

LISTENING TO THE PATIENT

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“Often being a good listener is exactly what is needed. Listen well when the patient shares regarding details of the journey: fears, hope and frustration”.... Patch Adams MD¹

“Doctors should keep their mouth shut more than they do – including me. We should look more, we should listen more. Patients are our teachers”... William Carlos

Being able to interact and understand your patients is the cornerstone of good medical practice. It is also one of the elements of the doctor-patient relationship. These are communication, continuity of care and quality of care. When you interact with patients, it is not just understanding, listening and interpreting. When you actively listen to your patients, you are not only focusing on symptoms but also their meaning to patients.

A GOOD CONSULTATION HINGES ON GOOD COMMUNICATION

For a good consultation to take place, once the patient walks into the room the following things have to happen^{1,2}. The doctor needs to:

1. Establish a rapport with the patient
2. Discover the reason for the visit
3. Interview and examine the patient
4. Discuss the patient's medical condition
5. Establish a treatment plan
6. End the consultation
7. Clean his cache of information and emotions before the next patient.

Patient visits doctors for various reasons. It is important to systematically establish rapport with him and to do that you have to get into the same wavelength with him and be able to empathize with him. The best method of information gathering is through questioning the patient. Most of the time, perhaps some 80-90% of the occasions, you can establish the diagnosis based on the interview. Information gathering also helps you to understand the patient ideas, concern, expectation and their interpretation of symptoms. Helping the patient understand their illness and perception enhance compliance. However to achieve all this in the information gathering involves the investment of time.

In a survey on patients with health problems conducted in the United States and four other industrialized countries

published in the May/June 2003 issue of Health Affairs³, 3 out of 10 respondents (31%) in the United States left a doctor's office without getting their important questions answered. This compared to Australia (21%), New Zealand (26%), United Kingdom (19%), and Canada (27%). This is disturbing because in these countries the consultations average at least 15 minutes or more. What more can be said about Singapore where the average consultation time is much less, estimated to be around 6 minutes.

The ability to communicate with patients makes them feel understood, and consequently relieved and enriched. When you spend more time understanding your patient, it is more likely to result in high patient satisfaction and the patient will be more willing to participate in health enhancing test and procedures (be it immunization, mammogram, or surgery). Ultimately, better communication will translate to better care, saves money on unnecessary investigations, prevent avoidable misdiagnosis, mistreatments and patients' understanding.

After you have established the diagnosis, discussed the treatment plan with the patient; it is important to spend 1 to 2 minutes cleaning your “Cache” of information and emotions. It is important to clear ourselves of any accumulated emotional responses to the patient. Otherwise, projected anger may be unleashed on to the next patient. We also need a caring and compassionate state of mind that is uncontaminated with our personal preoccupations to offer to each and every one of our patients. Conversely, we also owe it to our family not to bring such preoccupations home with us. Cleaning our “cache” of emotions before we begin is important.

THE BARRIERS

Doctors have a whole load of medical jargon that can be understood by themselves but not by patients. On the average a Family Physician has about thirteen thousand plus words that are not familiar to the public. Worst still some of them have developed short forms over the years that are known only to the creators themselves. There is a need to speak in common layman language. However on the other hand, oversimplified words may not be adequate to explain the diagnosis or treatment. Words can also have different meaning in different culture and races. To overcome the latter, you have to know the educational and cultural background. In practice, the patient is always more comfortable and more willing to open up to you if you can speak his language^{4,5,6}.

We should also learn to listen more to our patients. Studies have shown that physicians interrupt patients after an average of 18 seconds. This prevents the patient from discussing concerns and results in lost of important information.

Adequate time should be allocated to each consultation. How do you expect the patient to tell you what is troubling him in six minutes and you have time to educate the patient on preventive care?

HOW CAN WE IMPROVE THE SITUATION?

Research shows that communication skills training results in more relevant information in interview and better diagnosis⁸. Doctors can learn to listen to the patient more, to observe for cues, to be sensitive to the patient's physical and emotional state. When a patient enters the office we should be genuinely interested, smile and greet the patient^{8,9}.

We can avoid medical jargon when explaining to the patient. We can get down to the level of the patient, to help the patient understand his or her illness and we can encourage the patient to take an active role in his or her healthcare. It helps to put the patient at ease if we explain every action we need to take to the patient especially during the physical examination.

Medicine is a calling and needs a lot of commitment. If it is required, open the consultation room door for the patient when he or she enters or leaves. Never underestimate what such small gestures can do to help you, your patients and your practice.

"The joys of relationships are lost if a physician can spend only short periods of time with patients; gone is the thrill of intimacy. If physicians could really delve into their patient's lives and take time to understand the whole person, all-important lifestyle issues could be addressed. Medications are often substitutes for what patient really needs. Longer visits make physicians' and patients' lives more real because shared time is a key ingredient in friendship...Friendship is great medicine".....Patch Adams, MD

How many of us can view our patients as friends and not as a transaction. Probably none. There is always a "price" to everything, even in medicine. A good doctor-patient relationship has to transcend beyond the dollars and cents.

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