

5 Communication in clinical practice

Effective communication is essential to good medical practice. Good communication skills are central to all aspects of the patient-doctor relationship, underpinning establishment of rapport, history taking, explaining aspects of physical examination, explaining and gaining consent for diagnostic and therapeutic interventions, understanding patient preferences, and assuring compliance with treatment. Communication in clinical practice is much more than the exchange of spoken words between doctors and patients. Oral communication is always accompanied by non-verbal exchanges, mainly through facial expressions and postures, and sometimes by touch, as during physical examinations, and greetings and farewells.

Effective communication strengthens patient autonomy by enhancing understanding. Effective communicators can establish rapport, trust and confidence with patients more easily, thereby enhancing the flow of crucial information and increasing the likelihood that advice will be understood and heeded. Effective communication decreases the likelihood of complaints [1], and of acrimony or legal action if adverse events occur [2,3]. Good communication skills alone are not sufficient for professional medical practice and must be accompanied by clinical competence, empathy and ethical behaviour [4]. Good communication skills are also a necessary prerequisite if the doctor is to provide effective leadership of or participation in the health-care team.

Effective communication also improves the quality of health care [5,6] and can have a very positive effect on the satisfaction gained from a consultation by both doctor and patient. While community satisfaction with the communication skills of doctors in Australia is quite high [7], breakdowns in communication do occur and are the most common basis for patient dissatisfaction. Surveys show that dissatisfied patients criticise their doctor for not listening, for not providing adequate explanations, or for appearing disinterested. Satisfied patients perceive their doctor to demonstrate humaneness, understanding, the ability to listen without hurrying them, and the skill of involving patients in decision making [8-10]. Poor performance in communication skills assessment at licensing examinations in Canada predicted complaints to medical boards [1], which is consistent with the fact that failure of communication underlies the majority of complaints made against doctors (see chapters 9 and 10). The opportunity for a patient to exercise autonomy is undermined when the doctor is a poor communicator or appears to be unapproachable or unwilling to respond to a patient's

questions or concerns. A large proportion of medicolegal problems that arise in clinical practice are generally precipitated by these factors [11]. Even the tone of the surgeon's voice has been shown to correlate with malpractice claims [12].

A traditional perception has been that the possession of good communication skills (as a component of a 'good bedside manner') was innate, but it is now well accepted that effective communication is a clinical skill that can be taught, enhanced and put into practice [8,9,13-15]. Doctors who graduated before these skills were taught to medical students had to learn their communication skills on the job, and from role models—good and poor. Role models remain an important influence on students and young doctors, and there is evidence of negative consequences from exposure to poor role models [16]. Although communication skills receive attention in the medical student curricula, more needs to be done to reinforce this learning at the postgraduate level [17].

This chapter highlights obstacles to communication, describes key skills for effective communication and provides advice about issues such as the use of interpreters, truth-telling, how to respond when patients are angry or when things have gone wrong, and how to approach discussions about sensitive topics, such as sexuality. It also covers communication across cultural barriers and handling difficult doctor–patient encounters. This chapter briefly mentions the importance of good written communication but Chapter 8, on medical record keeping, also addresses this aspect.

5.1 Obstacles to effective communication

Obstacles to good communication may relate to a lack of skills and/or a poor attitude of the doctor, factors in the clinical practice setting, the patient's own communication issues or a combination of all three. These matters are well outlined in a 2004 National Health and Medical Research Council (NHMRC) publication, *Communicating with patients: advice for medical practitioners* [18].

5.1.1 Doctor-related obstacles

Some doctors are poor communicators for reasons including:

- lack of training in communication skills
- inadequate role models during training