COMMENT

GOOD COMMUNICATION AND HEALTH OUTCOME

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Health care is integrated with four elements: physical care (surgical or medical), cognitive care to provide clear information for patients to help themselves and to adhere to advice, behavior care whereby patients can modify their habits and lives, and psychological care either of primary psychological factor or those secondary to physical illness. It is mandatory for a modern health care professional to provide care that is evidence based, patient centered and shared in a collaborative partnership.[1]

Family physicians take care of the physical, mental and emotional health of both, their patients and their families. They know family's health history and how it can affect patients and are trained to care for their patients through all stages of life. Family doctors are trained in all areas of medicine. They can diagnose and treat the full range of problems people usually bring to their doctors and know when to treat himself, and, if necessary, when to bring in another specialist for the appropriate care of his patient.

The best health outcome depends upon accurate diagnosis and appropriate treatment. A patient centered communication provides a more complete clinical picture which leads to improvement in health outcomes such as symptom resolution, reduced psychological distress, improvement of health and functional status, relief from pain and anxiety control. Broad dimensions of care of most concern to patients are: respect for patients' values, preferences, expressed needs, coordination of care and integration of services within the clinical setting. Communication between patients and health care providers, dissemination of accurate, timely, and appropriate information, and education about the long-term implications of disease and illness are essential ingredients of care. Other important factors which need consideration are enhancing physical comfort, emotional support and alleviation of fears and anxiety, involvement of family and friends, transition and continuity from one locus of care to another.[2]

Patients want to be able to trust the competence and efficiency of their care givers. They want to be able to negotiate the health care system effectively and to be treated with dignity and respect. They want relief from pain and discomfort and worry about functional disabilities. Also they want to understand how their sickness or treatment will affect their lives, and fear that their doctors may not be telling them everything known about their case. They worry about caring for themselves away from the clinical setting. They also worry about the effect their illness will have upon them, their family, friends, and finances.

Effective clinician-patient communication is directly linked to improved patient satisfaction, adherence to suggested treatment, and subsequently, health outcomes. However, patients, particularly those from minority backgrounds, are often dissatisfied with their ability to communicate with their physician.[3] Many times patients had trouble understanding their doctor, whether they felt their doctor did not listen, and if they had medical questions during the consultation that they felt they couldn't ask. Factors which improve patients' adherence to medical advice are clinician's understanding the patients need and eliciting all health concerns including patient being comfortable enough asking questions with sufficient time.

Differences in styles of communication between patient and clinician, which can lead to discomfort and miscommunication, include both verbal and non-verbal communication, eye contact, touch, and personal space. Direct eye contact may be avoided in some cultures, while in others it is a sign of respect and paying attention. Providers of health care should be aware of their own tendencies and should be sensitive to the preferences of their patients. Another key aspect of communication is level of assertiveness,

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which may range from deference to aggressiveness. It should not be assumed that a quiet patient agrees with the plan outlined by the health care provider. A deferent patient may simply be hesitant to voice a conflicting view, making it crucial to ask for the patient's input and encourage verbalization of any disagreement. Good relationship with patient depends on better orientation to the process of consultation, facilitative comments, active listening, humor and time management.[4]

Communication issues become more complex when preferences around relating "bad news" to a patient need to be considered. Care providers may incorrectly assume that patients should be informed of results and diagnoses, just as they themselves would wish such news delivered. Personal and/or cultural preferences for a direct or indirect approach vary and should be elicited from patients, ideally before ordering an important test. Sense for the patient's general communication style and adapting a style of communicating to fit best with him/ hers is essential.[5]

Trust is a crucial element in the therapeutic alliance between patient and health care provider. It correlates directly with adherence to physician recommendations and patient satisfaction. Mistrust of the health care system also affects patient's use of services, and results in inconsistent care, doctor shopping, self-medicating, and an increased demand for referrals and diagnostic tests by patients. Effective communication can explore the patient's perspective and provides focused reassurance. Many patients respond well to being given options and some control over their health care decisions. A good health care provider communicates clearly, listens attentively and carefully, avoids medical jargon, and checks regularly for feedback from the patient.[6] Many patients wish to make decisions about their own medical care, based on information and guidance provided by their health care providers. Families may even wish to exclude the patient from decisions, to avoid what they perceive as undue stress for the patient. A common issue occurs when a family asks the health care team to withhold a terminal diagnosis from a patient. In this situation, the family as a unit is trying to do what they feel is best for the individual patient. However, this conflicts with ethical belief of care provider which places great value on patient autonomy and the "right to know." A negotiation might lead to an accord agreement in these situations, if the patient himself/herself agrees to allow her family to make medical decisions on her behalf.[7]

Many of the myriads of traditions and customs that help to shape a person's cultural environment have a significant relation to health and illness, including issues relating to dietary practices, folk remedies, and certain religious customs. It is important to have an awareness of their importance, as well as openness and skills to explore them further with individual patients. Many of these health-based traditions and customs are directly related to the patient's world-view, religious, or spiritual beliefs. Illness and death are among the most powerful and mysterious phenomena in our existence. People often seek meaning in these experiences through spirituality. Some patients have spiritual or religious beliefs that prevent them from having certain tests or treatments, such as blood transfusions. Patients seeking care for a medical issue come with certain beliefs about the cause of their symptoms, concerns about their illness, and expectations about potential treatment. Limited education, low health literacy, lack of information, or mistrust of medicines may lead people to develop their own ideas about the causes, consequences, and appropriate treatment of their illness. Sometimes beliefs are simply misunderstandings about medical information. A good family physician should communicate his or her patient effectively to eliminate these thought process and misunderstanding among patients and their relatives. Poor communication between doctors and patients are due to, lack of knowledge, and skills, authoritarian attitude, failure of empathy and sometime personal failures like short temperedness or ignorance. Patients difficulty in communicating with doctors are feeling of inferiority, anxiety and its consequences, misconceptions, conflicting information, forgetfulness, language barrier and disinclination to disclose their concerns.

Learning communication skills in times of change and uncertainty depends on an emotional openness to self and others. Medical educators should use knowledge of patients' perceptions of care to focus teaching on areas that will help trainees to meet patients' expectations. Teaching communication skills should be included at all levels of medical education and, even more importantly, should be a mandatory element of the medical school curriculum and programs of continuing medical education.[8] This can be achieved only with the support of all grades of doctors in all specialties. As more organizations become aware of the importance of physician communication skills, competency

in these skills becomes a standard that physicians must attain. In addition to the best technical and medical treatment possible, patients also want a supportive environment and a medical team that cares about them.[9]

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