

The importance of doctor–patient communication

During the mid-twentieth century, the role of the doctor was traditionally authoritative and paternalistic. However, in recent times, the practice of medicine has evolved to a more mutual participation based on patient education and informed decision making. The delivery of patient care has also evolved in recent years with the use of multidisciplinary teams, telemedicine, technological advances and shared care service delivery in the community.

Effective communication between doctors and patients is paramount. The patient should remain central to any service in medicine, such as surgical interventions, and patient autonomy should be respected during and after the process of informed consent. The majority of complaints made by patients and the public relate most frequently to doctor communication issues and have nothing to do with clinical competence (van Mook et al, 2012). In addition, studies have indicated that doctors have a different view to patients on what constitutes effective communication (Laine et al, 1996). The effectiveness of the communication between doctors and patients is integral to patient education, information recall, compliance with treatment and health outcomes.

Unfortunately, doctors only elicit about half of the concerns of the patient, particularly with regards to the patient's perceptions of his/her problems and the social and emotional impact of these problems. Furthermore, when providing information or educating the patient on a medical problem or condition, commonly doctors take little time to confirm patient understanding (Dugdale et al, 1999). This, in turn, can lead to poor compliance with treatments or advice.

Benefits of good communication

Doctors who communicate effectively with their patients help identify the patient's problems, concerns and expectations (Ong et al, 1995). Patients are also

more likely to comply with treatment or advice and are less likely to become distressed and anxious (Maguire and Pitceathly, 2002). The professionalism of the doctor is largely judged by patients through the doctor's communication (Wiggins et al, 2009). For the doctor, on the other hand, ineffective communication can contribute to increased stress levels, poor job satisfaction and emotional burnout (Fallowfield, 1995).

Kaplan et al (1996) showed that the involvement of patients in the decision-making process is influenced by doctors' background, training, practice volume and professional autonomy. Additionally, this involvement is related to patient satisfaction and loyalty. Further, cost containment strategies that reduce time with patients and decrease physician autonomy can result in suboptimal patient outcomes. A systematic review by Moira Stewart at the University of Western Ontario summarized the evidence from a number of randomized controlled trials that patient health outcomes can be improved with good communication. The studies suggested that effective communication exerts a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiological status, and pain control (Stewart, 1995).

How to improve doctor–patient communication

A good doctor possesses not only extensive knowledge of illness symptoms, clinical examination, diagnoses and treatment, but also good communication skills. These are not limited to communication with patients alone but includes their families and other health-care professionals, which may also involve verbal and written communication. It is also very important to be competent in communicating bad news to a patient or when dealing with sensitive issues. In the past in the UK, both undergraduate and postgraduate training programmes paid little attention to ensuring

doctors obtain the necessary communication skills (Maguire and Pitceathly, 2002). There are also a number of international statements on doctor–patient communication such as the Toronto Consensus Statement, the Royal Society of Medicine forum, the Kalamazoo Consensus Statement and the UK Council for Clinical Communication Skills Teaching in Undergraduate Medical Education.

The General Medical Council places significant emphasis on communication skills at undergraduate level (General Medical Council, 2009). At postgraduate level, communication skills can improve with training and are not just inborn qualities or the by-product of clinical experience (Gysels et al, 2004). Nowadays, practicing doctors can enroll on many communication courses that can be incorporated into continuing professional development.

Two-way communication

Studies have indicated that the majority of doctor–patient communication is unidirectional; doctors generally pose closed-ended questions (Ong et al, 1995). However, doctor–patient communication should be an interactive two-way process with the use of open-ended questions, checking patient understanding and summarizing throughout the consultation (Neo, 2011). The use of medical jargon should be avoided as this is likely to create barriers, increase anxiety and impede the intended message. The patient should feel relaxed and encouraged to actively communicate in a two-way conversation.

Non-verbal communication

Non-verbal communication is just as important as verbal communication (Mast, 2007). Non-verbal cues, such as body language, posture, facial expressions and eye contact, all contribute to the overall communication with a patient. The tone, volume and speed of speech are also important facets to consider that should

be tailored to each individual. Empathy can encourage patients to divulge their concerns. The combination of these factors will affect the degree to which patients express their feelings and symptom reporting and, thus, is vital (Neo, 2011).

Psychosocial considerations

Patients may have problems or concerns in their lives other than the medical condition they have. Communication between a doctor and a patient should encompass the patient as a whole, exploring physical, emotional, behavioural and social factors. Studies have shown that doctors who effectively address these additional concerns improve patient satisfaction (Krupat et al, 2001).

Patients of different cultures, religions, languages or ethnic minorities may hinder effective communication. Doctors also need to be aware of the potential problems and the limitations if interpreters are used, particularly when breaking bad news. Also, patients with learning difficulties, children and other family members may all present problems for effective communication. It is essential to gain an understanding of what the patient perceives to be the problem and to ascertain how much information he or she would like to receive with regards to the medical problem or condition. Elderly patients and patients from particular cultures may prefer less information and desire less control over decision making.

Informed consent, honesty and medical error

Informed consent requires doctors to be satisfied that they have gained consent from the patient before undertaking any examination or when providing treatment. Good communication is integral to this process, such as the explanation of a planned surgical procedure, intended benefits, potential risks and complications. It is important for doctors to convey any complications or medical errors to patients and their families in a prompt and honest manner. The General Medical Council has provided guidelines on informed consent, and the recently updated *Good Medical Practice* guidance addresses some of these issues (General Medical Council, 2013).

Conclusions

Good doctor-patient communication is imperative in all branches of medicine. When doctors communicate effectively with patients, they identify patients' problems more accurately, and the patients are more satisfied because they can better understand their problems, investigations and treatments. Good communication involves a patient-centred, two-way process, using verbal and non-verbal cues. Communication can be learned and improved by practicing doctors and is embedded into the curriculum of most medical schools. [BJHM](#)

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- Dugdale DC, Epstein R, Pantilat SZ (1999) Time and the patient-physician relationship. *J Gen Intern Med* 14(Suppl 1): S34-S40
- Fallowfield L (1995) Can we improve the professional and personal fulfillment of doctors in cancer medicine? *Br J Cancer* 71(6): 1132-3
- General Medical Council (2009) *Tomorrow's Doctors: Outcomes and standards for undergraduate medical education*. General Medical Council, London
- General Medical Council (2013) *Good medical practice*. General Medical Council, London
- Gysels M, Richardson A, Higginson IJ (2004) Communication training for health professionals who care for patients with cancer: a systematic review of effectiveness. *Support Care Cancer* 12(10): 692-700
- Kaplan SH, Greenfield S, Gandek B, Rogers WH, Ware JE, Jr (1996) Characteristics of physicians with participatory decision-making styles. *Ann Intern Med* 124(5): 497-504
- Krupat E, Bell RA, Kravitz RL, Thom D'Azari R (2001) When physicians and patients think alike: patient-centered beliefs and their impact on satisfaction and trust. *J Fam Pract* 50(12): 1057-62
- Laine C, Davidoff F, Lewis CE et al (1996) Important elements of outpatient care: a comparison of patients' and physicians' opinions. *Ann Intern Med* 125(8): 640-5
- Maguire P, Pitceathly C (2002) Key communication skills and how to acquire them. *BMJ* 325(7366): 697-700
- Mast MS (2007) On the importance of nonverbal communication in the physician-patient interaction. *Patient Educ Couns* 67(3): 315-18
- Neo LF (2011) Working toward the best doctor-patient communication. *Singapore Med J* 52(10): 720-5
- Ong LM, de Haes JC, Hoos AM, Lammes FB (1995) Doctor-patient communication: a review of the literature. *Soc Sci Med* 40(7): 903-18
- Stewart MA (1995). Effective physician-patient communication and health outcomes: a review. *CMAJ* 152(9): 1423-33
- van Mook WN, Gorter SL, Kieboom W et al (2012) Poor professionalism identified through investigation of unsolicited healthcare complaints. *Postgrad Med J* 88(1042): 443-50
- Wiggins MN, Coker K, Hicks EK (2009) Patient perceptions of professionalism: implications for residency education. *Med Educ* 43(1): 28-33

KEY POINTS

- When doctors communicate effectively with patients, they identify the patient's problems more accurately, including the patient's ideas, concerns and expectations.
- With good communication, patients are more satisfied as they can better understand their problems and management.
- Communication skills are not just inborn qualities or the by-product of clinical experience but can be learned and improved by practicing doctors. This is embedded into the curriculum of most medical schools.

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