

Communication as fundamental to the Doctor-Patient relationship

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Abstract. Communication among doctors when making diagnoses, when communicating information to the patient, and when evaluating a doctor's own satisfactions and frustrations in terms of practicing medicine is shown to be crucial to any definition of good medicine. The wide range of literature in English on the topic of doctors and good communication suggests that a focus on its importance could be a tool for learning and a source for sensitizing Italian doctors to its crucial role in healing. Doctors need to be aware of their power when they deal with patients. How words are used can play a major role in how a patient faces a long-term disease. Communication is fundamental to good medicine; its rewards are immeasurable for both patient and physician. (www.actabiomedica.it)

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The physician as compassionate

By choosing medicine as a profession, you chose hope as a way to heal and to extend lives. You also chose demanding work that calls for a total use of your skills: your brain's problem solving ability, your human compassion as well as your scientific experience. The sum of your attitudes comprises an image of a physician. The very word 'physician' carries authority and prestige. At one time being a physician was synonymous with a life-altering commitment. Not so long ago, house visits, telephone calls during the night were part of being a doctor. This aspect, where the Hippocratic oath penetrates life outside of the hospital, can still crop up unexpectedly on a flight or in a restaurant, where an emergency call suddenly goes out for a doctor.

I remember a very fine young man I once had as a student of English, who, while in Turkey on vaca-

tion, rescued someone from drowning. I remember his story because his life-saving instinct changed his whole vacation. After giving mouth-to-mouth resuscitation, he accompanied the nearly dead victim to the local hospital, which was small and ill equipped. Seeing the state of the patient, our young Italian doctor insisted that he had to be moved to a larger hospital and so he travelled with him over rough roads in a local ambulance for a further eight hours. By that time, he was involved in the case and his vacation went up in smoke. He told the story afterwards, proud, annoyed at himself, comfortable, however, with his choice not to turn his back.

I think of another story told to me many years ago of a nurse who was following a child being treated for a pneumonia that had been diagnosed by a charismatic *primario*. The nurse – I heard this story from the child's parents – had the courage to take them aside and say that the child might die, perhaps

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even that night, unless her heart was looked at. The *primario's* diagnosis was wrong but the other doctors were afraid to risk his anger. The parents reacted and, indeed, the child was in the last stages of life. Had the nurse not spoken up the child would have probably slipped away.

These two stories are about individuals, who by listening to themselves, found ways to be doctors in the fullest sense of the word. In both cases, several qualities were needed. One was courage and a willingness to take a risk. The second one was a personal generosity or compassion that made the person go outside of borders he and she had been expected to perform within. No one except the young doctor would have known if he hadn't stepped forward and declared himself a doctor. He told me that as he performed mouth-to-mouth resuscitation he thought about contracting AIDS and how reckless he had been, but he had listened to himself and could not deny that impulse to save a life. The nurse, too, listened to her conscience and heart, knowing that she could not allow a child to die even if she risked her own standing. Being in the medical field calls for a special awareness of the role's power and responsibility when touching lives.

The physician as a guild member

The general practitioner in Italy still provides essential services in diagnosing disease and handling communication. He or she even still pays house calls and sees family situations. However, more and more frequently, being a doctor means meeting patients in a hospital, following a technical aspect of a case, and using technology to extend life. The hospital form of medicine is often based on teamwork, not necessarily in terms of communication, but in relation to how things are done.

I have just finished reading *How Doctors Think*, a very fine book by Jerome Groopman, from Harvard Medical School. When making diagnoses, Groopman suggests that a doctor should see him or herself as part of a guild. In his view, a doctor is an artisan as much as he or she is a scientist. While a doctor must depend on himself, he or she should also consider and count on the experience of fellow guild members. Even

though a doctor becomes a specialist, an incredible number of diverse abnormalities will crop up. How one remains flexible enough to find creative solutions for different situations is an art rather than a solid science. It requires communication.

Groopman says some very interesting things about listening to yourself. He would have you identify and get in touch with your own medical approach. How do you reach decisions? He would suggest that your strengths might also be your weaknesses. In building a good doctor, Groopman stresses that a doctor must remember his triumphs and his failures. Unless both are analyzed and understood, the potential for growth as a doctor is limited.

Consciousness is strong medicine

Although I know these things are not common in Italian situations, I am going to ask you to consider, once you finish reading this essay, to extend its impact by writing down some responses that might be interesting for understanding your own positions as doctors. No one needs to see them. But it is amazing how much relief and assistance we deny to ourselves. Putting down one's thoughts, doubts, memories, questions can be a fascinating, salubrious process. Consciousness is a strong medicine and can open whole worlds of healing and understanding. Like the doctor on the beach who saved the drowning man, he did it for himself. No one told him to do it and no one, when he returned, realized that he had done it. It contributed to his own definition and knowledge of being a doctor.

Groopman points out that once you have become a medical specialist, you need to assess what your team members know and also how they know it. You have to keep an open mind, not holding a blind faith about anyone who is part of the decision-making process, and that also means checking yourself. He would suggest that once you reach a diagnosis, review the same major issues, and ask yourself what other diagnosis could possibly be suggested. Sometimes the more successful a doctor is, the more certain he or she becomes of her solutions. 'Trust me' is an attitude that can be very dangerous and needs to be balanced by keen ob-

servation, keen questioning, and an atmosphere of exchange where defensiveness is kept to a minimum.

Improving communication by using a Moleskin notebook

Right now as you read, I would like you to stop and think about your own process in making diagnoses. Undoubtedly computers have added a great deal to the process and they, too, give off, with their statistical flares, a sense of infallibility. Listen to yourself and identify for yourself how you personally are led to make or to think about diagnosis. Sometimes because of time pressure or the very human tendency to feel relief once one has an answer in hand, doctors often forget to doubt and to proceed with a more Sherlock Holmes sort of attitude. Or they are uncertain but unable to admit that to their fellow doctors. It takes courage and scientific curiosity to express uncertainty and doubt.

I would hope that if you consider writing down how the system for making a diagnosis works in your ward or hospital or team, you might see areas of insecurity, conflict, areas that might be changed if communication became a central issue among yourselves. If the improvement interests you, I suggest that you try to identify in words how you make or are learning to make diagnoses. Write down a case where you saw how the process could be improved. Where it went wrong. Where the feedback didn't come. Groopman would ask you to remember a case that didn't work for every case that did. And he would ask you to analyze where the mistakes occurred. If you begin to keep a little notebook, a Moleskin journal (Hemingway used a pocket notebook with that name) you will enter into a dialogue with yourself, however telegraphic or factual it may be. I would suggest that the act of retelling episodes – admitting them, exploring and seeing their implications once put privately into words – would stimulate you to make the issue and process of communication clearer. The little notebook, which probably won't turn most of you into writers (although there have been many doctor writers from Anton Chekhov to William Carlos Williams) will probably re-enforce your ability to involve your fellow artisans

in sharing and co-operation. Black words on a white page can have startling and unexpected impacts.

Feedback from listening to yourself

So now let's take up another aspect of communication: listening to yourself and listening to a patient. I am rather sensitive to listening. I have found Italy often frustrating from this standpoint. Certainly not all, but many people interrupt and many people talk even during a lesson. This is a sign of disrespect, but also it is a sign that one is not really inside the reality of the situation. People who interrupt have little interest in knowing what the other has to say. They assume that they have nothing to learn. They are bursting with their own answers and want recognition. Oh, I admit, sometimes people who are talking really do say foolish or unworthy things and it would be splendid to interrupt them, loud and clear. But even then, waiting and listening, if only so that one can have a more powerful rebuttal, is the way to create an atmosphere of respect and learning. Anyway, the listening I am talking about is a deep listening in relation to a patient.

This deep listening can be very helpful in terms of a diagnosis and the longer arc of a relationship. Even though patients often explain things that are of no diagnostic use, an allergy, a sleepless night, listening certainly gives a doctor the chance to see a patient, and by understanding some personal clues (anxiety, stoicism, etc.) perhaps also to gather information for communication. There is no question that at the listening level personal elements are at play. Sometimes you dislike a patient or judge him. Sometimes if people are from different cultures, you simply do not read the clues correctly. All the more reason to listen at the beginning, listen with an open mind, listen as a writer might, observing clues about the character as well as the problem. The clues feed better solutions.

Much mysterious good and occasionally an answer comes from listening

Sometimes a doctor who seems to be very friendly is indeed responding to being appreciated. As a

doctor, if you would find the habit of focusing fully on patients, concentrating in an attitude that is quietly active, much good medicine can come from this simple approach. Build trust by paying attention to the patient. Many kinds of medicine require special kinds of communication and listening. Oncology might be one area. Pediatrics another one. Special relationships must be formed and they may well go through time. Listening to patients is one way to build confidence, gather information, and eventually have the patient feel confident enough to ask important questions.

How to answer questions when the answer isn't clear

How do you answer questions the patients ask when you don't know the answer or feel panicked about telling the truth? No one can know all the answers or how certain topics should be faced. It is far better to admit that one will come back with an answer or return at a more propitious time than to brush over an issue. Your team of artisans should be a good place to start. The practice of medicine in Italian hospitals is often at a very high level of excellence by any international standard. What is less than optimal is communication, softer, clearer explanations, that thing called a bedside manner. It is important to give oneself time as a doctor, even when all signals say rush, run, there is no time. If you make communication a priority, holding it as part of the core of your identity as a successful doctor, you will begin to find time for it. Sometimes it is because as doctors you feel tired, stressed, unlistened to, that you toss that impermeable attitude out to the dependent and needy people asking for your help.

Crafting words can be as important as the medicine

The way explanations are given to patients is crucial to the whole healing process. Doctors often avoid explanations. They often minimize the pain or complications or the possible ways a patient's health will not ever be perfectly right. Crafting the kind, tactful, clever, active words for helpful relationships with patients is part of the art of being a doctor. Once you

have a troublesome patient or a troublesome family, it could be human to want to minimize contact. But that difficult patient is part of the non-static part of the job. Words matter. Handling the bad news in a bad illness is, really, the most challenging demand of an incurable problem. Listening to yourself as you run from your own anger and frustration or upset over what will not be easy to handle in a case is a way of finding a door that might, at least in part, help you. But it will be possible only if you give value to using the right words. If you can recognize that you are tired, frustrated, disappointed about the case's outcome, you may be able to understand that the patient, too, has these feelings. Use your powers of observation to make good analytical judgments about character and situation. What ways can the family or the patient be helped? Then speak carefully from your role as a complete physician.

In many modern diagnoses, because of using sophisticated instruments like MRIs, sometimes information can be too much. You can see things and connect things that may or may not be the reason the patient has come. Active openness is an attitude that should help in communication. It is something that has to be learned and practiced. Sharing information, doubting yourself and others, listening to the sounds of suffering, not just the good powerful feelings of problem solving are part of the richness of your profession.

Healing is a process pertaining to all of us in the modern world

I dare to write about communication because I think healing is a process that never ends for patients or doctors or for any of us who live in modern, fragmented societies. The energy blocked at the borders of illness is enormous. In an analogy that is not that far off, we seem to be killing ourselves with our fossil fuels without realizing that the sun offers many non-polluting potentials. Listening to your feelings as doctors will uncover sources and release energies, solutions and repressed problems that need addressing. Not only will this self-analysis help you so that you don't burn out, but it will help you to find ways to be

self-sustaining and to grow. Self-analysis takes courage, patience, imagination and time.

Doctors have been rushed into using a seemingly unending array of tools and discoveries that extend lives, solving what were terminal problems. The new technological medicine has brought us so much unimaginable hope. But the challenge of medicine has always been healing and healing remains a different dimension. A doctor's words have more healing power than the most splendid, penetrating rain. They also have a blinding power to hurt, frighten, and shut patients down. A doctor does not have to hide truths, or repress them, but he or she must be aware that words are as strong as any medicine prescribed. Patients will take any words they are given. But imagine if instead of causing worry or anxiety, your words, in their clarity, convey sympathy and participation. What if your words, even if they cannot provide the hope of a cure, are measured with the promise of help in coping?

A self-image of doctor as healer is a choice

Listening to that part in yourself that could offer healing is a choice. It is not automatic. It may even expose you to troubles with doctors who imagine communication as complications for themselves. Like the two stories I told you at the beginning, those healing elements will come from you as individuals. They will arise from your own personal and professional commitment.

The aspect of doctor - patient communication that is built from a doctor's self image as a healer is in no way a substitute for technical knowledge. But the notion that we all need healing, we all suffer and have doubts is one that should be given to doctors. Unless we listen to that side in ourselves that needs nourishing, needs support at a professional level from fellow artisans, unless we recognize a glimmer of fallibility and vulnerability in ourselves, we will not be good listeners. If the human space in medicine between doctors and patients is explored and kept open to respect, felt silence, encouragement and doubt, illness will assume deeper levels of healing. If a doctor's words are

crafted with compassion, perhaps both doctor and patient will even share a sense of peace.

A doctor's words, even carrying tough news, can be a source of strength

Words are tools that can be used with ever-greater skill and power. They belong to the array of practices that a physician needs to recognize as crucial to the very special task of touching people who are vulnerable, weak, hoping for help to understand what's ahead. The power of words is more unknown, more custom-made than medical techniques. For that reason, it is easy to be afraid of facing its challenges. Yet in offering patients communication, you who are drawn to medicine will find energies and rewards that will help you, by the way you live your profession, to heal yourself.

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