

# **Communication between medical workers, patients and relatives**

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## **INTRODUCTION AND THEORITICAL BACK GROUND**

### Introduction

Since the Antiquity until the middle of 20<sup>th</sup> century, the doctor used to be the person in whom people could confide in health problems, personal problems being matter of religions. Nowadays, the raise of atheism and loneliness, not only in old age but also in younger population, direct consequences of modern societies, changed completely the social status and social position of doctors and other health care workers. Doctor-patient relationship is a relation made of mutual expectations; the patient is willing for pain relief and a possible cure of the disease whereas the doctor wishes recognition of his “curing power”. The doctor-patient relationship is unequal, the patient suffers and ask for someone having sufficient knowledge to cure him. The body is the main concern but the relation is established by communication. Thus more than ever, the medical staff while establishing empathic relationship, must understand and deal with individual personalities, different cultures, wishes and beliefs. Therefore, communication between a medical team and the patient, as well as with the family, appears to be one of the most important point regarding the medical practice because it allows effective diagnostic and later improvement of the patient’s condition.

### Theoretical background

Since twenty years, the level trust in doctors and respect for the medical profession and workers have been decreasing dramatically, this due to accumulation of malpractices, increased expectations of patients regarding medical skills, “the doctor tends to exercise an authoritative role, which may lead to conflicts if the patient is not willing to accept the same” (1,2).

If we had to summarise of the main recurrent medical mistakes that patients perceive when they attend to ambulance, it would regard the patient-doctor communication and relationship (3). In the vast majority of cases, a wrong diagnosis was made due to poor communication, making incomplete personal history leading to misdiagnose: A girl suffering from endometriosis was sent back home after really short interview by doctor, the latter thinking she was simulating (3).

However, even with the right diagnosis, patients could perceive mistakes due to a poor communication with medical workers (3).

The common mistakes in communication are (4):

- Using too complicated literature and medical language to explain the diagnosis.
- To not assess the understanding of the patient because he keeps saying “yes”.
- Breaking bad news too quickly without letting time to patient to integrate information and ask questions about the diagnosis.
- Doctors do not respect silence in between information transmitted
- Doctors do not respect the Kubler-Ross model  
“Denial, anger, bargaining, depression and acceptance” (5)
- Announce the diagnosis in inappropriate places.
- Doctor do not respect beliefs, personality, wishes.

Mistakes of disclosure is an important point regarding the patient-doctor communication, they could be avoid by “recognizing and talking about the physician’s own emotions” (6). Therefore talking about emotion issues in between members of the same medical team such as stress, lack of self-confidence and self-esteem, feeling of self-consciousness could help for better practice and better care of patients (6).

More, fear of legal responsibility for causing damage due to malpractice, a doctors could not report his mistake(s) to hierarchy and to the patient, thus exposed to more serious

consequences, the life of patient as well as the future of his own medical carrier. In conclusion, basic daily communication between medical staff workers may avoid malpractice (6).

A good communication has beneficial effects for the patient treatment, that is why, nowadays communication skills are taught in medical school. In the past medical practice, doctors used to have their own individual method to break the bad news. Modern medicine tends to erase the differences in communication skill ability among medical workers, especially for doctors (7). “The manner in which a physician communicates information to a patient is as important as the information being communicated” (7). Therefore when the communication is individualised to each patient and information is transmitted properly, patients “are more likely to acknowledge health problems, understand their treatment options, modify their behaviour accordingly, and follow their medication schedules” (7-11). A poor communication can have grave consequences, The Institute of Medicine in the United States counted 50 000 to 100 000 Americans dying each year because of medical errors associated with poor communication (12, 13).

According to this institute an effective communication is prepared before facing patient and relatives. It is even truer in the management of chronic illness (7).

There are four main skills to communicate effectively (7, 14, 15):

- Assessment** - Listen the patient and assess his own knowledge about the disease
  - Check what the patient is able to understand at the current state of his illness
- Education** - Provide simple information, speak clearly and slowly
  - Educate the patient and tell the truth
- Empathy** - Understand the patient, use verbal and nonverbal communication skills

- Listening effectively

**Use family**

- Family as a second-order patient
- Family as a conduit to the patient
- Family meetings to help to clarify goals for the patient

“It is estimated that only 7% of emotional communication takes place verbally, whereas 22% is communicated by tone of voice and 55% by posture, gaze and eye contact” (16, 17).

Nonverbal communication, including bodily actions and vocal tone that typically accompany intentionally or unintentionally a verbal message, is an important way of communication. It provides information, regulates interaction and expresses hidden emotions as well as power and control.

There are different types of nonverbal communication recognized (18):

- Kinesics (eye contact, facial expressions, emotions, gesture, posture, touch)

- Paralanguage (pitch, volume, rate, quality, intonation)

- Vocal interferences (extraneous sounds or words that interrupt fluent speech)

- Spatial usage (respect of intimate distance)

- Self-presentation (physical appearance)

Use of wordless messages is a great advantages in clinical practice, by maintaining eye contact with the person speaking and send the speaker nonverbal signals to indicate that you are interested in what he or she is saying and to confirm that you have correctly heard what was said improves significantly the quality of the communication.

More than 50% of the communication is established by the doctor’s posture and the eye contact he develops with the patient. Video consultation can be beneficial either for doctors nor patients. Most of communications skills can be applied to this type of consultation (16, 17).

Doctors and other specialist medical workers can, while having eye contact with their patient through cameras, stay in their office, show any medical images and explain them if necessary, can discuss simultaneously with family members at distant and different places and finally invite any other colleague to join the meeting.

The patients, despite the lack of physical contact, do not require any transportations to local hospital in case of poor health status and can be joined by family members in the video consultation (16, 17).

It differs from a traditional face-to-face consultation but in certain cases such terminal phase carcinomas, paralysis and reduced mobility can be serviceable to patients.

## **DISCUSSION**

Through the theoretical background, it is noticeable that communication is a medical issue that can be summarised as neither the first step of doctor-patient relationship nor the first step of treatment. Effective communication is important in serious illness such as cancer as well as chronic diseases.

First, the doctor must decide to provide all information to the patient, except when breaking bad news can worsen the current status of patient or when people simply refuse to hear about negative information.

Secondly the information has to be correct, simple and clear and announced slowly (2, 9, 10).

While the doctor get through the diagnosis, he must highlight negative side effects of the treatment, the prognosis of the disease with and without the treatment as well as all future medical examinations.

It is important to not break bad news if the diagnosis is uncertain.

The environment where the disease is announced is important. It must take place in private, calm and closed room, in face to face interview, not by phone. For example, in case of tele health, the consultation that takes place with video camera is only a follow up, the primary diagnosis being announced before by local care, in face-to-face consultation.

Some situations are really specific and require more skills in communication as in cancer. The doctor has to break bad news loyally, information transmitted step by step with the use of appropriate terminology. The use of non-verbal communication can be a great advantage in this case.

When patient has been informed, the doctor must assess his understanding and propose a psychological support.

The doctor has always to report all the consultation, attitudes, emotions and responses of the patients, doctor recommendations, and prognosis with and without treatment. When information are missing, it becomes a legal issue about medical documentation.



## **CONCLUSION**

Effective communication skills are in modern medicine a keystone for a good medical practice regarding the quality of relationship between the doctor and his patients and the quality of treatment, good treatment is important as good breaking bad news for the following recovery. The doctor has always to keep in mind the differences in understanding, cultures, references, beliefs and fears between him and the common population. That is why a good communication associated with assessment, education and empathy is the key for correctly and efficiently breaking bad news.

“There are countless opportunities for good communication, but also plenty of chances for poor communication” (15)

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