Patient-Physician Communication

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THE TERM “PATIENT-PHYSICIAN COMMUNICATION” ENCOMPASSES A WIDE range of interactions. These range from physicians’ conversational style to formal techniques for coping with patients’ concerns. It has become clear that the quality and content of patient-physician interaction has important effects on both participants. For example, good communication with patients can be associated with improved treatment adherence,1 and physician communication styles appear to be associated with the risk of malpractice litigation.2 Although the actions that constitute good communication with patients are still vaguely defined in the literature, there has been a great deal of recent interest in refining methods to promote better communication between physicians and patients. This issue of MSJAMA approaches patient-physician communication from several different perspectives, reflecting both the breadth of the field and its relevance to clinical practice.

Gregory Makoul summarizes recent developments in attempts to measure medical students’ communication skills in an objective way. The proposal to include a clinical skills assessment as part of the United States Medical Licensing Examination (USMLE) is the first nationwide attempt to standardize and assess the clinical communication skills expected of medical graduates.

The remaining articles discuss communication aspects in medical practice. Kiran and Pavi Kundhal address the growing need for physicians to understand how culture affects patients’ experience of illness. Two other articles address specific clinical situations that, while common in medical practice, are frequently difficult for clinicians to address effectively. Rebecca Gordon-Lubitz discusses issues regarding the communication of risk and risk assessment to patients. Statistical analyses and risk stratification for various treatment options is complicated information and can confuse patients trying to make decisions in the setting of illness and uncertainty. Gordon-Lubitz addresses some of these difficulties and outlines strategies that can be used to improve understanding. Similarly, Michael Hahn addresses ways in which physicians communicate with patients about advance directives. He notes some specific problems with advance directives as they are currently employed and describes approaches that may increase the use and efficacy of advanced directives.

The goal of research in patient-physician communication is to find approaches to help physicians interact with patients in ways that will be beneficial for both parties, and these articles represent only a small sample of this growing field. The best methods for promoting good communication with patients are still being refined. The question of how to teach physicians to use these approaches successfully is still uncertain. However, the need for clear and effective interactions with patients makes patient-physician communication an issue of considerable clinical importance.

REFERENCES