

than they had aimed for. Treatable human viral diseases and treatment regimens that are being investigated have been outlined in the various chapters. The treatment strategy for each disease is different and is tightly associated with viral pathogenesis and replication cycle, and a brief and concise description of such has been included for each disease. Antiviral drugs (including those not clinically used) and the mechanisms of their antiviral activities are described in detail. The chapter on chemotherapy treatment of HIV infection outlines the most updated novel approaches in drug development and treatment regimens. The final chapter, which I found most stimulating, includes a selection of new antivirals and their novel targets—one day, these new drugs will be important in clinical usage. The importance of resistance to antiviral drugs is also raised many times in relation to different diseases.

The book is an excellent reference for medical students, clinical practitioners, and those who want to understand more about antiviral treatments. For those who are in the field of antiviral drug development or who would like to enter the field, this book is a good starting point from which to examine the recent developments in strategies and mechanisms of different drugs. One example, which is relevant to Hong Kong, is the potential use of new neuro-

minidase inhibitors for the control of an outbreak of the H5N1 influenza A virus, for which no vaccine is available yet. Such an option may become a necessity if the avian influenza virus is able to establish itself in humans and thereby spread to other regions in the world.

Each chapter is easy to understand and the illustrations are effective in conveying complex messages. The summaries containing background information are also helpful. This book would be of use in understanding alternatives and limitations associated with antiviral treatment. There is a lack of references to published work in some of the chapters, where detailed information may be needed for individuals to understand a finer point. There is also no reference to dosing regimens for licensed antiviral drugs for each particular viral disease. This is certainly not a drawback, however, if the reader is looking for clinical guidelines for using antiviral drugs because such information is readily available in other publications.

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## Clinical communication skills

By: *Fielding R*

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Doctor Fielding challenges us when he critiques the apprenticeship model of learning communication skills in medical practice: “The complaints expressed about current [communication] skills [of health workers] leave little room for doubt that current role models have flaws. Instructors are either not teaching the correct skills in a way that students are able to learn, or they are not teaching the correct skills because they themselves don’t possess them.” As a child, when faced with sick relatives and feeling lost about what to say, I often thought, “Since I don’t know how to talk to the sick, I won’t be able to become a nurse or a social worker. I shall strive to become a doctor so that I can do something for them.” However, not long after I became a doctor I realised that doctors must talk to patients too, and that my medical school had not equipped me enough in how to communicate with patients. I had to take counselling courses to remedy the deficiency.

Many medical schools have now begun to recognise the need for communication skills training. In departments of family medicine and psychiatry, videotaped consultations and role plays of patient-doctor interactions are being used in training. Assessing how doctors communicate with patients in diagnosis, physical examination, and management has become an integral part of undergraduate and postgraduate family medicine examinations. A limited curriculum time, a lack of emphasis in the further development of communication skills, and (shall I dare agree with Dr Fielding?) the paucity of quality role models in the field have meant that communication has not received its proper attention in the daily practice of doctors in general.

Doctor Fielding’s book is a handy textbook and manual for both students and teachers in the health care profession. It was judged the 1996 medical book of the year by the British Medical Association. Each chapter

begins with clear educational objectives, is interspersed with Key Points boxes, and closes with a succinct summary. Specific exercises and questions for discussion are included at the end of each chapter; they serve as a rich resource for the teacher and provide realistic vignettes for student learning. Some textbooks on communication skills discuss mainly the theory, but this book is richly illustrated with examples of conversations between health worker and patient. Such transcripts of dialogues are good demonstrations of 'how to' and 'how not to' in interviewing. The first four chapters introduce background materials such as the benefits of good communication, the consequences of poor communication, and how patients cope with illness, with some examples from the local context.

Specific skills such as how to start the interview, listening and questioning, guiding the interview, and giving information to patients are discussed in chapters 5 to 9. Chapters 10 to 12 deal with the situations of handling difficult questions from patients, breaking bad news, and communicating with the dying. Special pointers on how to communicate with children and adolescents are included.

Chapter 8 is an interesting chapter on feelings. Gone should be the days of the doctor going about his task like a robot, fixing the physical problems of the human machine. As human beings, both the patient and the doctor have feelings which should be acknowledged and tapped for the development of empathy and rapport and for improving the health worker's self-awareness and personal maturity. As the author puts it, "...many health workers are made very anxious by patients expressing their feelings" and they use the strategy of avoidance such as premature reassurance which shuts off further communication.

The penultimate chapter changes from patient-oriented communication to multidisciplinary team communication among health workers, and also gives tips on how to talk to the media. This important aspect of our daily work is seldom discussed in other books on communication.

The author concludes in the final chapter: "As consumers become more knowledgeable, they expect higher levels of service, and where these are not forthcoming, dissatisfied people resort to other means, such as litigation, to achieve their goals." We are beginning to see this happening in Hong Kong. "Adopting communications care as a priority in health care delivery is likely to significantly improve patient satisfaction, adherence to treatment, treatment effectiveness, and

consequently health outcomes.... Communication is a tool for changing our working environment, to make us less isolated by professionalism and more accessible to patients and each other."

Family physicians who provide ongoing care to patients and their families have long appreciated the therapeutic power of the 'drug doctor'<sup>1</sup>; however, giving a dose of the doctor's attention, care and support may be more powerful than many drugs. In a survey of 1000 patients attending for upper respiratory tract infections in local private practice, 81% of patients chose 'attentive listening' as the most important task for the doctor.<sup>2</sup> Patients found that the ability to discuss the problem fully at the initial visit with their family doctor was the most important prognostic factor associated with resolution of headache at 1 year.<sup>3</sup>

Yet in our present medical system which emphasises quantity of patient through-put and direct action, time for listening to and talking with patients (to understand their experience of illness and to encourage them to take greater responsibility for their health) seems a luxury that we can seldom afford. It is time to rethink—do we have our priorities right? If the time spent communicating with patients is important, then it should be scheduled and budgeted for. Time is not the only factor, however, since an understanding nod or a smile do not take long. It is more a reflection of our attitude towards our patients. Do we really respect them as autonomous individuals or are we still acting as the good parents, deciding on their behalf about what we think is best for them?

For those in the medical field who recognise the need to improve their communication skills, I recommend them to read and practice the exercises in this book.

## References

1. Balint M. The doctor, his patient and the illness. 2nd ed. London: Pitman Publishing Ltd., 1964:5,116,172,228.
2. Cynthia C. Patients' preferences in consultations for upper respiratory tract infections. *HK Pract* 1997;19:171-82.
3. The Headache Study Group of The University of Western Ontario. Predictors of outcome in headache patients presenting to family physicians—a one-year prospective study. *Headache* 1986;26:285-94.

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