

# Bridging the Patient-Doctor Communication Gap

Communication breakdowns create friction in every type of relationship. But, when miscommunication occurs between physicians and patients, the result can be a prescription for frustration.

By Trudie Mitschang



**A**fter suffering through two years of chronic pain, Tammie Allegro, a marketing professional in California, was desperate for answers. The busy mother of two made an appointment to see her primary care doctor, and after describing her symptoms, was surprised by his dismissive response. “He told me: ‘Your pain is caused by your weight. Just lose a little weight, and the pain should get better. Oh yeah, you should really be exercising, too!’” Humiliated, Allegro accepted the doctor’s judgmental assessment and attempted to follow his advice. “I started working out again, and I tried to lose weight, but moving made everything worse. This created such a sense of failure for me, I began to think I would always be in pain and no one would ever understand.”

Unfortunately, Allegro’s experience is not unusual. Dominick Frosch, PhD, an associate investigator at the Palo Alto Medical Foundation’s Research Institute and associate professor at the University of California, Los Angeles, explored this issue during focus groups in San Francisco to examine how patients discuss healthcare issues with their physicians. He found that even well-educated patients feel intimidated in the physician’s office.<sup>1</sup> “In the context of a medical consultation, people feel uniquely vulnerable,” Frosch said. “Asserting their views might require disagreeing. Patients fear that will lead to negative consequences that might impact their care in the future.”

### **The Link Between Miscommunication and Misdiagnosis**

Nearly 200,000 Americans die from medical error every year, with the majority of cases attributed to misdiagnosis. While there are many factors contributing to this disturbing number, at its root is a consistent lack of clear communication between doctors and the patients they treat. The problem is a complex one; limited time for appointments leads to rushed interactions that increase the likelihood of miscommunication; an imbalance of power defines the patient-doctor relationship, with the doctor clearly in a position of control; a pronounced language barrier creates ample opportunity for confusion, with patients often speaking descriptively and emotionally, while physicians tend to communicate in a more objective, detached manner, often using medical terminology and jargon that can come across as cold and uncaring. Patients are often the most vocal when it comes to complaining about these issues, but clearly frustration exists on both sides.

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listen; at the top of the list for practitioners, however, is what many call the “Google stack”: the reams of paper patients bring in containing research they’ve done about their symptoms, with the expectation that doctors should simply confirm the patients’ self-diagnosis. While patients assume this research is helpful, in reality, the behavior is viewed as counterproductive. Of course, like it or not, the trend toward patients researching symptoms online is here to stay, and some patient advocates insist physicians need

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to not only accept, but embrace this new normal. “Over 75 percent of the people in the U.S. have access to the Internet. Patients reading about diseases — and even reading the latest journal articles — is a reality,” says Rick Labuda, founder of the Conquer Chiari Foundation, an organization dedicated to improving the experiences and outcomes of Chiari and syringomyelia patients. “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.”<sup>2</sup>

### **Moving Away from “Cookbook” Medicine**

In the book *When Doctors Don’t Listen: How to Avoid Misdiagnoses and Unnecessary Tests*, author Dr. Leana Wen, an emergency physician at Brigham & Women’s and Massachusetts General and a clinical fellow at Harvard Medical School, reveals what patients have long suspected: Doctors often tune out a patient’s story during consultations, focusing instead on specific symptoms, which may lead to overtesting and overtreatment. Wen says this style of “cookbook medicine” is both outdated and dangerous, and she advocates for patients to speak up for themselves during routine exams. “I encourage patients to ‘tell their story and speak up if they are interrupted,’” says Wen.

## Communication Tips for Patients

- **Respect the doctor's time.** Patients have an average of only eight to 10 minutes per appointment with their doctor. With that in mind, patients should come prepared, narrow concerns to the most pressing and anticipate that the appointment will likely be shorter than they'd prefer.
- **Be concise.** Patients need to try to stick to the facts. This means writing down any questions they have so they don't forget.
- **Ask for clarification.** Doctors are trained to use a lexicon of med-speak. Therefore, patients need to stop their doctors and ask for a definition or description when they use a concept or term the patients don't understand.
- **Define next steps.** When an appointment concludes, patients should ask their doctor what happens next and what their outcomes might be. Managing expectations will help them feel more empowered.

## Communication Tips for Doctors

- **Show respect.** Sick individuals feel vulnerable. Being respectful goes a long way toward helping patients relax and communicate more effectively.
- **Use understandable terms.** Talking above the patients' level of understanding is counterproductive and can lead to patients who are noncompliant. Complex statements should be accompanied by an explanation.
- **Don't interrupt.** Listening carefully and respectfully will go a long way toward better outcomes for the patient.
- **See the situation from the patients' perspective.** Doctors may define success as stabilizing the situation; for patients, success is a normal life. Remember, words, actions and demeanor can either provide hope or discouragement.

"Studies have shown that more than 80 percent of diagnoses can be made based on a patient's history alone. Unfortunately, doctors sometimes want to steer you toward 'chief complaint' or a series of yes/no answers. Patients must learn to tell a succinct, effective story even if they need to prepare and rehearse it."

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Wen says the communication hurdle does not end with a diagnosis, and she encourages patients to ask plenty of

questions, even if the doctor seems reluctant to provide answers. "Talk through your diagnosis with your doctor, and make sure you understand its predicted course," she says. "What treatment options do you have, and what risks and benefits do they carry? If your working diagnosis turns out to be wrong, what warning signs should you be on the lookout for? It's important to be proactive in your own healthcare."

### The Importance of Empathy

In an April 2013 survey in *The Wall Street Journal* titled "The Experts: How to Improve Patient-Doctor Communication," Rita Redberg, professor of medicine and a cardiologist at the University of California San Francisco (UCSF) Medical Center, says a tendency to look for the "quick fix" has resulted in multiple problems within doctor-patient relationships. "Doctor-patient communication has changed in many ways since I graduated medical school more than 30 years ago. The recent introduction of electronic health records in the office, for example, requires many doctors to spend much

of a patient exam looking at a computer screen instead of the patient in order to record information," she explains. "This kind of distraction means it is more important than ever to listen carefully for what ails the patient. We have a tendency for a 'quick fix,' which often means ordering a test or writing a prescription. We need to be sure we are treating the symptom or problem that brought the patient in."<sup>3</sup>

Fred Hassan, chairman of Bausch & Lomb, agrees, adding that empathy is an essential, but often missing component of today's average patient/doctor interaction. "The single biggest thing is to have empathy and to actively listen and communicate. Doctors are not taught the importance of this skill very well in school," says Hassan. "More recently, the reimbursement pressures and frequency of patients per hour are creating new 'justifications' for some doctors to not connect with their patients at a deeper level. Brochures and iPads help with communications — but empathy makes the decisive difference."<sup>3</sup>

### Chronic Illness Compounds Miscommunication

Patients living with chronic disease face several communication challenges not experienced by their healthier counterparts. For one thing, they often see multiple physicians, requiring them to "tell their story" repeatedly. These various specialists who comprise the patient's medical team may or may not communicate clearly with one another, leading to more frustration on the part of the patient. Artist Rebecca Zook, who was diagnosed with common variable immunodeficiency in 2008, has had numerous interactions with specialists over the years, some good, some frustrating. "I am fortunate that both my current primary care physician and hematologist are good listeners who take time with me and take my concerns seriously precisely because of my rare illnesses," she says. "Along the way to a diagnosis, though, I met a few doctors [whom] I didn't click with in the least. It seemed like they felt they knew everything and wouldn't tolerate questions and concerns from me, or they didn't have an answer and were afraid or embarrassed to admit it. I don't expect doctors to know everything, and I recognize that there may be missteps along the way, especially if you have an uncommon illness. But I also know my body and know when something isn't quite right and will push to make sure I am heard and not dismissed; some doctors don't like that."

Still, Zook is reticent to place all blame on doctors,

acknowledging that communication is a two-way street. "Sometimes patients need to follow the instructions they were given. The listening goes both ways," says Zook. "Remember, the doctors can get just as frustrated with us as we can with them. A partnership built on mutual trust and respect is the goal."

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For Allegro, the solution to her frustration came in the form of a second opinion. When attempts to lose weight failed and her pain became unbearable, her husband urged her to consult a different doctor. Allegro says this new practitioner modeled what good doctor-patient communication should include: extensive questioning, empathetic listening and a commitment to resolve the problem through accurate diagnosis and treatment. Small gestures, like eye contact, also made a huge difference. "For the first time in years, I felt like there was hope for me," says Allegro. "He healed the hurt that my previous doctor caused. This man restored my faith in doctors and in me. I didn't feel crazy anymore. He could see from the look in my eyes that I wasn't making anything up, and I could see from the look in his eyes that he really wanted to help me." ■

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