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浜松医科大学紀要　一般教育　第 18 号（2004）

Doctor-Patient Communication: An Introduction for Medical Students

Gregory V. G. O'Dowd
English

Abstract: Based on observations and evaluations of the various approaches and interactions between medical practitioners and their patients, both in Japan and in Australia, this paper offers some insights for medical students into the processes and problems experienced in this unique communication relationship. This paper also outlines how medical students and practitioners can raise their awareness of the dynamics of their relationships with their patients and increase their effectiveness in their chosen calling of medicine.

Key words: communication skills, conversation strategies, doctor-patient, relationship building.

Introduction

Throughout a doctor's medical education, internship, and practice, the emphasis is mostly on acquiring detailed knowledge of the human body and achieving excellence in the technical aspects of medicine — providing an accurate diagnosis, conducting the most appropriate treatment, and keeping up to date with the latest clinical information. However, communication skills are rarely taught or even considered during medical training. This is a serious oversight, considering that medical practice centers on dealing with patients and their various complaints. Indeed, numerous studies have shown that doctors are not always good communicators; a common finding is that doctors often tended to be authoritarian or even patronizing when dealing with patients. In the past, patients accepted this behavior because of the great respect accorded doctors in society, but times have changed; more and more, patients are exerting their rights and are no longer tolerating such behavior from their doctors. Patients have the right to be partners in their care and to receive a clear explanation of the doctor's findings, proposed treatment and treatment options. There is no good reason why a doctor cannot provide this by learning to communicate more effectively with patients.

A special relationship

The "doctor-patient" relationship has traditionally been treated by societies as a sacred (and legally- and morally-bound) relationship. The basis for this relationship is commonly regarded as the patient's ability to trust the doctor with their well-being, and even their lives. However, the exact nature of this special relationship has been more difficult to define, and many models have been theorized. Amongst the earliest has been attributed to Parsons in 1951 (cited in Vafiadis, 2001). Parson's theory mainly focused

on illness as the basis of the relationship. Later models focused on control aspects, who was the more active, and from which viewpoint the relationship was being examined. All of these models suffered from the same fault; they could not account for the dynamic nature of the doctor-patient relationship as it has evolved over time. Therefore, research has shifted its focus to examine how doctors and patients interact in their clinical relationship. This important step has helped facilitate the rediscovery of elements of healing outside the confines of standard clinical practice, e.g. empathy.

The importance of talking

"Talking to the patient is clearly the most important thing we doctors do," said Dr. F. Ameer, medical practitioner at the Bardon Clinic in Brisbane. "We do it (talking) more than anything else in our daily practice."

The most powerful diagnostic tool available to any doctor is communication; talking to the patient. It has been estimated that approximately 80% of the information a doctor needs to make a correct diagnosis comes from what the patient says to him or her. The remaining pieces of the puzzle are found when the doctor makes their examination and have tests performed. Thus it can be seen just how critical it is to making a correct diagnosis the preliminary stage of talking with the patient is in the consultation process. The consultation process begins with the doctor collecting needed information from the patient directly. This verbal information, called 'the history', is very important and is obtained primarily in two ways. The first is when the patient answers the doctor's questions, and the second is when the patient tells the doctor things without being asked. Although this may seem elementary and simple enough, in fact, this is where many problems lie. Three factors that doctors often fail to consider are: (1) the doctor may not be asking the right questions to the patient, (2) the doctor may not give the patient the opportunity to speak freely about their problems or concerns, and (3) the doctor may not be really listening to what the patient is trying to tell them.

In my classes at Hamamatsu University, School of Medicine, I have tried to teach my students about the importance of communication between doctors and patients by using as many real-life examples as possible to illustrate the points I'm trying to make. For the first year students, I am using a text written by Dr Edward Rosenbaum (Rosenbaum,2000) that details many of his experiences as a doctor communicating with patients and the problems that have arisen. He has given excellent examples on each of the three problem factors given above; here is an example for the first factor:

In the case of a patient named Al Cann, many doctors were unable to diagnose his problem, although they asked all the standard questions for taking a case history. When Dr Rosenbaum met with the patient, he quickly found the root of the patient's problem be asking a few simple questions, and here is what was finally said:

Dr Rosenbaum: Did you ever tell that to the psychiatrists?

Patient: No.

Dr Rosenbaum: Why not?

Patient: They never asked me. (Rosenbaum, p.32)

Often it's a little piece of information that the patient may feel is irrelevant that cracks the diagnosis for the doctor. Even trained professional can make communication mistakes that will hinder their progress in caring for their patients. Doctors are human too and may forget to ask their patients about even the simplest of things.

If doctors thought a little more about the questions they ask before they give patients instructions or advice, they could avoid some of the common pitfalls that hinder successful outcomes. For instance, doctors often need to know what medications a patient has been taking so that they can make an accurate diagnosis, or so they can avoid prescribing a new drug that will interact with the others. But simply asking, "*What other medications are you taking?*" often fails to elicit a complete response. Many patients wouldn't think to tell the doctor about the vitamins they take, or about the herbs or home remedies or even other available medicines they use to self-medicate themselves. A much better way to ask would be, "*Tell me about all of the pills you put in your mouth.*"

These days, there is also a lot of pressure on both doctors and patients from the health system that affects the quality of their communication. Doctors are often pressed for time as they see more patients, and time is a critical factor in each consultation. The one thing doctors dread to hear from the patient at the end of the consultation is, "*Oh, by the way ... ,*" That's because 'Oh, by the way' is usually a worry or concern that the patients really wants to talk about but takes more time. The key to solving such a problem is to try to discover the patient's concerns at the beginning of the consultation. When the patient says they have come in because of a sore throat or a cold, the doctor should first ask, "*Is there anything else?*" In this way, the doctor gets everything at the beginning.

As can be seen for the points mentioned here, talking with patients is definitely not as easy as most doctors imagine. Fortunately, improving conversation skills is something that can be taught, even to doctors.

Why Don't Doctors Talk To Patients In Language They Can Understand?

In actual practice, it is the doctor who usually does most of the talking during a consultation. What doctors do a lot of everyday is tell people their diagnosis and what they should do. One of the problems is that doctors are trained as scientists. Doctors live with medical terminology so much, thinking about it every day, that when they finally sit down with a patient and have to explain to them the intricacies of what's going on, they tend to use the technical terms they have been taught. And doctors admit that they often don't stop to think, "This word could not possibly mean a lot to the patient", but this is how they have been trained in their years at university.

Good communicating is a conscious effort that doctors should and do make, to explain things in terms patients can understand. Often patients don't want to ask, "What's that word?" or say, "I don't understand," because of time constraints or other reasons. So it's incumbent on doctors to explain things in lay terms. Nevertheless, one of the biggest problems most doctors have is getting information across so that patients can understand it and making patients comfortable enough so that if they don't understand, they will say so.

There was a survey on doctors in the United States that showed only one third of doctors will ask, “Do you have any questions?” after an explanation. This may seem very surprising but there are many reasons for this. Often, the doctor probably thinks he has covered everything and there is nothing more to tell. Also, doctors assume that patients will ask questions if they need to; however, they may rarely do so if they feel pressed for time. Even so, it is probably the most important question doctors can ask, because frequently, if asked at the end of an explanation, the patients will ask about at least one thing that still concerns them.

For example, a patient came to the clinic in Brisbane with a bump or a lump, and the doctor examined it. The doctor asked the appropriate questions as he carefully went over the lump, and then told them it was a minor injury and there was no need for concern. Then the doctor asked, “Do you have any questions?” and the patient replied, “Yes, could this be cancer?” It was then the doctor realized what the patient’s main concern was. It was never a concern in the doctor’s mind, but it was the main reason the patient called to see the doctor in the first place. And if the doctor hadn’t asked the follow-up question, the patient would have left the surgery without the answer to their one real concern.

Given the increasing trend towards patients being equal partners in decision-making, it is crucial that doctors learn the best communication style they can. Sometimes just being more aware of what they say to patients and how they are speaking can bring a big improvement.

Why the patient doesn’t understand what the doctor is saying

In everyday life it can be easy to misunderstand something and get the wrong end of the stick completely. In medicine this can be frighteningly easy and have terrible consequences. It is naturally assumed that patients and doctors are speaking the same language but often they are not.

Doctors often speak in mysterious ways. They use technical language, acronyms, and words that mean one thing to the doctor but mean something totally different to the patient. Doctors have been trained in technical terminology but patients have not. This is why it’s important for doctors to spell things out and create an atmosphere where patients are not embarrassed to ask for clarifications if they don’t understand. It makes everyone’s life easier in the long run and avoids potential problems.

Why is it then that, more often than not, medical consultations end in confusion or dissatisfaction; it’s partly because doctors and patients are on different ends of the same problem. Consider the following points:

* To the doctor, illness is a disease process that can be measured and understood through laboratory tests and clinical observations. To the patient, illness is at least a disruption of their life and possible a threat to it.

* The doctor’s focus is more on the science of the medical problem than on trying to understand the patient’s feelings and concerns. Yet patient satisfaction comes primarily from a sense of being heard and understood and being treated as a person with feelings.

* Many doctors do not see the role of physician as listener, but instead view their function more as a human car mechanic: find the problem and fix it. Yet patients often feel their humanity devalued when their illness is reduced to a mere mechanical or biological process.

* Doctors feel frustrated when patients withhold (intentionally due to embarrassment or unintentionally) pertinent information. Yet patients may not reveal all the details of their lives to their doctors for fear of ridicule or being labeled as flaky or gullible.

* Doctors feel hurt, even betrayed, when patients question their diagnosis or treatment options and ask for a second opinion. On the other hand, patients are often consumed with their own health problems and getting the best help available to them and will even openly question their doctor’s advice if they feel dissatisfied with what the doctor says to them; this could also involve the degree of trust that exists between them.

A changing relationship

Earlier in this paper, I explained how the doctor-patient relationship has always been regarded as “special”; nevertheless, even this special relationship is subject to change. In the past, patients often unconsciously placed their doctor in the role of parent, coming to the doctor feeling sick and frightened, putting themselves in a position of particular vulnerability. Patients looked to their doctor to protect them from the illness that afflicted them and nurture them back to health. Doctors, by training and frequently by personal nature, were drawn to this role; a position of power and of benevolent superiority. They were trained to take control of the situation and use their extensive knowledge to cure disease and save lives. What was often forgotten was that doctors were still human beings, no different form their patients. And over time, this relationship has been subjected to many different pressures, resulting in changes unheard of a generation ago.

Even so, in some ways, people these days have become more doctor-dependent because they choose to see doctors much sooner than people did 50 years ago (Korsch, 1997). Yet at the same time, people are becoming less dependent on the doctor for information and decision-making. The Internet, informed consent, and second-opinions have all had significant influences on this special relationship. In addition, the economic and social pressures on medical care providers, with cost-cutting strategies shortening office visits, threaten to reduce the traditional doctor-patient relationship to that of a mere business contract. Such fast-paced changes are unsettling for both doctors and patients.

Who's to blame?

Then there's the blame factor. When problems do arise, doctors often blame patients for the communication break down. However, researchers have found that problems rest mainly on the doctor's side, most commonly because many doctors have poor interviewing skills to begin with, simply because they were never taught such skills in the first place. Here are some of the important findings from various studies on this issue:

* Doctors do more talking than listening. (Korsch et al, 1998). A study published in 1999 in the Journal of the American Medical Association (JAMA) found that 72% of the doctors interrupted the patient's opening statement after an average of 23 seconds. Patients who were allowed to state their concerns without interruption used an average of only 6 seconds more. (Marvel et al, 1999)

* Doctors often ignore the patient's emotional health. A study of 21 doctors at an urban, university-based clinic found that when patients dropped emotional clues or talked openly about emotions, the doctor seldom acknowledged their feelings. Instead the conversation was directed back to technical talk. (Suchman et al, 1997)

* Doctors underestimate the amount of information patients want and overestimate how much they actually give. In a study of 20-minute consultations, doctors spent about 1 minute per visit informing patients but believed they were spending 9 minutes per visit doing so.

* Doctors who can't communicate are more likely to have a malpractice case brought against them. An analysis of 45 malpractice cases in the United States found that many of the doctors being sued delivered information poorly and devalued the patient's views. (Beckman, 1994)

Patients aren't perfect either. One survey found doctors rated 15% of their patients as "difficult" (Hahn et al, 1996). Disagreements involve everything from expecting an instant cure to demanding prescriptions. While one doctor's difficult patient may be another doctor's favorite, researchers have identified common characteristics of patients that everyone agrees are hard to manage. Patients described as "frustrating" by doctors often:

* do not trust or agree with the doctor.
* present too many problems for one visit.
* do not follow instructions.
* are demanding or controlling. (Levinson et al, 1993)

Patients labeled as "difficult" are more likely to be single and often have a history of unexplained physical symptoms, depression, panic states, obsessive-compulsive disorders, or physical abuse, according to a study of rheumatology patients at the University of Washington Medical Center. (Walker, 1997)

In addition, patients who present themselves as overly helpless risk turning the doctor off, (Korsch, 1997). Another finding suggested that the more melodramatic the patient's description of pain, the more likely the doctor would discount it.

Patients who use the doctor as a scapegoat for their anger at the illness are less likely to get good care. Rotter and Hall (1992) noted that doctors were profoundly influenced by the demeanor, comments, and attitudes of their patients. In addition, patients who were consistently rude and irritable would almost certainly not receive the same degree of medical care as patients who conveyed more positive attitudes. In spite of all these problems, the doctor-patient can be saved and helped to blossom. Although doctors and patients will always be on opposite ends of healthcare matters, this doesn't mean they can't pull in the same direction. Doctors need to take the lead in positively promoting better communication and this in turn will encourage patients to become more willing partners in their own care.

Don't assume patients always understand

It is important for doctors to find out early on in their contact with patients how much they understand about their illness. This will allow the doctor to correct any misconceptions that they have, frame treatment in terms that are clear to them, and, when necessary, begin to prepare them for an unfavorable outcome when the prognosis is not good. In short, "Hope for the best, prepare for the worst."

Patients may not be able to absorb all the information they are given at the time of diagnosis. A follow-up appointment is a good way to assess a patient's emotional state and understanding of the situation. The use of simple diagrams, charts or other graphic representations might also help patients assimilate information more easily.

A common problem is that when the doctor asks the patients if they understand the information they have just been given, most of the time they will say they do. And, although it may have at least seemed clear to them at that moment, later their recall of the information is often sketchy or confused. The likely cause of this confusion has usually attributed to the emotional shock of the diagnosis or bad news. In some cases, the disease itself or current medications may cause cognitive impairment and contribute to a patient's confused state. Unfortunately, doctors are rarely aware that their patients have misunderstood the information they are given. The use of communication feedback strategies by the doctor to ensure that patients have understood the information provided to them can:

* reduce the need to repeat the information later,
* reduce the patient's anxiety because the information is accurate and clear,
* reduce the blame apportioned to the physician,
* reduce the likelihood of patient dissatisfaction and later claims,
* build trust and enhance the relationship with the patient,
* increase the doctor's professional satisfaction and sense of pride.

What can doctors do?

Doctors need to work at cultivating a patient-centered partnership based on talking to and listening to the patient. Here are some conversation techniques that I have introduced to my students during their course work:

* Check posture and body language. These are just as communicative as words, if one understands what they are seeing. Other simple gestures, such as leaning forward towards the patient or even smiling, can help the patients relax.

* Solicit the patient's concerns and opinions through open-ended questions, such as "What's been going on since you were here last?" In a *JAMA* study, last minute questions, a pet peeve for many doctors, occurred less frequently when the patient was invited to talk earlier in the consultation. (Marvel et al, 1999)

* To improve patient compliance with medical instructions, doctors need to work on developing mutual trust. Research confirms that the health of the doctor-patient relationship is the best predictor of whether the patient will follow the doctor's instructions and advice. (Korsch, 1998)

* Develop a system to communicate test results to patients. Patients often assume that "no news is good news", but according to a survey published in *Archives of Internal Medicine* (Boohaker, 1996), one in three doctors do not always inform patients of abnormal test results, especially if the results were only mildly abnormal. About half the doctors surveyed thought it was important to inform patients of normal results, but only 28% always did so.

* Respect patients as experts in the experience of their illness. Traditionally, doctors have been taught to view the patient as "an unreliable narrator" and to chart patient observations in subjective language that implies a degree of skepticism, such as "the patient believes" or "the patient denies." (Toombs, 1992) However, Rotter and Hall (1992) argue in favor of a patient-centered relationship that accepts the patient's unique knowledge as just as important to their outcome as the doctor's scientific knowledge. They conclude, "*The medical visit is truly a meeting between experts*." (p.12)

The doctor's role

Before the parameters of a relationship can be set, it is first necessary to define the roles each participant should play. This is no easy task as there are so many elements and permutations that enter into the equation. Therefore, for the sake of simplicity, listed here are some of the most important aspects of the doctor's role in their relationship with patients.

- The doctor needs to pay full attention towards patient's symptoms, their story and above all their anguish and sufferings.
- Listening to the patient is very important even if the diagnosis is clear. This is one of the failings which a doctor should avoid as this would leave the patient dissatisfied. After the clinical examination and required investigations, the doctor should spend time in analysing the patient's problems and come to a tentative diagnosis depending upon the situation.
- Maintenance of patient's confidentiality is absolutely essential and should never be breached without proper cause.
- Maintaining accurate and complete patient records is absolutely necessary both for the doctor and the patient, perhaps even more so for the doctor.
- Patient should be offered choice and alternatives, not in a superficial manner but in a very formal manner so that the patient can feel a part of the decision making process. Of course, this will to some extent depend upon the patient's age, intellectual capacity and social background.
- Doctor should never put their own prestige first by holding onto patients longer than required. When necessary, patients should immediately be referred to an appropriate expert.
- If the patient or their family must be given bad news about the nature of the disease, it should be done in a way to minimize the trauma. It has been said, "The truth may be brutal but the telling of it need not be".
- The consent taken for any procedure should not be a mere formality but should be explained to the patient fully in clear language and at their own level. Special consideration needs to be given to patients using a second language.
- Doctor should concentrate on the problems before them and not be judgmental about a patient's personal habits or attitudes.

The patient's role

Patients also have responsibilities and obligations associated with their role in this special relationship. In particular, patients should look at their doctor with trust and hope but should understand the limitations both of the doctor and of medical science; neither is infallible. Patients should:

- choose their doctor or the hospital carefully and with awareness. Having done this, full trust and faith should be reposed in the doctor.
- provide full information about their illness and all the relevant social and family background.
- not hesitate to ask for as much information as they want or clarify any instructions.
- immediately report any adverse drug reactions they have or any other unforeseen happening.
- understand the risk involved in a procedure or operation.
- ask the doctor for any alternatives or choices available. This is their right.
- know that medical science is a biological science and lots of decisions are made on the basis of experience and personal judgment. Many things cannot be fully explained or predicted.

- avoid seeing multiple doctors and trying to play one against the other.
- refrain from experimenting with alternative medicines without the doctor's knowledge.
- avoid believing in hearsay or rumors and be skeptical of "facts" printed in advertisements or non-professional publications.
- carefully read the consent form for any procedure, try to understand its implications and ask for clarifications if required.
- differentiate between a complication or mishap and negligence, and not blame the doctor solely for every thing that goes wrong.

It is indeed important that feelings of fear, embarrassment, or even resentment not be permitted to create a barrier between the patient and their doctor. By adhering to their roles and taking their responsibilities seriously, their special relationship will be enhanced and the health outcomes maximized.

Communication skills and strategies

Listed below are several communication skills and strategies that doctors should learn to master to facilitate constructive patient interviews and make the most of the time allotted for each consultation:

- **Active listening**

  Active listening is often a better diagnostic tool than standard questioning and its importance can't be stresses enough. For example, the patient should first be encouraged to tell their details of the illness, and then the doctor checks their understanding by restating the information in the patient's own words. The doctor would also use open-ended questions during the medical interview to elicit as much information as possible for the patient.

- **Nonverbal communication**

  Nonverbal communication is often a forgotten element in most consultations. Effective use of nonverbal communication can help develop an environment of support, comfort, trust, and security. Frequent eye contact, nodding the head to show agreement or support, and even periods of well-timed silence are examples of methods that can enhance the interview. Doctors should note that patients are often very sensitive to the doctor's own body language.

- **Agendas**

  Patients and doctors may approach the consultation with different agendas. The doctor's agenda may be to have patients accept the diagnosis made and to accept management of their treatment. The patient, on the other hand, might come to the appointment seeking a specific diagnosis, a cure, or the reassurance that they do not have some terrible disease. Ideally, both the doctor and patient should communicate their agendas at the beginning of the consultation, but this would be rare. Instead, the doctor could ask the patient such questions as: "What do you think is going

on, what are your concerns and fears, and how can I be of most help to you now?", to try to bring their concerns out into the open.

- **Empathize**

  Empathy means demonstrating a personal understanding of the patient's situation, pain and distress while attempting to help them. The doctor should acknowledge the difficulties patients experience in trying to manage their condition as they struggle to live their normal lives, perform jobs, and maintain their roles within the family. In particular, patients who have experienced major psychosocial loss or trauma, e.g., child abuse, might find it embarrassing to discuss such issues. For this reason, it is important for the doctor to consider these feelings without making a personal judgment or offering rash solutions.

- **Educating patients**

  Education plays a crucial part in a good doctor-patient relationship. Education involves a dialog where the doctor elicits the patient's thoughts, feelings, and beliefs and then provides new information consistent with the patient's needs and interest. Providing written materials can supplement and enhance the verbal information given by the doctor.

- **Reassurance**

  Reassurance builds trust. Identifying a patient's concerns and worries without offering false reassurances can indeed help comfort the patient. This puts them at ease by knowing that the doctor has a commitment to them, recognizes their emotions as important, and believes their disorder are real and not just "in their head".

- **Agreeing on a treatment plan**

  After the medical consultation and the physical examination are completed, it is important for the patient and doctor to agree upon a treatment plan. Doctors need to take into account the patient's personal experiences and life style and provide choices that are consistent with these factors.

- **Taking responsibility**

  It is important to have the patient acknowledge their role in managing their pain, symptoms and treatment. For example, a doctor could ask the question, "how are you managing with your medications?", rather than, " are you feeling better now?" as this shifts the responsibility from the doctor onto the patient and helps patients to acknowledge their role in their own care.

- **Avoid Overreacting**

  Everyone can have a bad day, and both doctors and patients can find themselves pushed to their

limits and ready to burst at the slightest provocation. Some patients may indeed be demanding, childish or even belligerent. It is the doctor's responsibility to not overreact to these situations. Addressing such feelings and emotions honestly facilitates communication between the doctor and patient on a positive level and helps to avoid conflict behaviors.

Learning to cope

It is a sad fact of life that many chronic diseases can be managed, but not cured. And especially in this age of hi-tech, fast-paced affluence, many patients have come to expect the impossible from their doctors. At times, doctors may seem to be grasping at straws or groping in the dark for solutions, not because they are poor doctors or lack knowledge, but simply because the medical science needed does not exist.

In the English courses I teach, I try to introduce most of these concepts and skills to my medical students in the hope that they will graduate better prepared for the communication challenges that lie ahead of them when they enter general practice. As a brief summary, here are just a few of the points I try to cover in my lessons:

- Listen to your patients. It has been reported that doctors listen to patients for 18 seconds before interrupting. Listen carefully or you will miss very important information that could make your job much easier.
- Listen to your patient's family members or friends. They are also a valuable source of patient information.
- Find out what this illness has done to your patient and the family. Don't assume that understanding the disease process is enough. A patient with cancer should not be defined by its size and grade. Although that patient's cancer might look the same on a CT scan as any other patient's, each person's experience and situation will be different and their outcomes may be different as well.
- Ask about your patient's home life. Some problems can be attributed to what has gone on at home. And just because your patient makes it to your office for their consultation, don't assume all is well. Perhaps your patient is more dependent on others than you can imagine.
- Ask how your patient's work life has been affected by their illness. Could their illness be related to their work? Is this a long-standing illness? Is the patient still able to work? If the patient is having financial troubles, it can add greatly to the stress they are already experiencing from their illness.

It is my hope that through learning about such things, more and more of our graduate doctors will begin to see the value of understanding their patients beyond their physical symptoms. It is this understanding and empathy that will bring joy back into their careers and make them better healers.

Conclusion

Good communication skills are important for doctors to gain their patients' trust and build a better relationship. Indeed, improved communication skills can make a huge difference in doctor satisfaction, patient satisfaction and other patient outcomes such as compliance with treatment approaches and participation in important treatment decisions. Doctors, therefore, cannot afford to ignore this important aspect of their dealings with patients, for to do so would certainly reduce their effectiveness as healers as well as their satisfaction in their career choice.

Doctors, for their part, must be open to their patient's discourse and feedback. Doctors should listen to them, share information with them and encourage mutual trust and decision-making. This might be seen as daunting for the doctor who is used to taking charge of the medical evaluation based on their training in a specific field of learning largely obscure to the patient. It may involve courage on the part of the doctor to suspend their scientific medical knowledge and traditional belief systems, at least temporarily, to allow them to really communicate with their patients. It will also involve courage on the part of the patient to fulfill and uphold their part of the relationship and patiently follow through with their doctor. These are things that must be discovered, practiced and nurtured if they are to become the new standard of practice. But before this can happen, it must be constantly remembered that nothing will change unless doctors first learn how to talk with their patients.

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