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Pharmacist-Physician Communication:
Advantages and Disadvantages of Being Direct

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In this essay, I want to consider interactions between doctors and pharmacists -- what goes on in these interactions, how they are structured, what is wrong with them, what is right with them, and what might be done to improve them. In particular, I want to talk about the amount of politeness that exists in pharmacists' communication with physicians. Previous research indicates that there may be too much politeness in pharmacists' communication with physicians (Lambert, 1995; Lambert, 1996). In fact, excessive politeness may actually undermine the goals of pharmaceutical care. In talking about politeness, I will rely on the concept of face, as in 'saving face' and 'losing face'. Face is another term for dignity, pride, self-esteem, or public self-image. This essay will describe how people use politeness in order to save face for themselves and others. I will also consider the effects of politeness on the outcomes of pharmacist-physician interaction. Finally, I'll review the practical implications of what I have found in my research on pharmacist-physician interaction.

Pharmacists, Physicians, and the Division of Intellectual Labor

Why is it important for pharmacists and physicians to interact? In order to achieve the goals of pharmaceutical care, which include taking responsibility for patient outcomes, intervening in drug therapy in the event of errors, allergies, contraindications, and unclear or incorrect prescriptions, it is vital that pharmacists communicate with physicians. When a pharmacist discovers an allergy, a contraindication, a dangerous dose or an unclear prescription, s/he must be able to pick up the telephone or in some way contact the physician to rectify the situation. In this way pharmacists can not only avoid obvious errors and problems, but can also work towards the elusive goal of optimal drug therapy.

Pharmacists know a lot about drugs. Physicians know a lot about diagnosis and treatment. Hence, there is an intellectual division of labor between pharmacists and physicians (not to mention nurses, social workers, physical and occupational therapists, etc.). In order to benefit from this intellectual division of labor, there must be effective communication between the professions. As part of the pharmaceutical care/clinical pharmacy movement, pharmacists are attempting to expand their professional roles beyond the traditional dispensing function (Adamcik et al., 1986). Pharmacists are striving to be peers with physicians and other health professionals. This attempted role expansion can

cause interprofessional conflicts, especially when pharmacist input is perceived to be an encroachment on the legitimate authority of another health professional (Ritchey & Raney, 1981). Negotiating a new role for pharmacists often requires a healthy dose of tact and diplomacy (Mesler, 1989; Mesler, 1991). If this effort to be peers with physicians is to succeed, pharmacists must gain a better understanding of the advantages and disadvantages of various politeness strategies.

Face, Face-Work, and Face Wants

In order to grasp the main point of this article, it is vital to understand the concept of face. The notion of face was introduced to the scientific literature by the American sociologist, Erving Goffman (Goffman, 1967). Face, according to Goffman, is the sense of positive social value that we all claim for ourselves--the belief that "I am somebody worthwhile." Face refers to this positive sense of social value, our public self-image. We all are emotionally attached to this public self-image, our face. We don't want to lose face, and we do not want others to lose face either. A great deal of everyday social interaction focuses on our need to save our own face and to help others save face, to avoid being embarrassed, ashamed, or humiliated. All the work that we do in ordinary interaction to make sure that we don't embarrass one another is what Goffman called face work.

Politeness is nothing more than a conventional set of strategies for doing face work. What it means to be polite is to have respect for other people's face or public self-image. A person who is polite will help to prevent you from being embarrassed. If you stumble and fall, they will pretend not to notice. People are concerned about face work in every social interaction, no matter how mundane. In recent years, sociolinguists Penelope Brown and Stephen Levinson have extended and elaborated the concept of face (Brown & Levinson, 1987). Brown and Levinson claim that the desire to save face has two main aspects. On one hand, there are positive face wants. (We should think of this desire to save face in terms of wants, specifically face wants.) Positive face wants involve the desire to be liked to be approved of, to be accepted, to have our desires approved of and desired by others. On the other hand, we have negative face wants. These involve the desire to be left alone, to be able to go about our business without being bothered, to be uninterrupted.

Two Types of Politeness

Not surprisingly, Brown and Levinson have identified two primary types of politeness, negative politeness and positive politeness. Different types of politeness are used depending on which face wants (i.e., positive or negative) are being threatened. For example, when A makes a request of B, this request violates B's negative face wants—B's desire to be left alone. In order to be polite, one might say "if you please" or, if it's a big request, one might say "I'm sorry to bother you, I wouldn't even ask if it weren't very important." Thus, we use verbal politeness strategies in order to avoid violating the negative face wants of another person. Take another example in the context of pharmacy. Imagine that you are filling a prescription for a particular drug, and a correct dose would be 10 mg., but the physician has prescribed it for 100 mg. You need to call the physician and tell him that it has to be 10 mg. not 100 mg. This act of correcting the physician threatens positive face, the desire to be seen as a competent professional who does not make mistakes. Your desire to correct him violates his positive face wants. In order to make the correction without threatening face too severely, you want to do it politely. So you might say "I realize you were very busy, but you must have meant 10 mg. not 100 mg." By acknowledging how busy the doctor is, the message deflects responsibility from the doctor and diffuses the implication that the doctor is incompetent or stupid, thereby paying respect for the doctor's positive face wants.

The effect of politeness is not to make the threat to face disappear. Rather, politeness strategies minimize the impact and severity of face threatening acts (FTAs). In the course of everyday interaction (especially as a pharmacist), it is inevitable that one will need to engage in acts that threaten both negative face (e.g., when one makes requests, interruptions, gives advice, etc.) and positive face (e.g., when one makes criticisms or corrections). By being polite, we can signal to other people that we are aware of the potential threat to face and that we are attempting to minimize it. By being polite, we pay our respects to the sanctity of each other's public self image. Used appropriately, politeness can strengthen professional relationships by creating an atmosphere of mutual respect, but used excessively, politeness can reinforce subservient role definitions for pharmacists. The goal then, is to use just the right amount and just the right type of politeness to achieved the desired effect. Politeness must be seen as a

strategic resource to be drawn on in managing potentially problematic interprofessional interactions. In order to make the best use of these strategic resources, one must have a better understanding of how politeness works.

Four Culturally Universal Politeness Strategies

Brown and Levinson have written a book called Politeness: Some universals in language use (Brown & Levinson, 1987). In it they claim that the desire to save face is universal. Their book presents evidence from several different languages to support this claim. Although politeness strategies are implemented differently from language to language, the fundamental driving force—i.e., the desire to protect positive and negative face—is the same across cultures. In their cross-cultural analysis of politeness, Brown and Levinson found four fundamental strategies for being polite while doing face threatening acts (FTAs). Below they are listed in order of increasing politeness:

1. Do the FTA bald on the record.
2. Do the FTA on the record with redress (i.e., with positive or negative politeness).
3. Do the FTA off the record (indirectly).
4. Do not do the FTA.

To do the act “bald on the record” means do the act directly. Do not apologize, do not hedge, just do it directly: “You made a mistake. The correct dose is 10 mg.” This is the least polite strategy. To do an FTA on the record with redress means that you do the FTA on the record, but then you hedge or say something to acknowledge that this act may cause the hearer to lose face. For example, to make the correction with positive politeness, you might say “You are such an excellent clinician that you must have known that this was 10 mg. not 100 mg.” By saying the doctor is an excellent clinician, you pay attention to positive face wants—the desire to be approved of—and you can thereby correct the doctor politely, without doing undue damage to the doctor’s public self image. As another example, imagine you are going to ask a physician to change from one drug to another because the patient reports an allergy. To make this request politely, you could pay attention to the doctor’s negative face wants—the desire to be left alone. Now imagine, you call the physician, and you want to acknowledge the desire to

be left alone, so what is the first thing you say? "I'm sorry to bother you." This is a classic example of negative politeness—being polite by attending to the desire not to be interrupted. For many pharmacists in my research, this is the first thing that they say, no matter how big the mistake is that the physician made. "I'm sorry to bother you. You were about to kill Mrs. Smith with an overdose, but I'm sorry to bother you." In any case, this is negative politeness, verbally acknowledging another person's desire to be left alone. Another common way to be negatively polite is to minimize the size of a problem and hence the extent of an imposition. So one might say "We have a little problem." or "This will just take a moment."

The third strategy is to do the face threatening act indirectly, or off the record. Imagine you have a patient who has gotten a medication, and she has had an allergic reaction. She has hives and difficult breathing. You want to tell the physician this, but you do not want to threaten face, so you say it indirectly. You might say "Hello Doctor, I have Mrs. Smith here with a prescription for penicillin. Does she normally have difficulty breathing?" This is an indirect way of communicating that the physician has made a mistake. With this strategy, you do not ever actually say that the physician made a mistake. The physician draws the inference that a mistake has been made. This is what is meant by indirectness—communicating in such a way that your intended meaning will be inferred even though it was not expressed literally. The danger of using this strategy with some physicians is that they may not make the correct inference. In other words, the danger of being indirect is that you may be misunderstood. The advantage is that it is a very polite strategy because it does not directly threaten face. If someone is offended by the inference they draw from your indirect remarks, you can always deny that you intended to convey the offensive meaning.

Finally, the most polite strategy of all is to abstain from the face threatening act. Sometimes minor errors occur on a prescription that do not warrant calling the doctor directly. In these circumstances, a pharmacist might conclude that the doctor is too busy to be bothered by such trivial matters. The pharmacist might believe that the doctor would be angered if s/he were interrupted to deal with a minor error. Instead, the pharmacist might just correct the error and abstain from contacting the

doctor. This is the most polite way of dealing with a face threatening act--i.e., to abstain from the act completely. This strategy has the disadvantage of potentially being unprofessional or not helping the patient, but it is extremely polite.

Some advantages and disadvantages associated with each politeness strategy are given in Table 1. Interested readers can find more detailed descriptions of specific politeness strategies in the published literature (Brown & Levinson, 1987; Lambert, 1995; Lambert, 1996; Mesler, 1989; Mesler, 1991).

Table 1 about here.

To Be or Not to Be Polite: Determining the Weightiness of a Face Threatening Act

At this point the reader has probably realized that people are not equally polite in all circumstances. In fact, there are strong cross-cultural regularities in politeness behavior. Brown and Levinson claim there are three factors that determine how polite we will be in a given case: (a) power, (b) social distance, and (c) ranking (Brown & Levinson, 1987). These three factors should make sense intuitively. The more powerful a person is, compared to the speaker, the more polite the speaker will be. So if one talks to one's boss or to a political leader, one is likely to be very polite. In contrast, if one is talking to one's employee, one does not have to be polite at all. Relative power influences politeness. The second factor is social distance (or familiarity). If I meet a complete stranger and I need to ask for assistance, I must be very polite. But if I am making the same request of a close friend or family member, I scarcely need be polite at all. The greater the social distance (the lesser the degree of familiarity) the more polite one will be. Finally, the ranking of the act influences how much politeness will be used. By ranking, Brown and Levinson are referring to the extent of the imposition or the degree of severity of the FTA. If I need to borrow one dollar, I might say "Lend me a dollar, would you?" But if I need to borrow 500 dollars, I might say "I'm terribly sorry to bother you. I wouldn't even ask if I did not have to, but could I possibly borrow 500 dollars which I would gladly repay on Tuesday?" Thus the ranking of the act influences how polite we are. In summary, our overall decision about how polite to be in a given instance depends on our perception of three factors in combination--power, social distance, and ranking. Power,

social distance, and ranking combine to form what Brown and Levinson call our perception of the “weightiness” of a face threatening act (i.e., $\text{Weightiness} = \text{Power} + \text{Distance} + \text{Ranking}$). The weightier the act, the more politeness is required.

One clinically relevant illustration of ranking involves the amount of politeness used by pharmacists either to report an allergy or to make an alternative drug recommendation. What I have found in my research is that recommendations are made much more politely than reports (Lambert, 1995; Lambert, 1996). This is an example of how the ranking of an act affects politeness. In the minds of the pharmacists I studied, recommendations were perceived to be much more face threatening to physicians than reports. I asked 322 pharmacists to respond to a hypothetical drug allergy situation where they were required to report an allergy and recommend an alternative drug. Fully 60% of the respondents (194 out of 322) made no recommendation. They chose politeness strategy number 4—do not do the FTA. In contrast, only 21 pharmacists abstained from reporting the allergy. Even among those who made reports, most did so with a great deal of negative politeness (i.e., with an apology, and attempt to minimize the size of the FTA, etc.). These examples illustrate how ranking (e.g., recommendations vs. reports) influences the politeness one sees in pharmacists’ messages to physicians, in some cases with potentially significant clinical consequences.

Politeness and Impression Management

Up to this point, I have described how power, distance, and ranking influence a speaker’s decision about how polite to be in a given instance. What is fascinating is that the relationship between politeness and weightiness (i.e., power, distance, and ranking) can be exploited strategically. The strategic potential arises because the $W = P + D + R$ equation is used both as a tool for message production and for message interpretation. When a doctor listens to a pharmacist’s advice or recommendation, the doctor assesses the amount of politeness in the message and then works backward to derive what the speaker’s weightiness calculation must have been. For example, if you simply tell a doctor what to prescribe (that is, if you use politeness strategy number 1), the doctor might conclude that you think you are of equal stature or that you and the doctor are socially familiar with one another.

When the doctor disagrees with this assessment, s/he may say so directly, challenging the assumptions that went into your calculation of weightiness (perhaps criticizing you for being presumptuous).

The key point to grasp is that the amount and type of politeness you use in talking with physicians is a reflection of your beliefs about relative power, social distance, and ranking. If you want to strategically manage perceptions of power, social distance or ranking, you must carefully choose your politeness strategies. To put it more concretely, if you use excessive politeness when you speak to physicians, you will reinforce the notion that the physician is more powerful than you (or that you are socially distant, or that the act is a large imposition). The more politeness you use, the more you create an impression that the action you are performing is highly face threatening, due to some combination of power, distance, and ranking. The less politeness you use, the more you create an impression that the action is not highly threatening, and that you and the physician are equally powerful and/or socially familiar. This relationship was born out in a recent Master's thesis from my laboratory, where we found that pharmacists who were more direct (less polite) were perceived as more assertive (Gillespie, 1993). Now perhaps you do not want to be perceived as assertive. (In fact we have no direct evidence that being perceived as assertive is helpful.) The important point is that variation in politeness creates variation in others' impressions of us. If we want to strategically manage others' impressions of us as professionals, modifying politeness behavior is one way to do so. Most pharmacists are intuitively aware of the strategic importance of politeness. Table 2 shows several unsolicited comments from independent pharmacists who participated in a recent study I conducted (Lambert, 1996). These comments clearly reflect pharmacists' awareness of the strategic impact of politeness. What is somewhat troubling, however, is that most of these pharmacists chose to err on the side of excessive politeness, in an effort to avoid threatening the physician's face.

Table 2 about here.

Summary

Historically, pharmacist have been in a somewhat subservient role with respect to physicians. In this role, pharmacists' communication with doctors has often been excessively deferential and polite. The movement toward pharmaceutical care has motivated many pharmacists to establish an expanded definition of the pharmacist's professional role. According to the new definition, pharmacists are no longer subservient to doctors; now they are more like peers on an interdisciplinary team. In day to day interactions with other health professionals, this role expansion often meets with resistance. Skillful communication, tact, and diplomacy are required to assert the new role without causing others to lose face. Politeness strategies are the main tools used in this effort to be tactful and diplomatic. In this article, I have explained how politeness is a conventional set of strategies for doing face work. I have described the four main strategies for being polite, and I have illustrated how politeness affects and is affected by perceptions of relative power, social distance, and ranking. It is my hope that by mastering some of these concepts, pharmacists will be able to make better strategic use of politeness, creating a professional environment characterized by equality and mutual respect rather than subservience and undue deference.

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Table 1

Advantages and Disadvantages of Four Politeness Strategies

Strategy	Advantages	Disadvantages
1. Bald on the record	Clear, direct, unambiguous. May establish new role boundaries and definitions.	Does not protect face. May damage professional relationships.
2. On the record with redress	Intended content is communicated on the record (directly). Acknowledges other's face wants.	May be perceived as less assertive than strategy 1. May reinforce existing role boundaries and definitions.
3. Off the record	Provides substantial protection against threatening other's face. Intended content may be denied.	Ambiguous, may be perceived as less assertive than strategies 1 or 2. May lead to patient harm in a clinical setting.
4. Do not do the FTA	Most polite, face threat is avoided completely.	Fails to communicate the desired content and/or intent. May lead to patient harm in a clinical setting.

Table 2

Independent Pharmacists' Statements About Making Recommendations

I would not offer alternative drugs unless the doctor would ask, not knowing what the doctor was treating the patient for, i.e. the type of infections or bacteria he was treating.

I find that not being pushy is the key. Work with the doctor, and if he asks your opinion give it, and always be friendly.

Doctors in the area are very important to an independent practice. They are not only colleagues but customers also!

Give him the chance to change it first before giving advice.

Wait for and listen for his response without making any suggestions.

Wait for MD to suggest. Do not suggest!

I would not suggest alternative drugs unless Dr. Jones requested such suggestions.

If Dr. Jones asks then I would suggest the other medication that are available, but I would let Dr. Jones make the suggestions first.

I would not suggest an alternative at this point because he is well aware of what is available from this condition.

If the doctor would ask for assistance in prescribing an alternative, then I would make the suggestion of alternative medications.

If he could not think of one which would be used for that indication I would suggest one that may be used.

I would wait for the doctor to suggest an alternative

and if he could not come up with one right away I would suggest a possible substitution, but I would not suggest the substitution before he had a change to the medication himself.

suggestions to be made only if asked

Questions

1. Which of the following is the most polite strategy for doing a face threatening act?
 - A. Do the act off the record
 - B. Do the act on the record with redress
 - C. Do the act bald on the record
 - * D. Do not do the act
 - E. Do the act off the record with redress

2. "A conventional set of strategies for doing face work in ordinary interaction" This is the definition of which of the following terms?
 - A. Deference
 - * B. Politeness
 - C. Face
 - D. Weightiness
 - E. Ranking

3. Which of the following are the three factors that contribute to the calculation of the weightiness of a face threatening act?
 - A. Directness, deference, and politeness
 - B. Politeness, subservience, and pharmaceutical care
 - * C. Power, distance, and ranking
 - D. Ranking, power, and deference
 - E. Deference, distance, and ranking

4. Research has shown that pharmacists who use more direct politeness strategies are perceived by physicians as _____.
 - A. More subservient
 - * B. More assertive
 - C. More cooperative
 - D. Less professional
 - E. More competent

5. Politeness strategies are believed to be universal.
 - * A. True
 - B. False

6. The equation for calculating the weightiness of a face threatening act is used exclusively for message production and is not involved in message interpretation.
 - A. True
 - * B. False

7. As perceived social distance increases, the weightiness of a face threatening act _____.
- *
A. Increases
B. Decreases
C. Remains the same
D. Either increases or decreases, depending on the culture
E. None of the above
8. Previous research has shown that pharmacists often abstain from making recommendations if they believe doing so would threaten the physician's face.
- *
A. True
B. False
9. Correcting a physician when a mistake is made primarily threatens which aspect of face?
- *
A. Positive
B. Negative
C. Both positive and negative
D. Neither positive or negative
E. Positive, negative, and neutral
10. "The positive social value one claims for oneself by acting in a particular way" This is the definition of which of the following terms?
- *
A. Politeness
B. Face
C. Ranking
D. Weightiness
E. Deference