We live in the “Communication Age” 2001

- More content
- More clearly
- Faster
- More widely
- Sometimes too impersonal, too much, too confusing
Medical Communication – Why Important?

- Patient satisfaction
- Better care outcome
- Increased compliance
- See more patients
- Decrease litigation
- To stay on MC Panels
Can It Be Taught?

• Mostly in medical school
• Crucial part of residency
• Difficult in practice
End of Life Conversations -- Content

- Sympathy
- Had a good life
- Knew the end would come
- Not happy as they were
- Everyone did their best
- Cultural and religious perspectives
End of Life Conversations -- Process

- Family member present
- Allow enough time
- Same information to all
- The whole truth – optimism is OK
- “I’m afraid I have some bad news”
- Listen to the response
- Listen for religious comments
- Be empathetic
- Don’t take away hope
- “Cancer ……….”
Learn to (Really) Listen

• The patient’s agenda
• If you want them to return
• Learn what they are hearing
• Videos – 19 seconds!!
Barriers to Medical Communication (Patients)

- Avoiding painful topics
- Shyness, confusion, fear of death
- “No bad news, please”
- Over-estimating doctor power
- Interest and media hype
Barriers to Medical Communication (Doctors)

• Fear of causing pain
• Lack of communication skill
• Death is an enemy to be defeated
• Fear of disagreeable response
• Fear of litigation – powerless and vulnerable
Vignette #1.
You are referred a 37-year-old attorney who awoke 9 days ago with a complete loss of hearing in his right ear. He saw his PCP the next morning and the doctor prescribed a 10-day course of antibiotics for an ear infection. There has been no improvement in his hearing loss. You find a normal appearing TM and your tuning fork tests suggest a severe unilateral sensorineural hearing loss. You now enter the exam room and begin to explain the situation to him and answer his questions.
You are referred a 21-year-old attractive college student who awoke 3 weeks ago with a complete left facial paralysis. She describes mild pain behind her left ear and on physical examination you find a normal appearing left tympanic membrane and conjunctivitis of the left eye. She has been reassured by her primary care physician that “most of these facial paralyses tend to recover spontaneously”. You order a nerve excitability test (4.5 milliampere difference between the left ear and the right ear, ENOG shows 95% degeneration and EMG shows only a very few fibrillation potentials). You now enter the exam room and begin to explain the situation and answer her questions.
Vignette #3.
You are asked to see an 18-month-old male who was taken to see the doctor because of his apparent lack of awareness of environmental sounds and his lack of speech development. You examine the child and find him to be in excellent health otherwise, and after testing the impression of the audiologist is that of bilateral profound sensorineural hearing loss. You now enter the room and begin to explain the situation and answer the questions of the parents.
Vignette #4.

A prominent 45-year-old banker in your community comes to see you because of progressively increasing hoarseness. He smokes two packages of cigarettes per day and has two or three cocktails every evening, and he just wants to be sure that he doesn’t have anything to worry about. On fiberoptic examination of his larynx you note that he has an irregular exophytic lesion involving the entire left true vocal fold and that there is no vocal fold motion on the left. You remove the fiberoptic scope and place it on your examination console and then you turn to the patient and begin to explain the situation and answer his questions.
Vignette #5.

Yesterday you were on call for the E. R. at your hospital and took care of a 19-year-old female who had been involved in automobile accident at 1:30 a.m. You determined that she had a severe LeFort III fracture with massive facial swelling. You were able to reduce and plate the fracture and it is now Monday afternoon. The patient was minimally responsive yesterday afternoon, but upon awakening this morning, your friendly ophthalmologist consultant has shared with you that the patient appears to have no useful vision in either eye. You have also just learned that the tox screen performed in the E.R. is positive for marijuana and an alcohol blood level of .21. You now enter the patient’s hospital room and begin to explain the situation to the patient and her parents.