

JMMD # 1449

The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk so Your Doctor Will Listen

Barbara M. Korsch, M.D. and Caroline Harding

New York

Oxford University Press

1997.

Pp. vii + 294.

ISBN 0-19-510264-9 (hbk): \$37.00

Index terms: Doctor-patient communication, health, illness, medical care

More than 40 years ago, along with a handful of others, Dr. Barbara Korsch began the scientific study of doctor-patient communication. Now, as a senior scientist and an experienced pediatrician, Korsch and her co-author have written a popular book designed to help (intelligent) patients and their families get the most out of their medical care. The book benefits from Korsch's experience as both a scientist and as a practicing physician, as she weaves together clinical anecdotes with results of scientific studies. The combination is more effective than either would be alone. Although the book has some flaws (at least from the perspective of another researcher), it has many virtues, and it will likely be a useful handbook for patients and family members who want to make the most of their medical care in an increasingly complex and frustrating world of health services.

The book is comprised of 11 chapters, bibliographic notes, a brief list of suggested readings, and a subject index. The chapters address most of the issues that are likely to face patients and their families. Included are discussions of the nature of doctor-patient communication, sources of misunderstanding and disagreement, patient (non-) cooperation with doctors' recommendations, information exchange and disclosure, empathy and callousness, medical training, the decision to seek medical care, dealing with sick children, coping with hospitalization, and managed care.

Dr. Korsch was among the first persons ever to study doctor-patient interactions scientifically. She developed a strategy for examining these interactions that depended heavily on audio- and later videotaping interactions between real doctors and real patients, an approach that was virtually unheard of previously. Korsch and her colleagues have recorded thousands of interactions and interviewed an equally large number of physicians and patients about what works and what doesn't work when doctors and patients get together to solve patients' problems. A major strength of the book is Korsch's appreciation for both sides of the story. Whereas many books about doctor-patient interaction tend to take one perspective or the other, Korsch moves fairly adeptly between the lay and professional points of view. Overall, one can still tell that Korsch is a physician, but she strives to give both sides of the story. Chapter 1 illustrates this style by giving both physician and patient views on a standard set of contentious issues in medical care and the doctor-patient relationship. Here and throughout the book the authors use italicized quotations (sometimes contrived and sometimes taken verbatim from recorded interactions or interviews) to personalize the viewpoints expressed by various parties.

Chapter 2 touches on some of the most common complaints patients make about doctors (e.g., doctors don't listen, doctors use too much technical jargon, interrupt too much, talk too fast). The authors acknowledge the reality of such problems, but rather than blaming physicians, they suggest that the *relationship* is primary and thus, that both parties bear responsibility for whether or not interactions proceed smoothly. This theme continues in chapter 3, where attention is focused on why things go wrong in doctor-patient interactions and what might be done to keep things going right. The chapter puts a tremendous amount of responsibility on patients to construct and maintain good relations with physicians. The reader is presented with a litany of things not to do to when communicating with one's doctor (e.g., don't complain, don't question your doctor's credentials, don't present too many problems, don't challenge your doctor, don't criticize, don't bring a friend into the examining room, don't relate your experiences to your friends'/family's experience, don't ask questions about alternative therapies, don't burden doctors with complaints that are outside their specialty, don't ask doctors to change things they can't control, don't be late, don't give gifts, don't ask for prescription drugs, don't ask for excuses from school or work, don't call doctors by their first names). These suggestions seem all to be designed to 'be nice' or 'be polite' to the doctor. The implicit message is "doctors are busy people with a difficult job, so just be a good, docile

patient and don't do anything that might challenge or offend the doctor." This message runs counter to much of what is currently believed to be true about the doctor-patient relationship—namely, that patients stand a better chance at getting better if they are actively involved in their care. This includes asking questions, seeking alternatives, questioning the doctor's decisions, and, in general, asserting oneself in the doctor-patient interaction. Instead, chapter 3 reads like the 'intelligent patient's guide to acquiescing to one's doctor,' a sort of Miss Manners' guide to the doctor-patient relationship. What the chapter seems to ignore is that patients, almost by definition, are not at their best. Patients, because they are sick, are vulnerable, afraid, short-tempered, and generally unwilling and/or unable to behave perfectly appropriately. In light of what current research shows about the positive effect of increased patient involvement in decision-making, the advice in chapter 3 seems puzzling. Although it contains some interesting and humorous anecdotes, this is by far the most disconcerting chapter in the entire book. Oddly, one of the saving graces of the book (and yet one of its weaknesses) is that the advice in chapter 3 is often contradicted in subsequent chapters, where patients *are* advised to be assertive and involved in their own care.

The fourth chapter attempts to describe and explain why patients often deviate from their doctors' recommendations, a phenomenon researchers refer to as patient noncompliance or nonadherence. The authors correctly point out that patients refuse or fail to follow about half of all the recommendations they receive. This lack of cooperation has many causes (e.g., forgetting, high cost, force of habit, side effects, interference with everyday tasks, personal beliefs about the safety and effectiveness of treatments, etc.). Some intuitively plausible causes of noncompliance are properly debunked (e.g., level of education), and instead attention is focused on the quality of the doctor-patient relationship as a primary determinant of patients' willingness to cooperate. It is only within a healthy relationship that patients begin to trust doctors' diagnoses and treatment recommendations, and that patients begin to reveal many of the 'real' causes of their troubles. Korsch and Harding suggest that doctors and patients should negotiate about treatment decisions. This suggestion is sound and consistent with recent research on patient compliance, although it contradicts the advice given in chapter 3.

Chapter 5 is about truth and the free flow of information in doctor-patient encounters. This is a difficult subject. At the center of this chapter is a dilemma: patients are ethically and legally entitled to

information about their own health, and yet this information is potentially harmful. Again, Korsch's experience as a clinician is both a blessing and a curse. It is a blessing in that she knows that medicine is full of ambiguities. There are, as she states, many truths—the doctor's truth, the patient's truth, the scientific truth, the harsh truth and the gentle truth. The art of medicine consists in knowing how much to share with patients and at what time. Research on doctor-patient interaction has consistently shown that patients want more information than they typically receive, and that patient satisfaction is associated with the amount of information received. Nevertheless, there is individual variation in the amount of information patients want or can handle. Doctors need to inquire about how much patients want, and patients need to express to doctors when they want more and when they have had enough. In contrast to the advice given in chapter 2, here the authors encourage patients to ask questions when they need more information. Chapter 5 also contains a revealing admission from Dr. Korsch, who writes, "I have traces of a patronizing, patriarchal physician in me, and I also personally feel the need for that kind of physician when I see the doctor" (p. 122). Dr. Korsch is to be commended for admitting to what are now regarded as unfashionable attitudes about medical care. However, perhaps this admission should be on the dust cover for the book, so patients know what they are buying. In spite of Dr. Korsch's research credentials, it seems clear that much of her advice is colored by her personal beliefs about a 'proper' doctor-patient relationship.

Chapter 6 discusses doctors' perceived lack of empathy, and chapter 7 attempts to explain how so many doctors become inured to their patients' suffering. Although the authors do not excuse doctors' lack of empathy, much of the onus is put on patients to make it easier for their doctors to be caring. Patients are again encouraged not to complain too much, to make their feelings known, but not to be 'overly emotional' (p. 140). This is peculiar advice to give to frightened, angry, suffering, tired, sick people. The message is that doctors prefer healthier patients (research supports this contention), and if you want the best care, you cannot act too sickly, desperate, or helpless. Chapter 7 describes the brutality of medical education (especially the internship year of the residency). During this period of intensely stressful work, many physicians become desensitized to suffering. Also during this time, doctors suffer considerably themselves. Because no one soothes their suffering, and because there are few role models who demonstrate healthy patterns for coping with stress and emotional exhaustion, many physicians 'turn off' and 'swallow' their emotions. Once turned off as a self-protection strategy, they are often difficult to turn on again. The

solution, it is argued, is to give greater emphasis to the emotional lives of both doctors and patients during medical school and residency training, yet the expansion of these areas of the medical curriculum is unlikely in light of the current dominance of biomedical conceptions of health and illness.

Chapter 8 gives advice about when to seek care from a professional. Using anecdotes, as usual, the authors illustrate the many medical and social factors that influence the decision to seek care. There is an enormous scientific literature on this topic. Readers would have benefited from a comprehensive review of that literature in lay language, but no such review was forthcoming. For example, it is well known that a major cause of death among heart attack patients is the delay in seeking care after the onset of chest pain and other classic symptoms. Although this sort of problem is mentioned in passing, it was worth emphasizing much more. Instead, the chapter advises patients to build and sustain an ongoing relationship with a primary care doctor and then to consult this person by phone when thinking about coming into the clinic, hospital or emergency room. The chapter also contains what are by now familiar-sounding suggestions about dealing with the doctor's office or emergency room. Don't be a problem patient. Don't debunk your own symptoms. Don't offer 'fanciful' theories. Don't argue. The chapter closes with some helpful questions to ask oneself after an appointment.

The ninth chapter is about taking care of sick children. It includes helpful suggestions about what to tell children, how to prepare them for appointments, how to act in the doctor's office, how to use time efficiently, how to help during painful procedures and so on. Dr. Korsch's years of experience as a pediatrician make this chapter among the most useful in the book, although parents with seriously ill children, or parents seeking more detailed and systematic advice, will require more than this chapter provides. Much the same can be said about the final two chapters, which cover hospitalization and managed care respectively. Each contains some useful information. These chapters attempt to explain to patients just how hospitals and managed care work, and what sort of constraints these systems put on health professionals. Once these issues are explained, advice is given about how to cope most effectively within the constraints. The advice given is, for the most part sound and unobjectionable, but the topics are treated superficially and anecdotally. Patients anticipating a long hospitalization or those struggling with managed care will need more and better information than that provided here. In particular, these chapters lack any serious, critical consumer perspective. Very little is said, for example, about the danger to hospitalized

patients posed by of iatrogenic illnesses, medical errors, and nosocomial infections. With respect to managed care, little is said about the need for financially neutral decisions, appeal processes, patients rights within managed care, and so on. Instead, the chapter presents a naïve-sounding picture of managed care as an institution aimed at ‘keeping people healthy.’ Recent research illustrates just the opposite. Rather than promoting health, managed care organizations attempt to control costs primarily by recruiting only healthy patients into their plans and by systematically limiting access to care. ‘Intelligent’ patients will have to go elsewhere to read about such topics.

In summary, Korsch and Harding have written a modestly helpful guide to the doctor-patient relationship. Although, taken as a whole, the book contains many useful suggestions and interesting insights, it suffers from several notable weaknesses. First, there is no systematic model of the ideal doctor-patient relationship to guide and organize the presentation. Instead, information is organized topically and anecdotally. Second, Dr. Korsch’s personal attitude about medical care is, by her own admission, patriarchal and patronizing. This may not be what many present-day patients are looking for. Third, the book fails to inform its lay audience about large areas of relevant research. (This shortcoming is partially rectified by the recommended readings at the book’s end.) Parents, patients who want to understand the doctor-patient relationship from the doctors point of view, and perhaps older patients who share Dr. Korsch’s values and preferences, will probably enjoy this book. Activist and consumerist patients and people who do research on doctor-patient interaction will find the book unsatisfying. Given Dr. Korsch’s stature as one of the pioneers of the scientific study of doctor-patient interaction, the book also has value as a kind of historical study of how dramatically medical care, and doctor’s attitudes about patients, have changed in the 40 or more years since Dr. Korsch began her career.

Bruce L. Lambert, Ph.D.

Department of Pharmacy Administration (M/C 871)

University of Illinois at Chicago

833 S. Wood Street

Chicago, IL 60612-7231