Bridging The Patient-Doctor Communication Gap (Part 3 of 3)

What Doctors Can Do To Improve The Situation

In Parts 1 & 2 of this series, we discussed why patient-doctor communication can be difficult at times and the critical importance of patient education. Having covered what patients need to do, it remains to discuss how doctors can improve the situation. It takes both parties to really communicate and it will take both patients and doctors to build a bridge, meet in the middle, and close the communication gap.

I'd like to stress to any medical professional reading this that I am in no way denigrating your profession. I admire the dedication, determination, and compassion that many doctors possess. There are many doctors who already do most - if not all - of the list below. At the same time, we must also admit there are many who don't. I know this from my personal experiences, from the many, many stories I hear, and from interacting with many types of medical professionals.

Based on our analysis of the situation, I believe doctors can - and should - do the following:

- **Speak English As Much As Possible** - It boils down to basics. If one person in the conversation is using words that the other person doesn't understand, there isn't going to be much real communication. While it is incumbent upon patients to learn as much as they can, it is also incumbent upon doctors to learn how to describe and explain things in plain English. Every profession develops a jargon, and the medical profession is particularly adept at it, but being able to communicate to those outside a profession is critical. Nobel Prize winner and American physicist, Richard Feynman, was famous for being able to explain incredibly sophisticated, complex theories in ways that anyone could understand. He went so far as to say that a theory is worthless unless you can explain it to the stranger sitting next to you in a bar. While it is unrealistic to expect every doctor to be a great communicator, it is very realistic to expect that they will make an effort to not speak in medical jargon when communicating with patients.
- **Understand The Patient's Perspective** - This month's In The Spotlight is a great example of how one's perspective can change dramatically (Dr. Gorchesky, a pain specialist for many years, developed an extremely painful, chronic condition) in a heartbeat. Doctors who have gone through an experience where they have been at the mercy of the healthcare system often express shock and disbelief at what it's like for patients. While it's good that such doctors will now truly understand their patients, it is unrealistic - and undesirable - for every doctor to go through such an experience. So I encourage every doctor to spend time putting yourself in the shoes of your patients and consider the following:
    - For you this is one case; for the patient it is their only case
    - You need to think about the situation logically; it is almost impossible for the patient to not be emotional
    - You are in charge and in control in your office/hospital; the patient has lost control not only due to the illness, but in many cases due to the healthcare system itself
    - You may define success as stabilizing the situation; for the patient, success is a normal life
    - Your patient is probably full of self-doubt and both physical and emotional pain. Struggling with his/her illness has probably taken a toll at home and at work and placed him/her in a fragile state. Your words, actions, and demeanor can either give them strength or shatter them.
    - In the end, you get to go home; your patient may have to deal with this for the rest of their life

  These are just few - out of many - ways that a doctor can think about what their patients are going through.
- **Encourage Patient Education -** In complex, chronic disease cases, patient education is critical and physicians should encourage this. They shouldn't be dismissive or critical if a patient tries to use anatomic and disease terms. They shouldn't get defensive if a patient brings in information off the Internet. If a doctor disagrees with the information, they should try to point the patient to reliable information that they can access. Over 75% of the people in the US have access to the Net. Patients reading about diseases - and even reading the latest journal articles - is a reality. Trying to stop it is like trying to stop a tsunami. It would benefit both parties for doctors to accept, and encourage, that patients want and need to be informed.
- **Accept Patients As Active Participants -** Twenty-first century culture and today's healthcare system have brought on another trend that can't be stopped: patients as active participants in their healthcare. If patients don't stand up for themselves, they can easily get lost and bounced around the system. Physicians should accept this reality. If a patient wants to place their total trust in a doctor, fine; but if they don't, doctors should be prepared for a patient who will prod, question, and demand to be treated as more of an equal. After all, it is the patient's body, and it is their right.

One final thought. In the end, we as patients have to take the initiative to improve things for ourselves. While it would be nice for every doctor to have the latest information, make perfect diagnoses, and be as compassionate as Gandhi, this is not realistic.

During my last routine visit with my neurosurgeon, I discussed my continuing problems with neck pain and how it limits my activities. He suggested I see a physiatrist. When I brought up that I had seen this physiatrist after my surgery and all he did was write me a prescription for physical therapy, my neurosurgeon said he would send him a letter explaining the situation and with some suggestions. Reluctantly, I agreed and made an appointment. A few weeks later I got up very early for my 6:00 AM appointment. The physiatrist talked with me about my pain and what I had tried in the past. He suggested I try wearing a patch which releases a topical anesthetic and told me to call him with the results. I was dubious, but agreed. I went to the pharmacy and bought the expensive patches. Needless to say they did nothing positive, and were actually painful to wear because they were tight and restrictive. A few days later I called the physiatrist and told him my experience. We talked about other options, but he didn't really think anything would work. I asked him what he thought I should do and he said, "Beats the hell out of me!" The whole experience was a waste of time, money, and energy.

Yes there are great doctors out there who can do wonderful things, but unless you want to leave it up to chance, I suggest to every patient that you educate yourself and take charge of your healthcare.

- Rick Labuda
