BETWEEN DOCTORS AND PATIENTS pdf

1: Patient-Physician Communication: Why and How | The Journal of the American Osteopathic Association

The doctor-patient relationship is a central part of health care and the practice of medicine. The doctor-patient relationship forms one of the foundations of contemporary medical ethics.

April 26, When I visit my doctor, she comes into the examination room ready for battle. I research and write about drugs and medical devices for a living â€" my doctor knows this. She knows that I will not simply take her advice without raising an eyebrow and asking a plethora of questions. I am one of those patients who doctors probably dread. An article on CNN. In their eyes, patients who take the time to educate themselves are less compliant. In my case, this is percent true. After all, when it comes to health, informed decisions are the best, and I refuse to do anything simply because someone tells me to. This includes my doctor. All the things I know about the U. Food and Drug Administration FDA , pharmaceutical companies and lawsuits from bad drugs can weigh heavily on me. Recently, I had some dizziness and fatigue. I had been moving into a new house and anyone who moves knows how stressful the whole process can be. I thought, maybe, it was just stress. But while my doctor probably views me as overly cautious, my concern is founded on well-researched evidence. Unfortunately, the majority of devices fall in the class II category. Drugs that people take for chronic conditions, such as type 2 diabetes, high cholesterol and blood thinners , have underreported side effects, including the risk of bladder cancer , poor sugar control and uncontrolled bleeding to name a few. Some of these drugs are also put through a fast-track approval process. If there is thickening in my heart caused by stress-induced high blood pressure, she may consider treating me with an SSRI for anxiety , a drug for high blood pressure or maybe both. Neither option sounds appealing. Diagnosis and Treatment Options The tests results come back positive for a slight thickening of my left ventricle. Instead of scheduling me into the office for a full consultation, my doctor called me a couple of days after the test. She mentioned it had minor side effects, the usual headache, nausea and dizziness. For instance, the drug has an FDA black-box warning for birth defects and death in fetuses, if taken during pregnancy. Taking potassium supplements or too much potassium with the drug can cause toxicity in the body. There are also a number of patient sites where people who took the medication rate the drug, and share their experiences. I also read how the drug works in the body, and what it is approved to treat. Knowing if the drug you are taking is actually approved for treating the condition you have is important. Off-label prescriptions are not illegal. It is up to the doctor to decide if using a drug for a condition other than its approved use is right for the patient. Generally, off-label prescriptions can be risky. In the case of the INFUSE bone graft , doctors were reading studies that actually recommended off-label use, but a number of side effects were not properly discussed in these studies. A great number of people ended up suffering problems, and filing lawsuits as a result. The drug I was prescribed is approved for a couple of other uses besides high blood pressure, including a condition known as left ventricle hypertrophy. It turns out this is the actual name for the thickening of the left ventricle which my doctor did not explain or mention. Armed with this information, I felt comfortable giving the drug a shot. But this was all information I had to look up on my own. Trust Between Doctor and Patient In the end, it all comes down to trust shared between doctor and patient. Patients wonder if their doctors are telling them what they need to know. Doctors sometimes decide not to tell patients everything for a number of reasons. Plus, some doctors who work too closely with drug companies and take money from them have poisoned the well for a number of other doctors. The bond between doctor and patient can be improved by communication. Concerns should be laid out on the table and both parties need to listen. When I visit my doctor for my follow up appointment, I am sure we will have a great conversation. I may even be compliant.

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2: Developing Trust Between Doctor, Patient is Key

A SPECIAL RELATIONSHIP. The relationship between doctors and their patients has received philosophical, sociological, and literary attention since Hippocrates, and is the subject of some 8, articles, monographs, chapters, and books in the modern medical literature.

Historically in many cultures there has been a shift from paternalism , the view that the "doctor always knows best," to the idea that patients must have a choice in the provision of their care and be given the right to provide informed consent to medical procedures. Furthermore, there are ethical concerns regarding the use of placebo. Does giving a sugar pill lead to an undermining of trust between doctor and patient? Is deceiving a patient for his or her own good compatible with a respectful and consent-based doctorâ€"patient relationship? Shared decision making[edit] Health advocacy messages such as this one encourage patients to talk with their doctors about their healthcare. Shared decision making Shared decision making is the idea that as a patient gives informed consent to treatment, that patient also is given an opportunity to choose among the treatment options provided by the physician that is responsible for their healthcare. A majority of physicians employ a variation of this communication model to some degree, as it is only with this technique that a doctor can maintain the open cooperation of his or her patient. This communication model places the physician in a position of omniscience and omnipotence over the patient and leaves little room for patient contribution to a treatment plan. Please help improve this section by adding citations to reliable sources. Unsourced material may be challenged and removed. June Learn how and when to remove this template message The physician may be viewed as superior to the patient simply because physicians tend to use big words and concepts to put him or herself in a position above the patient. A physician should be aware of these disparities in order to establish a good rapport and optimize communication with the patient. Additionally, having a clear perception of these disparities can go a long way to helping the patient in the future treatment. It may be further beneficial for the doctorâ€"patient relationship to have a form of shared care with patient empowerment to take a major degree of responsibility for her or his care. Those who go to a doctor typically do not know exact medical reasons of why they are there, which is why they go to a doctor in the first place. An in depth discussion of lab results and the certainty that the patient can understand them may lead to the patient feeling reassured, and with that may bring positive outcomes in the physician-patient relationship. Benefiting or pleasing[edit] A dilemma may arise in situations where determining the most efficient treatment, or encountering avoidance of treatment, creates a disagreement between the physician and the patient, for any number of reasons. When the patient either can not or will not do what the physician knows is the correct course of treatment, the patient becomes non-adherent. Adherence management coaching becomes necessary to provide positive reinforcement of unpleasant options. For example, according to a Scottish study, [12] patients want to be addressed by their first name more often than is currently the case. In this study, most of the patients either liked or did not mind being called by their first names. Only 77 individuals disliked being called by their first name, most of whom were aged over Generally, the doctorâ€"patient relationship is facilitated by continuity of care in regard to attending personnel. Special strategies of integrated care may be required where multiple health care providers are involved, including horizontal integration linking similar levels of care, e. All speech acts between individuals seek to accomplish the same goal, sharing and exchanging information and meeting each participants conversational goals. A question that comes to mind considering this is if interruptions hinder or improve the condition of the patient. Constant interruptions from the patient whilst the doctor is discussing treatment options and diagnoses can be detrimental or lead to less effective efforts in patient treatment. This is extremely important to take note of as it is something that can be addressed in quite a simple manner. This research conducted on doctor-patient interruptions also indicates that males are much more likely to interject out of turn in a conversation then women. These may provide psychological support for the patient, but in some cases it may compromise the doctorâ€"patient confidentiality and inhibit the patient from disclosing uncomfortable or intimate subjects. When visiting a health provider about sexual issues, having both partners of a couple present is often necessary, and is typically a good thing, but may also prevent the

disclosure of certain subjects, and, according to one report, increases the stress level. Family members, in addition to the patient needing treatment may disagree on the treatment needing to be done. This can lead to tension and discomfort for the patient and the doctor, putting further strain on the relationship. Bedside manner[edit] The medical doctor, with a nurse by his side, is performing a blood test at a hospital in A good bedside manner is typically one that reassures and comforts the patient while remaining honest about a diagnosis. Vocal tones, body language , openness, presence, honesty, and concealment of attitude may all affect bedside manner. Poor bedside manner leaves the patient feeling unsatisfied, worried, frightened, or alone. Bedside manner becomes difficult when a healthcare professional must explain an unfavorable diagnosis to the patient, while keeping the patient from being alarmed. Rita Charon launched the narrative medicine movement in with an article in the Journal of the American Medical Association. First, patients want their providers to provide reassurance. Third, patients want to see their lab results and for the doctor to explain what they mean. Fourth, patients simply do not want to feel judged by their providers. And fifth, patients want to be participants in medical decision-making; they want providers to ask them what they want. Please help improve this article by adding citations to reliable sources. July Learn how and when to remove this template message Dr. Gregory House of the show House has an acerbic, insensitive bedside manner. However, this is an extension of his normal personality. In Lost , Hurley tells Jack Shephard that his bedside manner "sucks". Later in the episode, Jack is told by his father to put more hope into his sayings, which he does when operating on his future wife. The comments continue in other episodes of the series with Benjamin Linus sarcastically telling Jack that his "bedside manner leaves something to be desired" after Jack gives him a harsh negative diagnosis. In Closer , Larry, the physician tells Anna when they first meet that he is famed for his bedside manner. In Scrubs , J. D is presented as an example of a physician with great bedside manner, while Elliot Reid is a physician with bad or non-existent bedside manner at first, until she evolves during her tenure at Sacred Heart. Cox is an interesting subversion, in that his manner is brash and undiplomatic while still inspiring patients to do their own best to aid in the healing process, akin to a drill sergeant. This show also comically remarked that the most amount of time that a doctor needs to be in the presence of the patient before he finds out everything he needs to know is approximately 15 seconds. Voyager , the Doctor often compliments himself on the charming bedside manner he developed with the help of Kes. Hunnicutt , and Sherman Potter all possess a caring and humorous bedside manner meant to help patients cope with traumatic injuries. Charles Winchester initially possesses no real bedside manner, acting with detached professionalism, until the rigors of his job help him develop a sense of compassion for his patients. Patient behavior[edit] The behavior of the patient affects the doctorâ€”patient relationship. Rude or aggressive behavior from patients or their family members can also distract healthcare professionals and cause them to be less effective or to make mistakes during a medical procedure. When dealing with situations in any healthcare setting, there is stress on the medical staff to do their job effectively. Whilst many factors can affect how their job gets done, rude patients and unappealing attitudes can play a big role. Research carried out by Dr. Pete Hamburger, associate dean for research at Tel Aviv University , evidences this fact. His research showed that rude and harsh attitudes shown toward the medical staff reduced their ability to effectively carry out some of their simpler and more procedural tasks. This is important because if the medical staff are not performing sufficiently in what should be simple tasks, their ability to work effectively in critical conditions will also be impaired. While it is completely understandable that patients are going through an extremely tough time compounded by stress from other external and internal factors, it is important for the doctors and medical staff to be wary of the rude attitudes that may come their way.

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3: English Conversation: Between Doctor and Patient | Pep Talk India

As more doctors' offices give patients electronic access to their medical records, both patients and their physicians are asking: Exactly how much of your medical record should you get to see.

Dan Page for the boston globe By Dr. Suzanne Koven Globe Correspondent October 22, When I was 8 years old, I had an emergency appendectomy in a small county hospital near the summer camp I attended. I have a vague memory of the camp doctor who examined me briefly and decided that I needed surgery, and no memory at all of the doctor who performed the operation. I thought of that long ago summer just recently, after a session of the literature and medicine group at my hospital. Several RNs, nurse practitioners, MDs, and hospital administrators meet one evening a month as part of a program sponsored by Mass Humanities to discuss poems, memoirs, essays, stories, and plays related to our work. Advertisement Fifty years ago this question would have been easy to answer. Get The Weekender in your inbox: Sign Up Thank you for signing up! Today, that 7-Up would likely have been handed to me by a food service worker. And nobody gives backrubs anymore. In the hospital, this difference is easier to identify than in a clinic or office practice. Nurses work set shifts â€" 8, 10, or 12 hours â€" and are assigned specific patients whom they see frequently during that period. Doctors, on the other hand, visit the patient once, maybe twice a day, usually for a few minutes, often with a team of other doctors and medical students. Doctors also show up when something goes terribly wrong: In the hospital, doctors deal in critical, but â€" for the patient â€" relatively abstract issues. The idea that a patient has a particular infection and needs a certain antibiotic is formulated by the doctor. Nurse practitioners, who have both bachelors and masters degrees plus special certification, prescribe medication, perform physical exams, and act in many ways indistinguishable from doctors. And yet, even when the traditional roles seem to be at least partially reversed, I see a clear distinction between the nurse and the doctor. Not long ago, a patient of mine who takes anticoagulants saw blood in his urine. When would the bleeding stop? What did it mean? Did he really need to be on this potentially dangerous medication? Did anybody care that he was bleeding? She had acted as the intermediary between his experience bleeding, frustration and my agenda his need for anticoagulation. Perhaps this is as good a definition as any for what a nurse does. One of the nurse practitioners in our literature group offered a slightly different one: She was struck, years ago, while working in the emergency room, that when a foul smell wafted from one of the patient rooms, the doctors scurried past it, while the nurses threw aside the curtain and rushed in. Suzanne Koven is a primary care internist at Massachusetts General Hospital. Read her blog on Boston. She can be reached at inpracticemd gmail.

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4: NPR Choice page

A growing chorus of discontent suggests that the once-revered doctor-patient relationship is on the rocks. The relationship is the cornerstone of the medical system â€" nobody can be helped if.

Advanced Search Abstract Although promising benefits hold for email communication between physicians and patients in terms of lowering the costs of health care while maintaining or improving the quality of disease management and health promotion, physician use of email with patients is still low and lags behind the willingness of patients to communicate with their physicians through email. Several factors may explain these discrepancies. They include physicians differ in their experience and attitude towards information technology; some may not be convinced that patients appreciate, need and can communicate by email with their doctors; others are still waiting for robust evidence on service performance and efficiency in addition to patient satisfaction and outcome that support such practice; and many are reluctant to do so because of perceived barriers. This report is a review of the literature on the readiness for and adoption of physicianâ€"patient email communication, and how can challenges be or have been addressed. The need for Governmental support and directives for email communication to move forward is iterated, and opportunities for future research are pointed out. Communication , electronic mail , medical informatics , physicianâ€"patient relations , primary care , review. Introduction Physicianâ€"patient communication is an important component of patient-centered care and is not limited to face-to-face interactions. Globalization, increased awareness of patients to control their health, lack of specialists in rural areas, the greater demand on primary care practitioners for the management of chronic diseases and the increase in their administrative workload such as prescription refills and management of laboratory results, have led to the expansion of health care delivery beyond the boundaries of the clinic walls. Recently, with the expansion of the internet use, electronic mail email communication has been gaining importance as a tool for communicating with the physician, continuing the office visit and developing interpersonal relationships 2. Relatively recent but little research is available on the use of email communication between physicians and patients. Although promising benefits hold for email communication between physicians and patients in terms of lowering the costs of health care while maintaining or improving the quality of disease management and health promotion 6 , physician use of email with patients is still low and lags behind the willingness of patients to communicate with their physicians through email 7â€" This narrative literature review aims to present an overview of the current literature about email communication to underline the current challenges and propose opportunities for future research. The review will highlight both the European and US perspective. Further articles were identified using both backward and forward reference searching. Data from the European eHealth consumer trends survey have shown that there was only a subtle increase in the proportion of the population who approached a health care professional through the internet from 3. In , a cross sectional survey of US primary care physicians revealed that only Similarly in a survey of physicians in Florida during both and , the increase in email use of physicians was marginal: These numbers are even lower in European countries, as in , it was shown that only 7. These low frequencies of email communication by physicians are in contrast to a higher percentage of willingness to do so. When asked about their motives to use the internet, physicians were divided into 4 types: Interestingly, patients were more motivated to use online communication when their physicians were motivated. Therefore, physicians buy in and perceived need for this communication is a key factor to further adoption of email communications. Further studies should explore different strategies that may encourage physician non-users. Similarly in the UK, a bit more than half of patients indicated that they would like to communicate with their providers by email It is believed that the need lies for certain populations such as those who live at distances from the clinic or overseas, deaf or homebound patients This is in contrast to actual current use where most patients who have used email with their physicians were younger 13 , healthier, and had higher education and income Knowing that patients of ethnic minorities and those of Asian descent were less likely to use physician-patient email communication 13 , 18 , and that black women, older patients and patients with Medicaid are also less likely to have email than their counterparts 12 , there exist arguments on the unethicality of introducing email

communication at the UK national health system because of equity reasons. The utilization of email communication bears an injustice component among patients who do not have access to the internet, especially the poor and elderly For example although elderly patients, on one hand, are less likely to have internet access and more likely to bear physical morbidities that affect their typing or reading abilities, on the other hand they also have more comorbid conditions that may hinder their transport to the physician. Therefore, email communication might be an opportunity for them to discuss a number of problems and follow ups that do not require a formal visit. And as a matter of fact in a community based practice in Southern California, 1. One may however strongly argue for the use of telephone communication over email in such situations. In addition in a qualitative study of non-users of a web portal, one participant mentioned that the information seemed more trustworthy when it was explained verbally It is hence apparent that patients still prefer to talk to the doctor either by telephone or in person even though they positively value the immediate answer through the use of a web portal 32 , 33 Interestingly this online messaging system was correlated with decrease in the office visits but not the number of phone calls Further research is needed to evaluate feasibility and acceptability of email communication by different patient populations of various backgrounds and resources, and to compare and contrast such data with data on telephone communication. Lack of robust evidence on email communication with patients Physicians may be still waiting for robust evidence on service performance and efficiency in addition to patient satisfaction and outcome that support the practice of communicating by email with their patients. Interestingly, five recent Cochrane database systematic reviews showed a lack of good quality articles and, authors were hence unable to assess outcomes of interest 6 , 34â€” These include health care professional outcomes such as professional knowledge, behaviours and performance; patient outcomes such as patient understanding, skills acquisition and treatment outcomes; as well as health services outcome such as service use and coordination of a health problem. Potential harms such as safety or quality of care, breaches in privacy, technology failures and the appropriateness of the email as mode of communication were also evaluated. All 5 reviews concluded that the available evidence is very limited with missing data and variable results, and included recommendations for strategies and ideas for future research Table 1.

5: Doctorâ€“patient relationship - Wikipedia

Doctors can help patients communicate their problems better and feel more understood by acknowledging what they're saying and encouraging them to continue, and even removing physical barriers between the two of them (i.e., not talking from behind a computer).

Labeling such patients "noncompliant" implicitly supports an attitude of paternalism, in which the physician knows best see: Patients filter physician instructions through their existing belief system and competing demands; they decide whether the recommended actions are possible or desirable in the context of their everyday lives. Compliance can be improved by using shared decision making. For example, physicians can say, "I know it will be hard to stay in bed for the remainder of your pregnancy. Would you prefer to try the medication, or to wait? Would you be willing to take this information and find out when the next support group meets? What will make it easier for you to take this medication? Dilemmas may arise when a patient refuses medical intervention but does not withdraw from the role of being a patient. For instance, an intrapartum patient, with a complete placenta previa, who refuses to undergo a cesarean delivery, often does not present the option for the physician to withdraw from participation in her care see: In most cases, choices of competent patients must be respected when the patient cannot be persuaded to change them. What can a physician do with a particularly frustrating patient? Physicians will sometimes encounter a patient whose needs, or demands, strain the therapeutic alliance. Many times, an honest discussion with the patient about the boundaries of the relationship will resolve such misunderstandings. The physician can initiate a discussion by saying, "I see that you have a long list of health concerns. Unfortunately, our appointment today is only for fifteen minutes. That way, we can be sure to address everything on your list. And yet, physicians may not abandon patients. When the physician-patient relationship must be severed, the physician is obliged to provide the patient with resources to locate ongoing medical care. When is it appropriate for a physician to recommend a specific course of action or override patient preferences? Under certain conditions, a physician should strongly encourage specific actions. When there is a high likelihood of harm without therapy, and treatment carries little risk, the physician should attempt, without coercion or manipulation, to persuade the patient of the harmful nature of choosing to avoid treatment. Court orders may have a role in the case of a minor; during pregnancy; if harm is threatened towards oneself or others; in the context of cognitive or psychological impairment; or when the patient is a sole surviving parent of dependent children. However, the use of such compulsory powers is inherently time-limited, and often alienates the patient, making him less likely to comply once he is no longer subject to the sanctions. What is the role of confidentiality? Confidentiality provides the foundation for the physician-patient relationship. This may require the discussion of sensitive information, which would be embarrassing or harmful if it were known to other persons. The promise of confidentiality permits the patient to trust that information revealed to the physician will not be further disseminated. The expectation of confidentiality derives from the public oath which the physician has taken, and from the accepted code of professional ethics. Would a physician ever be justified in breaking a law requiring mandatory reporting? In general, mandatory reporting requirements supersede the obligation to protect confidentiality. While the physician has a moral obligation to obey the law, she must balance this against her responsibility to the patient. Reporting should be done in a manner that minimizes invasion of privacy, and with notification to the patient. If these conditions cannot be met, or present an intolerable burden to the patient, the physician may benefit from the counsel of peers or legal advisors in determining how best to proceed. For a discussion on the limits of confidentiality, see the topic page on Confidentiality. What happens when the physician has a relationship with multiple members of a family? Difficult issues, such as domestic violence, sometimes challenge physicians to maintain impartiality. In many instances, physicians can help conflicted families towards healing. At times, physicians work with individual family members; other times, they may serve as a facilitator for a larger group. As always, when a risk for imminent harm is identified, the physician must break confidentiality. Physicians can be proactive about addressing the needs of changing family relationships. Sometimes teens have questions they would like to discuss with me. The potential exists

to pursue options that can improve the quality of life and health for the entire family.

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6: Physician-Patient Relationship: Ethical Topic in Medicine

Persistent, systemic lapses in communication between doctors, home health providers and patients may be largely to blame. Continuity in care, when achieved, gives patients greater confidence, engagement and trust in the overall medical care being provided, research has shown.

The three main characters â€" doctor, patient, and support reception, billing etc. Conversation about fever and sore throat Patient: You look pale and your voice is out of tune. He touches the forehead to feel the temperature. He then whips out a thermometer. This thermometer is very different from the one you used the last time. Unlike the earlier one which was placed below the tongue, this one snapped around one of the fingers. Yes, this is a new introduction by medical equipment companies. He removes the thermometer and looks at the reading. Not too high â€" He then proceeds with measuring blood pressure. Your blood pressure is fine. He then checks the throat. It looks bit scruffy. Yes, it has been quite bad. Do you get sweating and shivering? Not sweating, but I feel somewhat cold when I sit under a fan. I would suggest you undergo blood test. Nothing to worry about. In most cases, the test come out to be negative. He then proceeds to write the prescription. Have you taken any medicine so far? Looks like your headache is a result of sinus infection, and not the regular one that results from anxiety and fatigue. The doctor checks the patient thoroughly. Image by rawpixel on Unsplash Patient: I also vomited few times in the night. What did you eat yesterday? I ate some snacks on the roadside eatery. Likely you ate contaminated food. You need to be hydrated. Mix some Glucon-D powder or Electral in it. Fruit juice is fine too. Avoid caffeine, dairy products, and solid foods at least till evening. And get plenty of rest. Image by Jordan Whitfield on Unsplash Support: How may I help you? I had an appointment with the doctor at 9 AM. Have you registered with us earlier? Please show me your registration card. Or I can search for your details through your mobile number. That would be better. My mobile number is xxx. You last visited us in August You can pay the doctor consultation fee here. Here is my card. She swipes the card and hands over the invoice to the patient. Pl take a seat, and feel free to help yourself with water, newspapers etc. So what brings you here? He puts the past reports on the table. The doctor peruses them. I see that your optic nerve is thicker than the normal. The doctor scribbles the names of the two tests on his letterhead and pushes it across the table. I saw the doctor. He has asked for these two tests. He pushes the prescription towards the billing lady. He slips his card toward her. She swipes it again and hands over the invoice a second time. Please be seated there. Someone will call you for the first test in few minutes. Over the next two hours, he undergoes the two tests and receives the reports. Thereafter, he meets the doctor again, this time with reports. I hope you had a smooth experience going through those tests. The patient pushes the reports toward the doctor. The doctor pores through the pages, looking at the colored images of the eye minutely. Your reports are absolutely fine. Well, that puts glaucoma thing to rest. Does your work involve working on laptop for long hours? In case your eyes get tired quickly, I would recommend xxx. Our eyes get dry when we look at the computer screen without blinking for long, a common reason for tiredness in eyes. This eye drop will lubricate your eyes. Thanks for your time.

BETWEEN DOCTORS AND PATIENTS pdf

7: How Doctors Can Communicate Better with Patients

How Communications Issues Between Doctors and Nurses Can Affect Your Health. you can ask to be seen by a different doctor. "Patients have the right to request a different doctor. Patients can.

I have heard about his trajectory over several months â€” how he has tried one chemotherapy after another, how he is becoming increasingly fatigued, and worryingly, how much time he has spent in hospital lately, fighting one or the other complication of treatment. My heart melts at her predicament. Her brother calls me. A discussion about his prognosis would be the entry point to a range of conversations about the futility of further aggressive chemotherapy, the value of palliative care and his wishes for care at the end of life but although he is receiving the best drugs on offer, what seems to be missing is an articulation of the goals of care at this last stage of his illness. Having seen many patients die under a cloud of misinformation or worse, no information, I find the revelation upsetting but I recognise my bystander status. So in the end my growing concern manifests as a mild injunction: That study changed my thinking, but as a new study in JAMA reveals, the vexed matter of oncologists and their discussion of prognosis shows little sign of being settled. In the study, cancer patients were asked: I found this study elegant, brave and, to be honest, worthy of the headlines it will probably never make as long as a new drug discovery waits in the wings. The patients deserve credit for answering a confronting question about their mortality and discovering that they were mostly wrong. The oncologists deserve praise for participating in a study they probably expected to highlight a failing that they share with the wider profession. In the wake of such studies, oncologists are left to rue many things, including poor communication, denial by the patient and collusion, where the oncologist and patient have an unspoken agreement to avoid certain topics. Tellingly, there is also evidence to suggest that patients perceive oncologists as better communicators when they deliver optimistic news. No one doubts that each side faces its own challenges to discussing prognosis and then, its consequences, but if medicine is to make good its promise of patient-centred care, the barriers must be broken. Seven million people die of cancer each year, the majority in the developing world. Unfortunately, some things in medicine change so slowly that many more will die while doctors debate the best way to deliver bad news. Where chemotherapy is unavailable and you need connections to get morphine, communicating prognosis seems an even lower priority. Elsewhere, in spite of the rhetoric, communication skills training is typically a low institutional priority. But to a great many oncologists around the world, getting communication right is becoming personally significant. When care collides with cost: No doctor doubts the imperative to keep up with the science of medicine; a stronger individual and community expectation is required to finesse the art of medicine. Patients are entitled to honest, prognostic information that is delivered with sensitivity and empathy â€” it should be no less an expectation than informed consent about surgery or open disclosure of a medical error. But patients who want to know the truth must be prepared to hear the truth, and not conflate bad news with an incompetent doctor, which is the fear that sets many doctors back when it comes to giving any kind of bad news. Importantly, patients should know that misconceptions regarding prognosis transcend the boundaries of age, gender, education and income. You can be educated, wealthy and conversant with your oncologist but still be unaware of your prognosis. And if you happen to be non-white or non-English speaking, you are especially likely to be in the dark. The desire for a dignified and peaceful death is natural and universal but we know that there is substantial disparity in how people experience end of life care - this is something we can collectively change. Since we are just as likely as the next person to not know our prognosis, it must be our common mission to improve truth-telling in medicine.

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8: In Practice: The difference between doctors and nurses - The Boston Globe

Atul Gawande on the promise of digitization to make medical care easier and more efficient, and whether screens may be coming between doctors and patients.

Bookmark No doubt about it: Doctors are stressed out. Surveys show that physician burnout is on the rise, with the percentage of physicians in the United States reporting symptoms of burnout rising from 45 percent in to 54 percent in These constant distracters can lead to the erosion of patient-clinician interactions, miscommunication, clinical errors, or worse. Now, two new booksâ€" Attending: Medicine, Mindfulness, and Humanity , by Dr. Danielle Ofriâ€"candidly unpack the factors that contribute to physician-patient communication breakdowns and medical errors. They reveal the challenges that doctors and patients face in communicating and provide optimistic insights on how to improve health care. Four mindfulness skills for doctors Attending: Medicine, Mindfulness, and Humanity Scribner, , pages Advertisement X Your guide to more connection, compassion, and kindness this month Epstein, a professor of medicine at Rochester University and a practicing physician, is a leader of the mindfulness movement in medicine. Drawing from his own groundbreaking paper , he explains how mindful self-reflection and self-regulation are key to masterful clinical care, enabling physicians to listen attentively, make good judgments, and act compassionately. This explains why doctors should consider using mindfulness in their medical practice. Because of everything they have on their minds, physicians may not be fully attentive in the exam room. Doctors often rely on automatic, fast thinking when interacting with patients. But practicing mindful attention can help them slow down enough to use deliberate, more conscious thinking when patients present signs of something serious. Listening deeply, without judgment, interruption, or preconceptions, can be tough for physicians who have a myriad of other things to worry about. Why doctors should train in mindfulness Epstein makes a case that almost any physician can practice mindfulness to improve patient care, and the science supports that contention. In a study of primary care physicians, Epstein found that a year-long mindfulness practice program increased their resilience improved mood, lower burnout , quality of care safer and more timely, accessible, effective, and patient-centered , and patient interactions more empathetic, compassionate, and responsive. Patients of clinicians practicing mindfulness are more likely to disclose personal and potentially critical information and comply better with treatments. Epstein highlights other important aspects of patient care that can benefit from mindfulness. Also, being more mindful can help physicians be attuned to the suffering of their patients without becoming overwhelmed. How can mindfulness in medicine be sustained? It starts in medical school, where compassion and listening skills could be taught and emphasized as much as anatomy or biochemistry. Support from colleagues and medical institutions is also important, writes Epstein. Doctors are held to high standards, and they are not inclined to share their mistakes with colleagues. However, sharing stories with each other can be very therapeutic , as can being in a place that encourages doctors to admit to difficulties they are experiencing. Suzanne Karan, to encourage doctors to share medical errors. Initiatives like this can help the culture of medicine become more nurturing and supportive of its healers. But while Epstein focuses on the benefits of mindfulness, Ofri hones in on listening and communication skills as powerful tools for exceptional patient care. There are many barriers to effective communication between physicians and patients, according to Ofri. Doctors may be distracted by millions of other things as they try to listen to patients. Meaning and intent can get lost. Studies have shown that doctors show less respect to patients with obesity, for example. African-American patients tend to get less patient-centered care, experience more verbal dominance from doctors, and receive fewer and less-aggressive treatments. However, the flip side of implicit bias also exists; patients tend to feel more comfortable seeing doctors who are similar in race. The medicine of good communication Ofri suggests that to improve communication, doctors should spend more time listening effectively during the appointment. On average, doctors interrupt patients within 12 seconds of them first speaking during primary care visits and throughout the appointmentâ€"often, before they have finished explaining an issue. One study shows that inattentive listening can distract the speaker from telling their own stories effectively, suggesting that speakers and listeners have a shared responsibility. However, understanding

the patient as much as possible from the start can save a lot of time in subsequent visits. For example, Ofri once had a patient with a long history of trouble adhering to his numerous medication protocols despite repeated efforts to explain them to him. Clear communication from doctors may have a healing effect. Studies on pain perception find that, similar to the placebo effect, thoughtfully walking a patient through a procedure that is being administered, or one that will occur in the future, can make them less anxious and more optimistic, leading to less pain. Better communication can also lead to less litigation. Whereas patients may feel that doctors are indifferent toward medical errors, in reality those errors haunt doctors for years. Amid the pressure and fast pace of medicine, doctors and other health care providers can still learn to slow down and cultivate better listening and understanding. Doing so gives patients a chance to communicate more effectively, which saves more time and more lives in the long run. Both of these books can help doctors and patientsâ€”and, really, anyone in any professional or personal partnershipâ€”to work together toward better communication and connection. Greater Good wants to know: Do you think this article will influence your opinions or behavior?

9: Conversation Between Doctor and Patient [Four Scenarios] | Lemon Grad

An important fact for physicians to keep in mind is that, in the United States, between 20% and 40% of individuals between 60 and 80 years of age have not attained a high school diploma. 36 In patients of all ages, a physician cannot assume the understanding of treatment risks that are described with percentages or numbers.

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