The importance of communication

Communication failure has long been cited as a major factor in adverse clinical events and consequent claims of negligence. While much of the evidence has been anecdotal, there is now a growing body of more substantial evidence.

In a California study, it was found that poor communication accounted for 24% of errors from patient-doctor consultations and out-patient surgical centres.[1] Failure to follow up laboratory results, improper recording of information on out-patient charts, and medication dosage mistakes were also important causes of error, some of which also have a communication element.

In the United Kingdom in 2002, the National Confidential Enquiry into Perioperative Deaths[2] showed that shortcomings in teamwork and communication contributed to the lack of improvement in the number of patients in England and Wales who died within 3 days of surgical intervention. Of the total of 21 991 deaths reported to have occurred within 30 days of surgery, just over one third occurred within the first 3 days. More than 70% of the patients who died had had emergency admissions to hospital and, according to the report, were not assessed fully for their medical problem before intervention. Furthermore, 57% of the deaths analysed were not reviewed by anaesthetists, and 90% were not reviewed by surgeons. The report recommended that surgeons should directly involve critical care specialists in the decision to operate, when presented with complex cases that will almost certainly require critical care and carry a high probability of death. The same document also called for direct interaction between pathologists and clinical teams to ensure that lessons are learned from each case.

According to a 15-year study,[3] doctors who ignore the importance of good communication with their patients are more likely to be sued. In the practice of medicine, accidents are bound to happen but an adverse event does not necessarily lead to litigation. A pre-existing adversarial relationship between the doctor and patient or a deteriorating relationship following an adverse incident are likely precursors to a claim of clinical negligence. The likelihood of litigation is associated with feelings that the doctor has covered up facts, has not provided the information requested, has not listened to the patient, or has deliberately misled the patient. A surgeon's tone of voice may also influence a patient's decision to sue. An analysis of 114 conversations between 57 orthopaedic and general surgeons and their patients showed that surgeons who sounded less concerned and more dominating were more likely than other surgeons to have been sued.[4]

Effective communication is the cornerstone of the doctor-patient relationship, but in caring for patients, doctors must communicate effectively with colleagues and carers as well as patients. Communication takes many forms and is more than just talking and listening. There are many areas where improvement in communication can reduce risk to patients. And when something has gone wrong, clear communication can minimise the damage to both the patient and the doctor-patient relationship.

Communicating with patients

Communication is a two-way process. As Sir William Osler said, "Listen to the patient; he is telling you the diagnosis." But even if the patient is unable to tell you exactly what the diagnosis is, carefully taking the patient's history is important in obtaining information and in letting patients know that they are being taken seriously. The doctor should demonstrate that he or she has understood what the patient has said and that the information has an impact—for example, by repeating key points back to the patient. In addition, the doctor needs to reassure the patient that he or she is the sole focus of the consultation; not allowing any distractions during the consultation makes all the difference. Making a positive effort to empathise with patients from the outset is also extremely important.

Consent is a key issue in both clinical practice and clinical negligence claims. It is up to patients to decide what treatment is best for them. To do so, they require clear information on the nature and purpose of any intended investigation or treatment, the options available to them, the pros and cons of each option and of doing nothing, what would be involved in the treatment, side-effects and potential complications, and what to expect both during and after the treatment.

Several studies have shown that patients retain comparatively little of the information given to them during a consultation and, unsurprisingly, the more anxious they are, the more difficult it is for them to recall key details when they are interviewed immediately afterwards. One means of reinforcing important messages is to provide information sheets. Another is to provide copies of correspondence between clinicians to the patient. If this option is pursued, letters must be written with the patient in mind, so that any speculation as to the diagnosis must be carefully phrased, taking care to avoid technical jargon.

The presentation of information is clearly vital and should be in language accessible to the patient. Evidence-based medicine is often derived from academic papers. To the layperson, however, the academic literature is likely to be impenetrable and, especially when conflicting views are presented, patients need help in navigating their way through the maze of information.

Once armed with relevant information, the patient may need time to mull the options over—how much time is needed for this process will obviously depend on the circumstances. If consent is to be freely given, there must be sufficient time for the patient to make up his or her mind. Ensuring that the patient's expectations are realistic is the key to ensuring that the number of complaints and claims is minimised. Raising unrealistic expectations is simply asking for trouble.

Inevitably, from time to time, the outcome will not be as good as either the doctor or patient had anticipated. This situation may be due to a whole variety of circumstances, many of which are nobody's fault. When something appears to have gone wrong, patients are entitled to a full and frank account of what has happened and why. Discussing these issues may be exceptionally difficult, particularly if the patient or carers are angry or critical of the care that has been provided. Although robustly defending every aspect of the patient's management may be the natural or tempting option, such an approach is an unlikely recipe for success.

When dealing with complaints, doctors should allow patients to express their concerns and fears and to vent their anger. It is then the doctor's job to explain the events that occurred in a clear way and at a pace at which the patient can follow. That pace should allow questions to be asked at any point. Whenever possible, the doctor should provide full and frank answers. In no circumstance should speculative answers be given before the facts have been fully established.

Communicating with colleagues

Patient care is often provided by more than one individual. When this is the case, it is imperative that members of the team communicate effectively with one another to secure continuity of care. Medical records, especially in larger practices and hospitals, are the main means of providing continuity of care. They must, therefore, contain sufficient information for a doctor new to the patient to pick up where the last doctor left off. In other words, all the salient details must be committed to paper, including relevant facts derived from the history and examination, investigations undertaken, treatment provided, and any other advice that may have been given.

Conclusion

Both doctors and patients benefit when communication is effective. With improved communication, patients' problems are more accurately identified, patients express greater satisfaction with the care they receive, and patients better understand and tolerate the tests and treatments. Better patient compliance and a probable reduction in the number of complaints and claims are further advantages. Unsurprisingly, doctors with good communication skills seem to experience greater job satisfaction and suffer less stress at work. All these benefits are good reasons why doctors should acquire and develop their communication skills throughout their career.

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