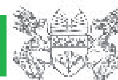

Communication Skills and Doctor Patient Relationship

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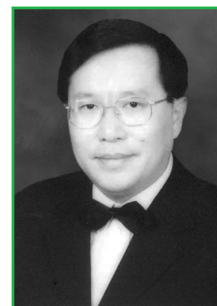

Prof. Albert Lee

This article has been selected by the Editorial Board of the Hong Kong Medical Diary for participants in the CME programme of the Medical Council of Hong Kong (MCHK) to complete the following self-assessment questions in order to be awarded one CME credit under the programme upon returning the completed answer sheet to the Federation Secretariat on or before 31 March 2006.

Having good communication skills is essential for doctors to establish good doctor patient relationship. Not surprisingly, many undergraduate and postgraduate medical education and training programmes have made the attainment of good communication skills a core requirement. With the increase in demand from patients who value doctors who are patient centred (who spend time and listen to them), together with the rise of consumerism in medicine, health service research on doctor patient relationship has become an important area of interest for both medical researchers and administrators alike. In this paper, a brief review will be presented to illustrate and provide some evidence for the importance of effective communication in health care delivery. The recognition of the importance of doctor patient relationship and communication in medicine has particular relevance for primary care physician whose discipline has long focused on the importance of the doctor patient relationship quality health care delivery.

Improved health, functional and emotional status

Good doctor patient communication has been shown to have a positive impact on a number of health outcomes in previous studies. In a study that explored the effects of communication-skills training on the process and outcome of care associated with patient's emotional distress, improvement in physicians' communication skills was shown to be associated with a reduction in emotional distress in patients (Roter et al, 1995). In a review of 21 randomised controlled trials and analytic studies on the effects of physician-patient communication on patient health outcomes, the quality of communication in both history taking and discussion of the management plan was found to be associated with health outcomes (Stewart, 1995). Better doctor patient communication was shown to be associated with better emotional and physical health, higher symptom resolution, and better control of chronic diseases that included better blood pressure, blood glucose and pain control. More recently, in a study conducted on 39 randomly selected family physician offices and 315 patients, Stewart et al (2000) showed that the degree of patient-centred communication was associated with less discomfort, less concern and better mental health in patients. Moreover, in terms of reduction of utilisation of health services, it was shown that patients who perceived that their visits had been patient centred received fewer diagnostic tests and referrals in the subsequent months. In another study that investigated physician interaction styles and perceived health services quality by patients, Flocke et al (2003) performed a cross-sectional study looking at 2881 patient visits of 138 family doctors and categorised physicians' interaction styles into 4 categories: person-focused, biopsychosocial, biomedical, and high physician control by the use of a primary care instrument. They showed that physicians with a person-focused interaction style with patients were associated with the highest reported quality of care by patients, while physicians with the high control styles were associated with the lowest reported quality of care.

Compliance with medical treatment

Low compliance with prescribed medical interventions is an important problem in medical practice and it is associated with substantial medical cost including increased hospital admissions. It also creates an ongoing frustration to health care providers (Melnikow, 1994). Finding ways to improve compliance is of interest to both health service administrators and physicians. To this end, the doctor patient relationship may have an important role to play. It has been shown that doctor's attitude towards his patients, his ability to elicit and respect the patients' concerns, the provision of appropriate information and the demonstration of empathy and the development of patient trust are the key determinants of good compliance with medical treatments in patients (DiMatteo, 1994; Safran et al, 1998). Furthermore, training doctors to improve their communication skills could potentially be cost-effective as it increases compliance which in turn improves the overall health of patients (Cegala, 2000).

Improved Patient Satisfaction

Effective doctor patient communication is shown to be highly correlated with patient satisfaction with health care services. In a study (Jackson, 2001) involving 500 patients who were seen by 38 primary care clinicians for physical

symptoms, aspects of patient doctor communication such as "receiving an explanation of the symptom cause, likely duration, and lack of unmet expectations" were found to be the key predictors of patient satisfaction. In another review of 17 studies (Lewin, 2002) by the Cochran Library that was conducted to study the effects of interventions directed at health care providers to promote patient-centred care, training health care providers in patient-centred approaches was shown to impact positively on patient satisfaction with care. Patient satisfaction is an important area that deserves our attention because dissatisfaction with health care services can result in litigation against doctors by patients, unnecessary health care expenditure due to repeated visits, both could be very costly for the health care system.

Improved clinician satisfaction

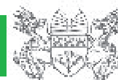
Although much emphasis has been put on the importance of effective communication and good doctor patient relationship in affecting patient health outcomes and satisfaction, physician satisfaction with their professional life can also be an important determinant of a good doctor patient relationship. In a study conducted in the outpatient division of a teaching hospital, it was shown that physician's satisfaction with their professional life was associated with greater patient trust and confidence in their primary care physicians (Grembowski D, 2004). It seems that physicians who are themselves more satisfied may be better able to address patient's concern (Hall, 1990). It has been suggested that physicians who are satisfied with their professional life may have more positive effect, which may in turn affect their communication with patients which then affect patient satisfaction (Hall, 1988). The exact mechanism for how physician satisfaction is related to patient satisfaction is not known, although authors have suggested that both could be affected by a third confounding factor such as one's personality attribute that relates to both empathic and communication skills. How these are related await further research (Roter, 1997).

Reduces Medical Malpractice Risk

In a study that explored plaintiff depositions to study reasons that instigate patients to file malpractice claims against doctors, Beckman et al (1994) identified relationship problems between doctor and patient being an important factor in 71% of depositions. These problems of relationship between doctor and patient included "deserting the patient", "devaluing patient and/or family views", "delivering information poorly" and "failing to understand the patient and or family perspective". Not surprisingly, the authors concluded that the patient's decision to litigate against doctors is often associated with a perceived lack of caring and collaboration in health care delivery in doctors. Similarly, in a study conducted by Hickson et al (1992) to examine factors that prompted families to file malpractice claims against doctors following perinatal injuries, it was shown that communication was an important factor that was related to these malpractice claims. The same authors also found that physicians who had been sued frequently were also the ones who received frequent complaints regarding the interpersonal care that they provided for patients, even by patients that never sued (Hickson et al, 1994). The complaints from these patients included "a feeling of being rushed", "being neglected" and a lack of explanations for tests performed. In another study that investigated similar issues which was conducted on primary care physicians, Levinson et al (1997) demonstrated significant differences in communication behaviour of "no-claims" versus "claims" primary care physicians. They found that no-claims primary care physicians used more statement of orientation (educating patients about what to expect and the flow of the visit), and tended to use more facilitation (soliciting patients' opinions, checking understanding, and encouraging patient to talk). All these studies highlighted the importance of communication and the role of a good doctor patient relationship in buffering against patients' dissatisfaction with heath services and complaints. As malpractice claims are increasing in Hong Kong over the last several years, this area will become an important topic for health administrators, physicians and health service researchers.

Conclusion

Good doctor patient communication is important and has multiple impacts on various aspects of health outcomes. The impacts included better health outcomes, higher compliance to therapeutic regimens in patients, higher patient and clinician satisfaction and a decrease in malpractice risk. Although medical education has started to emphasise the importance of communication between doctor and patient and start to include the teaching of communication skills in many undergraduate and postgraduate programmes, research is in its infancy in Hong Kong. With the alarming rise in malpractice claims for doctors in Hong Kong, together with the increase in the volume of complaints and enquiries received by the regulatory bodies and a rise in consumerism in medicine, having more evidence based information on the determinants of patient satisfaction and dissatisfaction as it relates to local context is important. Conducting research in this area may help clinicians, educators and health service administrators to better understand the doctor patient relationship and doctor patient communication that is unique in our culture and social settings. This will provide a framework and foundation from which further studies on effective intervention that aims to improve doctor patient relationship can be conducted. This is a particularly important issue for family physicians. One of the four founding principles of family medicine adopted by the College of Family Practice of Canada is that "the patient-physician is central to the role of the family physicians" (CFPC, 2000), family physicians around the world thus should make an initiative to make themselves the advocates for improving doctor patient relationship in medical care. Extra effort to improve communication and relationship with patients would help to reduce complaints, improve compliance and reduce unnecessary investigation. To this end, family medicine academics should take the first step to study this area of medicine which is currently under-researched.



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MCHK CME Programme Self-assessment Questions

Please read the article entitled "Communication skills and doctor patient relationship" by Prof. Samuel YS Wong and Prof. Albert Lee, complete the following self-assessment questions. Participants in the MCHK CME Programme will be awarded 1 CME credit under the Programme for returning completed answer sheet via fax (2865 0345) or by mail to the Federation Secretariat on or before 31 March 2006. Answers to questions will be provided in the next issue of The Hong Kong Medical Diary.

Questions 1-10: Please answer T (True) or F (False)

1. Good doctor patient communication was shown to have a positive impact on health outcomes.
2. Improvements in doctors' communication skills were shown to be associated with increases in the emotional distress of patients.
3. Better doctor patient communication was shown to be associated with better control of chronic diseases.
4. Patient-centred visits are associated with more diagnostic tests and referrals in the subsequent months.
5. Low compliance with prescribed medical interventions is associated with reduced medical costs.
6. The doctors' attitudes towards their patients, their ability to elicit and respect the patients' concerns, the demonstration of empathy and the development of patient trust are the key determinants of good compliance with medical interventions.
7. Effective doctor-patient communication is highly associated with increased patient satisfaction.
8. Doctors' satisfaction with their professional life are associated with greater patient trust and confidence.
9. Communication problems are important factors in medical litigation.
10. Adequate research has been done to evaluate doctor-patient relationship and doctor-patient communications.

ANSWER SHEET FOR MARCH 2006

Please return the completed answer sheet to the Federation Secretariat on or before 28 February 2006 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

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Answers to February 2006 issue

The Management of Diabetic Retinopathy

1. D 2. C 3. C 4. A 5. D