

The Physician as a Communicator

Communication is an important element in all professions. In journalism, one survives or fades away depending on his ability to use the right words for his writings to have the right impact. This is equally true of the professions of healing. Words can be taken as the commonest Medicine used by a physician. In health care, the words used by the doctor have a profound effect on the well-being of a patient. These can inspire hope in the patient or plunge him in despair. Words can make all the difference between rapid recovery of the patient or prolongation and aggravation of his ailment. The right words can potentiate a patient, mobilise his will to live and set the stage for a heroic response from him. Wrong words can induce despair and defeat or impair the usefulness of whatever treatment is prescribed. The practice of medicine is both a science and an art, the oldest is art. Being able to diagnose correctly is a good test of medical competence; being able to tell the patient just what is good for him or her to know is a good test of medical artistry. In short, a physician should adopt a psychological approach in dealing with his patients. It should be realised that proper communication is one of the most difficult undertakings. Patients can get frightened, confused or immobilised as a result of faulty communication with their doctors. Sloppy communication often impairs patient-physician relationship.¹

A Physician has to be guarded in his communications. His words should help to infuse hope in the patient and care should be taken to avoid any statement likely to depress him. Vague words such as a remark, "you will be discharged soon" leaves the patient in a state of confusion and vexed with anxiety as to what the word 'soon' stands for. Is it today, tomorrow and so forth he wonders, and feels unsure about the future. The commonest cause of poor response to a drug is faulty communication. Even when the physician's message is clearly delivered and clearly understood, its effect some times may tend to slight his hope and make him feel dejected. Not all patients can face facts with equal equanimity. With some of them, there may even be iatrogenic hazards resulting from their direct confrontation with the fact of their extreme illness. The physician should try all the time to keep his patient in good humour. It needs a lot of tactfulness on the part of a physician who has to exercise considerable prudence and act with circumspection in breaking the news of his serious

illness to a patient. But even this should be accompanied with friendly words to cheer him up without voicing any concern about his health. It should be remembered that the mood and attitude of a patient are potent factors affecting treatment. It is, therefore, necessary for the physician to assess his possible reaction in the light of his frame of mind at the moment and tailor the intended communication to ensure that it has a salubrious effect on him.

Physicians are obligated to use all the science at their command, chemotherapy, radiation, surgery, in an attempt to reverse or slow down a malignant neoplasm. For the same reason, a wise physician will employ all his artistry to potentiate or motivate the patient. Motivation is essential for better compliance in long-term therapies for conditions like pulmonary tuberculosis, diabetes mellitus, hypertension etc. Every patient who comes to a physician presents two diseases, not one. In addition to the disease being diagnosed and treated, there is a disease called "panic". If we treat one disease and not the other, we may be dispensing one-half of the treatment. Panic intensifies the underlying health problems. Panic can flood the heart with catecholamines, disrupting normal rhythms and even causing myocardial infarction; panic can constrict the blood vessels. Many people with heart attacks and snake bites never reach the hospital alive because of panic and the effect it has on the heart. Pain and stress throw the entire endocrine system into disarray. It is no accident that not infrequently, disease becomes suddenly intensified concurrent with the diagnosis being made. The way a patient receives a diagnosis can have a profound effect on the course of the disease. This does not mean that truth must be deferred or denied. It is a matter of attaching as much importance to the manner and style of communication as to any other aspect of medical care. This means that communication must be direct and as honest and direct as possible within the bounds of kindness and tact.²

We are accustomed to thinking of iatrogenic problems in terms of wrong medication, or mistaken surgery, or harm done in diagnostic procedures. But there are also iatrogenic psychological situations – what happens after a patient is sent into an emotional tailspin with physiological consequences as result of an exchange with a physician? It is possible to communicate negative information to the patient in a

way that it is taken as a challenge rather than as a death sentence. A wise physician creates a sense of confidence and hope, the patient's cooperation is won and a meaningful partnership is established in which the patient's contribution is equally important. When statistics are discussed, it is said that three out of five patients last out the year and not that two out of five do not. It is now known that the brain produces a large number of neurotransmitters, some of which are activated by the patient's own attitudes and emotions others by the patient's self-confidence and confidence in the physician, or by a robust will to live. Patients inspired by physicians respond best to the treatment.

There are qualities beyond medical competence that patients need and look for in their physician. These are the so called qualities of head and heart. They want to be looked after and not just looked over. They want to be listened to, they want to feel that it makes a big difference to the physician, a very big difference, whether they live or die. They want to feel that they are in the physician's thoughts. The physician represents the restoration of their health. The physician holds the life-line. The physicians' words and not just his prescription are attached to that life-line. All the modern advancements in technology have not changed the physician's primary role as the keeper of the keys to the body's own healing system.

Even though the physician attaches the highest value to medical science, yet he should never forget that it works best when combined with his art, and indeed, that the art is most enduring in the profession. For, ultimately it is the physicians' respect for the human soul that determines the worth of his science. A physician should have a dual personality scientific to the disease and human and humane to the patient.

Disclaimer

This editorial was previously published in the Pakistan Armed Forces Medical Journal. Lt Gen (Rtd) Prof. Mahmud Ahmad Akhtar is the first Editor of the Pakistan Armed Forces Medical Journal and served as the former Surgeon General of the Pakistan Army. He is an esteemed medical specialist whose contributions and writings are frequently republished by the PAFMJ team so that younger generations can benefit from his experience, insights, and pearls of wisdom.

REFERENCES

1. Cousins N. The physician as communicator. JAMA 1982; 248(5): 587-589.
2. Fletcher C. (1980). Listening and Talking to Patients: I: The Problem. Br Med J 1980; 281(6244): 845-847.

Lt. Gen. ® Mahmud Ahmad Akhtar
HI[M]
Former Surgeon General Pakistan Army
& DGMS [IS]
43 – Race Course Road, Rawalpindi