurry to ensure patients are given sufficient time to explain their problems and symptoms.¹¹ According to Dr. Gurpreet Dhaliwal, an associate professor of clinical medicine at the University of California, San Francisco, and a staff physician at the San Francisco VA Medical Center, "Doctors can improve their communication by seeking to understand the perspective of the patient. Active listening or the careful study of facial expression and body language can go a long way, but this critical duty can be simplified by always asking patients three simple questions: What is the patient's idea about what is going on? What is the patient most worried about? And, what is the patient expecting the doctor to do? These open-ended questions, he says, "creates attunement, not agreement.... It signals 'I hear you, I understand you, and I respect what you are saying.'"

The computer is here to stay, which means physicians can't get around entering medical data into the computer while seeing patients. Therefore, says Robert M. Wachter, MD, professor and associate chair of the Department of Medicine at the University of California, San Francisco, and chair of the American Board of Internal Medicine, "the most important thing we can do is to remind our clinicians ... that the real patient is more important than the iPatient, [and] that the human connection is essential to the art of healing."

Physicians also should avoid the "tendency for a 'quick fix,' which often means ordering a test or writing a prescription," says Rita Redberg, a professor of medicine and a cardiologist at the University of California San Francisco Medical Center. And, they need to be sure they are treating the symptom or problem that brought the patient to their office.⁵

Doctors who are good communicators have the ability to share information in terms patients can understand, eliminating the "med-speak."¹¹ By putting themselves in the heads of the patients, says Sotos, doctors will

10,000 needle sticks in a lifetime

(that's what a patient might go through on weekly sub-q)

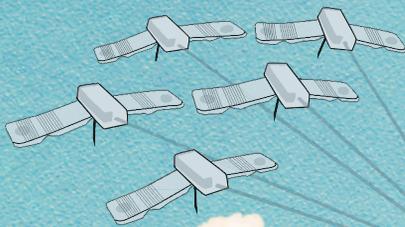
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use language that matches the faculties of the patient, minimizing distractions and interruptions and anticipating questions.⁵

And, doctors need to encourage patients to ask questions. Studies show that up to 80 percent of the medical information patients receive is forgotten immediately, and nearly half of the information retained is incorrect.⁵ Doctors who are good communicators effectively manage patients' expectations by helping them understand what the next steps are and what the possible outcomes and ramifications are.¹¹ One strategy doctors can use is the "teach-back" method, which asks patients and their caregivers to demonstrate that they understand what they heard by explaining it in their own words.

Finally, solo doctoring needs to go by the wayside. While most of the research on healthcare communication focuses on a two-person, patient-physician dynamic, today, a team-based approach, commonly known as integrated care or patient-centered care, is gaining popularity.⁶ Shore is making everything about the team. Each morning, he and his medical assistants have a "care huddle," during which they strategize about the patients coming in that day. His assistants play a bigger role in care, renewing prescriptions and briefing him before he enters the exam room.¹⁰ One big advantage to the group approach is that team members can reach out to patients to provide information and answer questions that time-crunched physicians aren't able to.⁶

Strategies for Patients to Improve Communication

Because doctors have limited time, patients need to ensure that they are mindful of that by preparing ahead. They should think in advance about the questions they want answered and prioritize them, highlighting the main three of four issues they want to discuss, so they don't get nervous and forget something important. Too many issues will likely cause their doctor to get behind and cause other patients longer waits. Another appointment can be scheduled for other, less important issues patients want to discuss.^{11,12}

Before the visit, patients should familiarize themselves with their medical history, keep a diary of their symptoms and concerns, list medications they are taking and their dosages, and notify the scheduler ahead of time if they think their questions will take an extended time to answer.¹³

During the visit, it's important that patients don't provide a lot of superfluous information, but instead get right to the point. They should accurately describe their symptoms so the doctor has the necessary tools to diagnose their condition

and prescribe appropriate treatment. Useful items to disclose are a list of medications and supplements being taken, recent symptoms and the dates they occurred, recent tests and names of other doctors they are seeing. Most importantly, patients should be sure they are describing their symptoms rather than diagnosing them. The same is true with medical records. Patients need to let doctors review the records rather than hearing an interpretation of them.^{11,12,13,14}

Some studies say it takes 23 seconds before doctors interrupt their patients. If interrupted, patients should ask their doctor to stop and listen to the entire list of symptoms or to the entire question. Sometimes, simply holding up a hand will alert the doctor to stop and listen.¹¹

Being assertive is important, so patients shouldn't be afraid to ask questions. If they feel their questions haven't been answered, they should ask if an additional appointment can be made, whether an appointment can be extended or if there are other staff members who can address the questions. However, they should also balance assertiveness with respect and understanding. It's equally important to voice appreciation for positive aspects about their communication and treatment.¹³

If doctors use a lot of "med-speak," patients need to stop their doctors and ask them for a definition or description of what they are talking about. And, patients should always ask what to expect next so that they can understand what is going on immediately and what the outcomes might be. For example, if a doctor sends a patient for a medical test, he or she can ask what the doctor expects the results will be or what the possible outcomes might be and what they would mean. By managing expectations, patients will have more confidence about the process.¹²

Before leaving the appointment, patients need to find out how to best keep in touch between office visits, whether it is through the nurse, via email or by leaving messages at the front desk.¹³

A Two-Way Street

A substantial amount of research supports the benefits of effective communication and health outcomes for patients and healthcare professionals. Yet, effective patient-doctor communication is a two-way street. According to the Institute of Medicine, "the patient-centered care model underscores the essential features of healthcare communication, which relies heavily on core communication skills such as open-ended inquiry, reflective listening and empathy as a way to respond to the unique needs, values and preference of individual patients."¹⁵ But, patients also

have a responsibility to learn good communication skills, especially in this age when the Internet empowers them to be active participants in their own care. An understanding of the causes of communication breakdown and mutual respect will help patients and doctors overcome the barriers to communicating well with each other. ■

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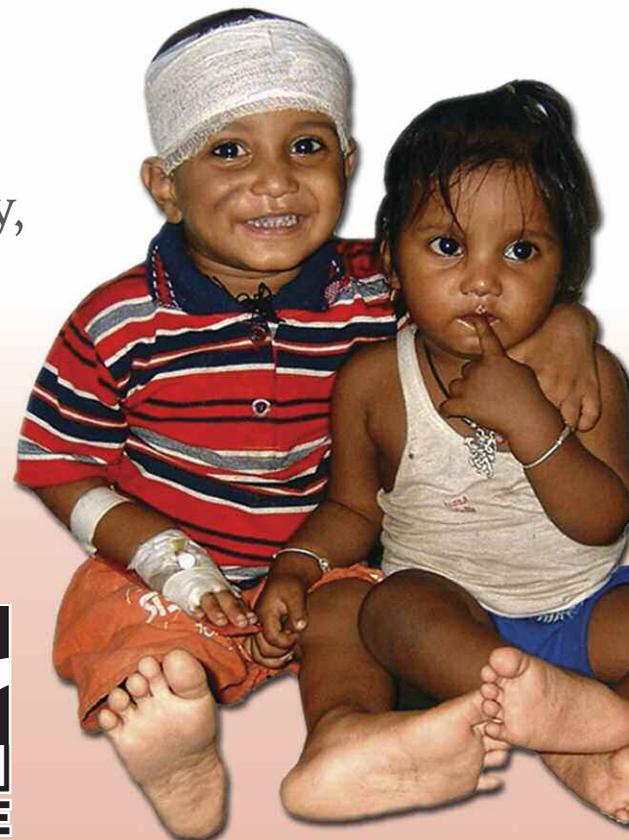
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