



# Doctor-Patient Communication

## Getting started

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During the past 15 years, one of the authors of this series (M-T.L.) has observed thousands of family physicians in training conduct interviews. She has found that, early in their career, physicians tend to follow the same order in their consultations as they do in filling out their patients' charts. Guidelines useful for completing patient charts, however, should not dictate how physicians arrange the elements of interviews. In consultations, they should instead take their cues from patients' responses.

Medical charts and interviews, after all, serve different purposes. Charts generally focus on clinical data and are used mainly as a reminder for attending physicians and a resource for exchanging information with colleagues. A standardized method of recording information clearly has many advantages.

Medical interviews, on the other hand, have three functions<sup>1-3</sup>: to gather information to help physicians understand patients and the problems they present, to help physicians develop relationships with patients and respond appropriately to patients' state of mind, and to educate patients by, among other things, sharing information with them.

Observation of physicians in training and the results of patient-physician communication studies<sup>4,5</sup> tell us that, in general during interviews, the information-gathering function takes precedence over other functions. Physicians correctly see their

main task as arriving at diagnoses. Traditionally, however, they have not been overly concerned with the process of collecting the necessary data, yet the quality of the information they garner can well be affected by the way it is gathered.

Medical interviews have many dimensions. To start exploring them, we present a comparative analysis of two conversations at the beginning of a medical consultation. While most published work on the subject deals in detail with initial interviews, our scenarios involve follow-up consultations, which, we believe, constitute the bulk of visits conducted by experienced physicians. Both conversations involve the same characters, but for the purposes of the exercise, they behave very differently.

A 30-minute wait for an appointment is not unusual. Even though it might be unintentional, however, the wait helps define the patient-physician relationship as "asymmetric": patients have a subordinate, more passive role. Patients can interpret a long wait as an indication that their physicians do not think they are important. In the first scenario, the first words Dr Rush exchanges with Mr Tense contain very little information, but reinforce the asymmetry. Dr Rush's businesslike approach leaves Mr Tense with little choice but to follow suit.

In the second scenario, Dr Rush greets his patient cordially, acknowledges that he has kept him waiting, and apologizes. This is more than mere courtesy; it starts to define the nature of the patient-physician relationship and indicates that

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the physician wants to establish mutual respect. The different approaches also affect the beginning of interviews.

### Greeting a patient

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| <p>Dr Rush enters the reception area and absently takes the file on top of the pile. It is Mr Tense's file. He goes into the waiting room where Mr Tense has already been waiting for more than 30 minutes.</p> <p>"Mr Tense?"</p> <p>"Yes"</p> | <p>Dr Rush enters the reception area. He makes sure he has no urgent messages and that no one will interrupt him during his next consultation. He takes Mr Tense's file from the top of the pile and reviews it quickly. Mr Tense is attending for his hypertension follow up. All the laboratory tests Dr Rush ordered are in the file. He thinks he will be able to make up for some lost time. He heads confidently to the waiting room where Mr Tense has already been waiting for more than 30 minutes.</p> <p>"Mr Tense?"</p> <p>"Yes"</p> |
| <p>Dr Rush gives him a half-smile and says,</p> <p>"Follow me, please."</p> <p>"Hello!"</p>   | <p>Dr Rush gives him a half-smile, holds his hand out to him and says,</p> <p>"Hello, Mr Tense. Follow me please."</p> <p>"Hello, Dr Rush. How are you doing?"</p> <p>"Fine, thank you."</p>   |
| <p>Dr Rush already has his back to Mr Tense. He leads him at a brisk pace down the hallway to his office. Mr Tense follows in silence.</p>  | <p>Dr Rush walks briskly down the hall leading to his office. Mr Tense follows, asking,</p> <p>"Still busy?"</p> <p>Dr Rush smiles,</p> <p>"Always. Sorry to have made you wait."</p> <p>"That's OK."</p>  |

### Beginning an interview

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| <p>When he gets to his office, Dr Rush opens the door, walks in, sits down behind his desk, and opens the file. Mr Tense enters, closes the door behind him and steps forward. Dr Rush motions him to take a seat.</p>   | <p>As he approaches his office door, Dr Rush ushers Mr Tense in and, motioning him to a chair, invites him to sit down. He closes the door behind him, waits until Mr Tense is seated and then sits down with the file open in front of him.</p>   |
| <p>Quickly consulting his most recent notes, Dr Rush sees he has asked Mr Tense to come back for his hypertension follow up. He thinks he might be able to make up some lost time. Still feeling rushed and still looking over the papers in the file, he addresses Mr Tense,</p> <p>"So, Mr Tense, you're here today so we can check your blood pressure?"</p> <p>"Yes. You told me to come back in 3 months and . . ."</p> | <p>"Even though he feels rushed, he looks Mr Tense in the eye and says,</p> <p>"So, Mr Tense, how have you been since your last visit to the clinic?"</p> <p>"Well, OK, I've been feeling pretty good."</p> <p>"And your family?"</p> <p>"Great, thank you."</p> <p>"If I remember correctly, you're here today to check your blood pressure?"</p> <p>"Yes. You told me to come back in 3 months."</p> |

Physicians have a responsibility to ensure their patients feel welcome because patients who do not are less likely to cooperate. Since patients must reveal intimate and often unpleasant information, physicians should make it easier for them to speak by assuring them confidentiality and by giving them their full attention. It helps if, for example, physicians ask their secretaries to keep interruptions to a minimum, eliminate noise, and check to make sure patients are comfortable and ready to start.

Finally, by reviewing the medical chart beforehand, Dr Rush avoids making Mr Tense spend more time waiting in the office and giving him more cause for annoyance. Physicians can also

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prepare comments or questions based on the information in the file to show patients they “matter” to them. Depending on test results, they can also prepare to deliver good or bad news.

### Bottom line

Physicians demonstrate respect for their patients not by their intentions but by attention to detail. Patients who feel respected are more likely to reciprocate, to show respect for physicians’ work, and to adhere to physicians’ recommendations. ❁

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