IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2024; Vol 117; No. 4; P940
25th April, 2024

Good Medical Communication Techniques

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Effective communication is the cornerstone of the doctor-patient interaction. It is an important determinant of good clinical outcomes. Common problems are that it is too complex or not enough. It can be too one-sided with the doctor doing most of the talking and the patient doing most of the listening. It is currently receiving renewed attention in the medical literature[1,2].

There is a relationship between poor communication and litigation. A breakdown in the doctor -patient relationship often occurs before the incident that leads to the claim[3]. This is particularly the case with the shift from paternalism to a partner relationship with patients. During the dialogue with the patient it is important to help the patient to have a realistic understanding of the outcome of treatment. If they have an unrealistic expectation they may subsequently be disappointed and take an action. The MDU state that the best communicators are able to imagine what it is like to be sitting in the person's shoes and so communicate accordingly.

Doctors have 4 responsibilities when communicating with patients – clarify what the patient understands about their illness, the provision of accurate information in an understandable format, demonstrate the credibility of the medical facts being provided, and confirm that what is being told is understood. The HSE has provided a number of useful documents[4]. The basics are introduce yourself, make eye contact, speak clearly, try to imagine things from the patient's perspective. It states that 39% of patients have limited health literacy. The healthcare professional must be aware of this when communicating medical information. It is important to be clear and avoid medical jargon. One needs to know when the services of an interpreter are required. Check what language the patient speaks at home. If it is any language other than English, find out how well they speak English. If it is anything other than very well, an interpreter should be considered. Using family members or friends is not recommended because of the loss of confidentiality, potential inaccuracy, or the reluctance of the patient to divulge certain aspects of their medical history.

Providing the patient with the medical facts is not enough. Every effort must be made to ensure that the patent has a clear understanding of what is wrong and how it can be treated. Find out what concerns the patient has and address them thoroughly. They should be encouraged to speak without interruption. The opening sentences are commonly the only time that the patient is given the floor. By limiting the time that patients are given to talk, the doctor risks missing out on important clinical information which could inform the diagnosis.

Younger colleagues are more likely to interrupt than older ones, which probably marks their greater experience. Paediatricians are less likely to interrupt as the history from the parent is so key in the clinical assessment of a case[5]. On the other hand there has to be a balance because of time constraints[6]. A lot has to be fitted into a 12-minute GP consultation. Getting the balance correct is an important clinical skill.

The doctor has to provide accurate up-to-date information. Patients are now informed from many sources, some accurate and others inaccurate. Misinformation is the provision of erroneous facts while disinformation is intentionally incorrect. Sowing the seeds of doubt is much easier than resolving doubt. False news travels 6 times faster than the truth.
Prebunking is the concept of 'psychological immunisation' in which one can build up one's resistance to persuasive but false ideas. It was proposed by William McGuire psychologist[7] in the 1960s and has been more recently rediscovered. The theory is that attitude inoculation can build one's resistance towards persuasive but false ideas. The idea is to expose people to small doses of incorrect information and then immediately provide them with accurate information. Prebunking is an exercise in which the doctor, at the earliest opportunity, points out the misleading information currently being circulated. This is particularly important, for example, in the promotion and safeguarding of the vaccination programmes.
The WHO uses the term information disorders. In a recently published document it sets out a toolkit for managing false information[8]. The sequence involves monitoring through signal detection systems such as Google Alert and Google Trends, understanding through verification and assessment, and responding through design and outreach.

The information given to the patient must be understandable. The doctor needs to frequently check that what is being told is clear. It is important to build trust. Trust in the physician is comprised of their recognised expertise and also the interest that they show in the patient's well-being. If this doesn't happen the patient ends up being unsure who to believe.

Value affirmation focusses on the values that are important to patients. Safety and security for oneself and one's family are widely prioritised by all social groups and cultures. It is helpful to remind the patient that they need to be the healthiest that they can be to look after those close to them. These approaches create a positive mindset.

It is important to end the consultation in a structured manner. Outline the next steps, discuss safety netting, summarise the matters that were discussed, and check with the patient understands and agrees. Getting the patient to repeat in their own words what they have understood can increase recall by up to 30%.

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Communicating with patients safely and effectively remains a challenging task for all doctors.

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