Next Steps in Physician-patient Communication[1]

by James Herndon, MD, MBA

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For surgeons, effective communication with patients should be an area of concern. In a study on the office practices of orthopaedic surgeons, Levinson and Chaumeton determined that the mean duration of an office visit was 13 minutes and that the surgeons talked more than the patients did.[2] They also observed that, even though a substantial amount of patient education occurred during these visits, orthopaedic surgeons infrequently expressed empathy toward the patient and usually asked only closed-ended questions, allowing for only brief social conversation. According to Vaughn Keller, Associate Director of the Bayer Institute for Health Care Communication, the problem often starts within seconds of a consultation: the patient starts talking about a problem (usually not the important issue, which the patient is saving for toward the end of the visit) and the doctor interrupts within 18-24 seconds and begins firing a series of questions at the patient. The big issue, therefore, never gets discussed.[3]

The role of effective physician-patient communication in achieving the best medical outcomes and promoting patient satisfaction is well established in the literature and is confirmed by our personal experience as physicians. In a public opinion survey on what makes a good doctor, conducted by the American Association of Medical Colleges, the participants indicated that important attributes of the physician were: a caring attitude and communication skills (85 percent of participants), the ability to explain complicated medical procedures (77 percent), good listening skills (76 percent), and an open mind about alternative therapies (29 percent).[4]

The importance of communication has received a great deal of attention among primary-care providers but little attention until recently among specialists, especially surgeons. Research in the primary care setting has established that effective communication enhances patient recall of information, compliance with instructions, satisfaction, and psychological well-being—and it improves outcomes.[2] New knowledge about the impact of ethnicity, age, and gender on health-care utilization has further confirmed these observations.[2] According to Levinson and Chaumeton, a trusting relationship between a physician and a patient is the bedrock of medical care.[2] The purpose of communication is not to convince the patient to do what the physician desires, but to understand the patient's concerns and to make decisions acceptable to both the patient and the physician.[2]

As we move to a consumer-driven health-care system in which patients expect to understand their medical problems, their treatment options, and the relevant outcomes data—as well as to participate in decisions about their care—we must be ready to answer their questions. We must be prepared to provide both information and judgment about new technologies, alternative treatments, interpretation of medical data, new pharmaceutical products, and the impact of genomics on their conditions and treatment options. We must communicate effectively. Managed care and information technology have altered our practice of medicine and the management of our offices. We must constantly reassess the impact of these changes on our ability to communicate with and to establish relationships with our patients, and to carry out the duties of our profession. Adherence to the core elements of professionalism—that is, altruism, accountability, excellence, duty, honor, integrity, and respect for others—is not possible in the absence of effective communication between physicians and patients and between physicians and their colleagues.

Earlier Call to Action

In 1987, Goldner noted that communication was one aspect of the art of medicine that required improvement.[5] He described marketing studies that showed that patients were impressed by the tone of voice, body movement, and actions of the physician as well as by factual information. He suggested that the physician should "look in the mirror occasionally" and carefully review his or her habits and mannerisms. He went on to state that our time is "our most valuable asset," recommending that we learn to use our time efficiently without sacrificing our ability to listen carefully, think logically, and respond with compassion and reasonable actions.

In order to cope adequately with patients and their problems, he recommended that we "don't talk down to the patient; don't use complex terminology for explanation; don't coax the patient to have a procedure; don't exaggerate the severity of the musculoskeletal problem; don't belittle the patient who is already frustrated, anxious, or indecisive; and don't become exasperated with questions...don't ignore telephone calls; don't perform cursory examinations; and don't let the patient's personality affect you adversely. Dr. Goldner challenged us to think about [our] behavior and he asked: "Where are the courses, the update information, the dogma, and the emphasis concerning attitude and behavior and interpersonal relationships?"

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The Internet and the Era of the Patient/Consumer

The Internet…is effectively converting the health-care system from one that is physician-driven to one that is consumer-driven. As of 2000, there were over 17,000 health-care web sites, and 25 billion transactions occurred annually on these sites.[6] While the information available on the Internet offers many new opportunities for patients to participate more effectively in choices about their providers and treatment options, it also creates many new challenges for physicians with respect to the way that they communicate with their patients. No longer are patients relying solely on the information provided by their physicians. Physicians must anticipate patients' concerns and be prepared to explain and reconcile information presented by the patient.

With new sources of information, consumers are becoming increasingly educated and able to "go around the system" to find what they want. Interestingly, patients/consumers are most likely to seek information about specific diseases and treatment options—information that has been traditionally provided by physicians. What seems clear is that consumers are increasingly prepared to demand what they want, where they want it, and when they want it. Power noted that patients or consumers are more demanding, with 78 percent wanting a say in their treatment decisions and 72 percent feeling uncomfortable when a physician leaves them out of medical care decisions that affect them. Both of these emerging patient requirements can be addressed through effective physician-patient communication.

Power went on to state that the implication of these developments is that the future of the health care industry is unknown; the information revolution will certainly result in substantial change. Consumer-driven healthcare is inevitable; those who resist change demanded by consumers will not survive.[6] Power made the following recommendations:

1. increase personal attention to each patient,
2. better integrate the voice of the patient,
3. build quality into the process—a true consumer orientation is not reactive,
4. survey patients, and
5. reduce waiting time in the office for appointments and between office and surgery.

In a recent Institute of Medicine report on the future of health-care systems, it was noted that the current system is built around the physician's time, but the future system will be built around the patient's time—not only when and where but how much patients demand from physicians—i.e.—24/7/365.[7] Physicians will need to organize their clinical practices in such a way that sufficient time is provided for effective communication, and, where possible, they will need to make patient education materials available to provide additional information and to reinforce their instructions.

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A second impact of information technology and the Internet on health care is the availability of new opportunities for creating and providing efficiencies that promote access and "customer" satisfaction.[6] Physicians who are able to give patients easy access to information and retain personalization will get and retain their business. Currently, few physicians use the Internet to communicate with their patients. However, over time, e-mail correspondence may supplant traditional telephone messages and provide a means of direct contact with patients. The Internet, however, poses a threat to the physician-patient relationship because it tears down traditional market boundaries. The physician is no longer the sole repository of knowledge as patients are able to access multiple sources of information.

Strengthening the Physician-patient Relationship

Effective communication cannot exist in the absence of a solid, trusting physician-patient relationship; the two are inextricably linked. Fostering the kind of physician-patient relationship that will facilitate effective communication can be helped by paying attention to the "Six Cs" outlined by Emanuel and Dubler, which include:

- Choice—physicians and treatment options.
- Competence—expected of doctors by patients.
- Communication—physicians must listen, understand the patient's pain or problem, and communicate.
- Compassion—patients want technical proficiency but also empathy.
- Continuity—the patient-physician relationship should endure over time.
- (No) Conflict of Interest—the physician's primary concern must be for his or her patient—the patient's well-being must take precedence over the physician's own personal interest.[8]

"Trust is the culmination of realizing these "six C's, [and] not an independent element."[8] Bulger incorporated these characteristics in his definition of the physician in the new world of medicine.[9] Bulger described the modern, mature, science-based clinician-healer as being both scientifically and ethically competent and one who is calm, understands suffering, comes to terms with death and dying, has knowledge of the placebo effect and its role in scientific health-care practice, is able to communicate and especially to listen, and, finally, understands his or her own expanding and changing professional role.[9]

Guidance for strengthening physician-patient communication also comes from reframing the role of the physician in caring for patients. Until the late 1960s, the traditional role of the physician was to secure the medical welfare of his or her patient. Minogue stated that the new, modern notion is that "the physician's stewardship extends not only to the medical welfare but also to the wishes of the patient...the individual has a legitimate claim to define what is best for himself or herself even if the doctor disagrees."[10] A recent study by Braddock et al., in which 1,057 patient visits with 59 primary-care doctors and 65 general orthopaedic surgeons were recorded on audiotape, showed that only nine percent of the medical decisions met the criteria for complete informed consent.[11] These criteria included the patient's awareness of his or her role in the decision, the nature of the treatment and alternative treatments available, the patient's understanding of the decision, and the patient's preference. Physicians need to develop skills that enhance the patient's knowledge in these areas. As part of a similar study, Levinson and Chaumeton reported that good communication is not necessarily more time-consuming.[2]

Role of Graduate Medical Education and the Profession

It is important that attention to the physician-patient relationship, communication, and professionalism be an essential part of medical education, including graduate medical education. The Accreditation Council of Graduate Medical Education has identified several major developments that will have an impact on graduate medical education.[12] These include emergence of a global environment for medicine, disclosure of the human genome, continued growth in scientific knowledge, the effect of computers on all aspects of health care and education, growth in information available to patients about their diagnosis and disease, economic strategies that dominate academic settings, and the demands of a multicultural society and an aging population. Excellent communication skills are essential in this new health-care environment. Specifically with regard to the physician-patient relationship, the Accreditation Council of Graduate Medical Education recommended the following broad areas of competency necessary for resident accreditation: patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.[12]

Of the six requirements, two—communication and professionalism—specifically deal with interpersonal skills. Interestingly, such requirements were found indirectly in Flexner's original report: "Specific preparation... requires insight and sympathy...varied cultural experience...ethical responsibility."[13]

In summary, dynamic forces are changing the physician-patient relationship and a new emphasis on physician-patient communication is necessary to ensure that medicine remains a respected profession in our developing consumer-oriented society. We can all improve our communication skills. We suggest that surgeons survey their patients on a regular basis and evaluate their office staff as well as themselves. Essential components of professionalism are continuing education, continuing self-evaluation, and continuing improvement. Patients interact with the health-care system one physician at a time. Our communication skill in terms of collecting and sharing information, decision-making, and empathy is the single greatest factor influencing each encounter. As a profession, we need to ensure that this experience is as effective and positive as possible. ■

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FORUM is published quarterly by Risk Management Foundation of the Harvard Medical Institutions, Inc., and is available at www.rmf.harvard.edu.

FORUM is distributed at no charge to institutions, staff, and physicians insured by the Controlled Risk Insurance Company (CRICO). Subscription is provided on request.

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