

Medical Consultation and Communication with A Family Doctor from The Patients' Perspective: A Review Article

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ABSTRACT

Background: The ability for patients to evaluate healthcare based on their experiences is one of the new responsibilities that have been accorded to them in the current concept of healthcare quality. A survey of the literature reveals that communication-related difficulties are crucial among the fundamental factors used to gauge patients' happiness.

Objectives: The study's goal was to identify the elements of patient contact with a family doctor that are of particular significance.

Materials and methods: A review of the literature from the years 2018–2022 on communication with family doctors was performed, including articles based on both quantitative and qualitative studies. The main source of the data was the English-language online database PubMed, in which articles were searched for based on such key words as: “medical consultation”, “family doctor”, “general practitioner”, “communication”, “patient’s perspective”. Furthermore, information was searched for in Polish-language journals, books and textbooks for physicians, using a method of manual screening

Conclusion: Building a therapeutic doctor-patient relationship, which is the essence of medicine, depends on effective doctor-patient communication. This is crucial for the provision of high-quality medical treatment. The breakdown in the doctor-patient connection is the cause of a great deal of patient discontent and complaints. However, many medical professionals prefer to exaggerate their communication skills. Numerous articles on this significant subject have been written in the literature throughout the years. Doctors with stronger interpersonal and communication skills are able to identify issues early, avoid medical emergencies and costly interventions, and provide their patients more assistance. This might result in improved results, increased patient comprehension of health concerns, and better adherence to the prescribed course of action, as well as cheaper healthcare expenditures. Currently, there is a higher expectation for joint decision-making between doctors and patients in order to reach the set objectives and improve quality of life.

Keywords: Benefits, Communication, Doctor-patient relationship, Review, Strategies.

INTRODUCTION

The interpersonal aspects of the patient-physician connection are where medicine, as an art, finds its charm and creative potential. A doctor's interpersonal and communication abilities include the capacity to interview patients in a way that facilitates correct diagnosis, advise them effectively, provide them with treatment instructions, and build trusting relationships with them. These are the fundamental clinical abilities required for the successful provision of medical treatment, with the ultimate objectives of getting the greatest results and elevating patient happiness ⁽¹⁾.

To establish and maintain a good therapeutic doctor-patient relationship that is comprised of shared views and sentiments about the nature of the issue, treatment objectives, and psychological support, basic communication skills alone are inadequate. This fundamental ability to communicate builds on interpersonal abilities. Appropriate communication combines patient- and physician-centered strategies ⁽²⁾.

Any contact between a doctor and patient should always aim to enhance the patient's health and level of medical treatment. Even when many physicians thought the communication was good or even great, studies on doctor-patient interactions have shown patient dissatisfaction. Doctors often overestimate their communication skills. According to **Tongue et al.** ⁽³⁾

just 21% of patients said they had good contact with their physicians, despite the fact that 75% of orthopaedic surgeons polled thought they did. Patients frequently express a desire for improved contact with their physicians in polls.

The ancient Greek Cos School is where the foundational ideas of patient-centered care were first developed. Patient-centered care hasn't always been the norm in medicine, however. For instance, due to the poor prognosis for cancer treatments in the 1950s to 1970s, the majority of physicians felt it was cruel and harmful to patients to share terrible news. More recently, the medical approach has moved away from paternalism and toward individuality. The predominant type of communication is information sharing, and the present shared decision-making and patient-centered communication models are products of the health consumer movement ⁽⁴⁾.

For all patients, but particularly for those with chronic illnesses who must get ongoing, long-term treatment, effective communication with doctors is crucial. According to studies, good communication helps patients achieve better physical health outcomes and manage their own self-care. The Centers for Disease Control and Prevention estimate that 40% of American adults and 60% of people in general have two or more chronic diseases. 90% of the \$3.3 trillion in yearly health care expenses in the US are attributable to

these people. Chronic illness symptom management may greatly lower these expenditures ⁽⁵⁾.

The use of technology by both patients and providers has increased recently as individuals interact with their doctors more often online and telemedicine has received increasing attention. A research by the American College of Surgeons claims that doctors no longer conduct home calls and that an increasing proportion of patients are choosing text messaging and telemedicine over regular office visits and phone calls. Several studies have shown how patients connect with their doctors using encrypted messaging, patient portals, and email. Additionally, studies have looked at how patients with chronic diseases can improve their health outcomes through information technology (IT)-mediated communication, as well as how the effectiveness of various media varies depending on the communication process they are used for (e.g., making an appointment and discussing acute symptoms) ⁽⁶⁾.

However, few studies have looked at whether patients' opinions of the efficacy of face-to-face (FtF) and IT-mediated communication are different. The majority of previous study focused on the distinctions between voice and video communication and FtF communication. There is little research on how text-based IT-mediated communication is perceived by patients. Therefore, it is uncertain if patients see the quality of treatment as being different from text-based communication when it is given face-to-face. It is crucial to look at how text-based IT-mediated communication affects efficient patient-physician communication as it grows in popularity. This lacuna in the literature offers health IT academics the chance to better comprehend patients' viewpoints on the efficiency of text-based IT-mediated communication. Therefore, we investigated whether patients' assessments of communication efficacy for face-to-face vs text-based IT-mediated communication vary ⁽⁷⁾.

In addition, patient happiness, the effectiveness of self-care, and perceived results of health management are all influenced by effective patient-physician communication. Patients who have good provider-patient communication report higher levels of happiness, self-care effectiveness, and perceived success in managing their health. These benefits of excellent communication are crucial because people who take charge of their health may enhance their quality of life and save expenditures associated with medical treatment ⁽⁸⁾.

ADVANTAGES OF SUCCESSFUL COMMUNICATION

The heart and art of medicine and a crucial element in the provision of healthcare, effective doctor-patient communication is a crucial clinical function. Establishing positive interpersonal relationships, enabling information interchange, and involving patients in decision-making are the three major objectives of today's doctor-patient communication.

The physicians' "bedside manner," which patients see as a crucial indication of their doctors' overall competency, determines how well they communicate with their patients ⁽⁶⁾.

Effective doctor-patient communication may help patients control their emotions, make it easier for them to understand medical information, and help doctors better understand their patients' needs, perceptions, and expectations. Patients who report strong communication with their doctor are more likely to be happy with their care, particularly when they disclose information that is necessary for an accurate diagnosis of their issues, listen to advice, and follow through with the recommended course of treatment. Recovery is highly correlated with patients' agreement with the physician on the nature of the therapy and the need for follow-up ⁽⁹⁾.

Studies have linked feelings of control to things like the capacity to endure discomfort, health improvement, slowed tumour development, and everyday functioning. Additionally mentioned benefits include improved psychological adaptations and improved mental wellness. According to certain research, hospital stays are becoming shorter, which reduces the expense of each doctor visits and the number of referrals ⁽¹⁰⁾.

Better patient and doctor satisfaction is the outcome of a more patient-centered interaction. Patients who are happy with their care are less likely to file formal complaints or begin malpractice investigations. Doctors benefit from satisfied patients because they have higher job satisfaction, less stress at work, and less burnout ⁽¹¹⁾.

THE ISSUES

In the doctor-patient relationship, there are several obstacles to effective communication, including patients' worry and terror, physicians' workload, their fear of lawsuit, their fear of being physically or verbally abused, and their unreasonable expectations ⁽¹²⁾.

A decline in doctors' communication abilities

As medical students advance in their training, it has been noted that their communication skills deteriorate and that they lose interest in providing comprehensive patient care. Additionally, the mental and physical abuse experienced throughout medical school, especially during internship and residency, reduces empathy, replaces conversation with methods and procedures, and may even lead to patients being mocked ⁽²⁾.

Withholding of Information

The doctor-patient relationship is a complicated one, and severe misunderstandings may happen. This is particularly true when it comes to how well patients comprehend their prognosis, the goal of their care, their expectations, and their ability to participate in their own care. These key elements may have an impact on the decisions patients make about their care towards the end of life and throughout treatment, which may have a big

impact on the condition. Patients felt like complete participants in talks about their health because to physicians' effective communication techniques. The "biology of self-confidence," as stated by Sobel, emphasises the crucial role that patients' perspective plays in their recovery process. This subjective experience that affects patient biology is known as this ⁽⁷⁾.

Avoidance behaviour of doctors

There have been reports of physicians avoiding talking about the emotional and social effects of their patients' difficulties because they found it upsetting when they were unable to tackle these concerns or did not have enough time to do so. Doctors were emotionally harmed by this circumstance, which also tended to make patients feel worse. Patients who engage in this avoidance behaviour may become reluctant to discuss issues, which might delay and negatively affect their rehabilitation ⁽¹³⁾.

Disincentive to Collaboration

Patients' demands for additional information as well as their worries and expectations have been proven to be suppressed by doctors. Patients were discouraged from voicing their need for information and explanations due to the physicians' unfavourable conduct and the communication style that resulted. Patients may feel powerless and find it difficult to reach their health objectives. Poor patient comprehension is caused by inadequate explanations, and a lack of agreement between the patient and the clinician may result in treatment failure ⁽¹⁴⁾.

Patients' Reticence

The power and authority that society gives physicians has changed throughout time, and patients now understand that they are not just passive receivers. By actively rebuilding expert information to express their own opinions, integrate with their knowledge of their own bodies and experiences, as well as the social reality of their existence, they may subtly and overtly oppose the monologue of information transmission from physicians. This knowledge will be taken in and, more significantly, applied if social interactions and settings are considered ⁽¹⁵⁾.

According to **Lee and Garvin** ⁽¹⁶⁾, institutional limitations, social interactions, and inequality may be the main determinants of health care. This was demonstrated in their study by female patients from a lower socioeconomic group in the Appalachian region of the United States who changed recommendations to avoid sun exposure and continued tanning despite being aware of the risks associated with sun exposure and skin cancer by considering social pressures that equated tanned skin with beauty. The research of Lee and Garvin reveals the significance of social elements in the creation, transfer, and use of knowledge.

METHODS OF IMPROVEMENT

Skills in Communication

Both substance and manner are important in effective communication. Open-ended questioning, empathy, and careful listening are a few characteristics of effective communication. Patient engagement and adherence to prescribed therapies tend to increase with improved doctor-patient communication, which also influences patient satisfaction, adherence, and use of medical services ⁽¹⁾.

A complicated and difficult communication challenge in the profession of medicine is breaking unpleasant news to patients. Developing relationships is crucial when delivering unpleasant news. Understanding patient viewpoints, information exchange, and patient knowledge and expectations are crucial elements. Miscommunication may seriously affect patients' comprehension, treatment expectations, and participation in treatment planning. Additionally, poor communication reduces patient satisfaction with medical treatment, their degree of optimism, and their ability to change psychologically ⁽²⁾.

According to research by **Baile et al.** ⁽⁸⁾, patients often consider their physicians to be one of their most valuable providers of psychological support. One of the most effective methods to provide patients this support is via empathy, which validates their emotions or thoughts as normal and to be anticipated while also reducing patients' sense of isolation.

Language Instruction

Due to their intrinsic gifts, doctors may not necessarily have strong communication skills. Instead, if there is enough motivation and incentive for self-awareness, self-monitoring, and training, individuals may comprehend the idea of effective doctor-patient communication, acquire and practise these skills, and be capable of changing their communication style. Training in communication abilities has been shown to enhance doctor-patient communication. The better habits might, however, revert with time. Therefore, it's crucial to put new abilities into practice while receiving continuous feedback on the learned behaviour. According to some, medical education should go beyond skill development to foster doctors' attention to patients' individual experiences ⁽³⁾.

Cooperation in Communication

Information is exchanged in two directions during collaborative communication, which is a reciprocal and dynamic interaction. In a perfect world, physicians and patients would work together to deliver the greatest treatment possible as doctors often make snap judgments that might be prejudiced? In order to share responsibility and control with patients, clinicians must make the time or create the chances to present and discuss treatment options. In order to facilitate shared decision-making, effective information sharing ensures that concerns are solicited, examined, and that

explanations of treatment alternatives are fair and understandable. In this method, rather than following a set protocol, the doctor assists patients in conversation and negotiation, and the treatment alternatives are assessed and customised to the context of the patients' condition and requirements. To optimise adherence and ensure the best result, care alternatives need to be discussed collaboratively between the clinician and the patient, taking into consideration their expectations, desired outcomes, degree of risk acceptance, and any related costs ⁽¹¹⁾.

Conflict resolution

In cases involving paediatric palliative care, Feudtner revealed how the root of problems was often not made clear. The main cause was often unstated, vague, or unknown to one or perhaps both parties, which led to unease. Conflict may cause emotions of helplessness, frustration, bewilderment, rage, uncertainty, failure, or despair. As a result, it is often a difficult scenario. To de-escalate the situation and transform the relationship issues into a therapeutic success, the doctor should be able to identify these sentiments and have the abilities to see harmful reactions in the patient or themselves ⁽⁶⁾.

Effective doctor-patient communication should involve productive conversation, which involves understanding of both parties' perspectives, by switching from a perspective that is rigidly certain of one's belief to a more exploratory approach that strives to understand the situation from another perspective. This is in addition to minimising avoidance behaviour, which prevents patients from expressing opinions. Understanding how a patient's communication and emotions are reciprocated during a medical visit is crucial because it may assist foster good interactions that help break unfavourable patterns ⁽⁴⁾.

Health behaviors

The connection and relationship between a doctor and patient are influenced by beliefs and values. Contradictory viewpoints may have an impact on healthcare via scepticism of recommended remedies, fear of the healthcare system, and competing medicines. Despite receiving proper therapy, this perception gap might have a detrimental impact on treatment choices and, ultimately, patient outcomes. Despite the fact that physicians utilise a biological model to explain sickness, social and behavioural elements as well as biology or anatomy have an impact on patient views and values ⁽¹⁰⁾.

By ensuring that patients are aware of the advantages and significance of their medical plans, it is crucial to identify and resolve any real or imagined obstacles to adherence. Doctors should comprehend their patients' functional, relational, and symbolic interpretations of the sickness before summarising this knowledge, explaining the issue from the doctor's point of view, and asking the patient to rephrase what was stated. The

degree of agreement between the patient and the doctor is a crucial factor in result ⁽⁹⁾.

Patients create their own definitions of adherence based on their social circumstances and personal worldviews, which may lead to varying expectations for adherence behaviour. Gaining knowledge of the social background, expectations, and experiences of patients may be accomplished via effective doctor-patient communication. A specific ailment, viewpoint, or fact may be detected via cooperative communication, allowing for a view from a new perspective and bringing attention for a more accurate evaluation and the following treatment. In this paradigm, competent medical professionals respect and appreciate the patients' right to make decisions ⁽¹⁾.

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