



Talking to patients: Barriers to overcome

We physicians should not assume that patients understand everything we tell them. So say Drs. Anita Misra-Hebert and J. Harry Isaacson in this issue of the *Journal* (page 127), in which they discuss the challenge of communicating with patients across cultural and other barriers and propose several strategies to improve the physician-patient encounter.

Cultural diversity is indeed a barrier we need to clear to provide good health care to all. But the challenge of physician-patient communication goes beyond differences in sex, race, ethnicity, age, and level of literacy. Dialogue between physicians and patients is not always easy. There are barriers everywhere that can obstruct our best plans and impede a successful clinical outcome. And we may not even realize that the patient has hit a barrier until long after the visit, when we discover that medication has been taken “the wrong way” or not at all, that studies were not obtained, or that follow-up visits were not arranged.

Communication barriers include use of medical terms that we assume patients understand, lack of attention to clues of anxiety in our patients or their families that will adversely affect their memory of the visit, not finding out the patient’s actual concerns, and loss of the human connection in our rush to finish charting and to stay on time. But it is this connection that often drives the action plan to a successful conclusion.

What can we do in this era of one patient every 15 minutes? Try to make a genuine connection with every patient. This will enhance engagement and the retention of knowledge. Address the patient’s concerns, not just our own. Write legibly or type in the patient instruction section of the electronic medical record the key messages from the visit—diagnosis, plan, tests yet to be done—and give this to the patient at every visit. It is not insulting to do this, nor is it insulting to explain the details of what may seem like an intuitively obvious procedure or therapy. Ask the patient what his or her major concern is, and be sure to address it.

Often, the biggest barrier is that we physicians forget that each patient comes to us with a unique set of fears, rationalizations, and biases that we need to address (even if initially unspoken), just as we address the challenges of diagnosis and therapy. Patients don’t all think like doctors, but we need to be able to think like patients.

A handwritten signature in dark ink, reading "Brian Mandell". The signature is fluid and cursive, with a long horizontal stroke at the end.

BRIAN F. MANDELL, MD, PhD
Editor-in-Chief

doi:10.3949/ccjm.79b.12002