

Communication

Communication, the source of problems and the solution to many of our issues. When I was an intern, my uncle was a practicing internal medicine and cardiology. He was a well respected physician in his community that was graduated from Tulane University School of Medicine in the late 30s.

During one visit, we were talking about dealing with patients that were difficult. He told me something that I have tried my best to incorporate into my practice. Listen to your patients first and then talk to them. He said, "You may be the smartest fellow in your class, but if you don't talk to your patients you are going to get sued. The last fellow in the class rankings will be considered the best physician and have the least chance of litigation, if you will just listen to your patients." How true this is. The lost art of communication is one of the problems in medicine today.

Every day pressures have pushed communications with patients to the limits. Communication takes time. The pressures of practice limit time. Discussions with patients, to explain their problems, have been considerably decreased. This unfortunate fact has been amplified by the need to see more patients due to practice cost and limitation of reimbursement. This loss of time decreases understanding and opens the door for patient errors and family anger that leads to bad outcomes. Bad outcomes often are the result of just the failure of the physician to talk to the patient and family. The failure of communication at the time of a bad outcome often makes the family think that the physician is hiding something. This amplifies the problem.

Communication with other physicians also is under direct attack. Legal concerns and reimbursement have now devoured the medical record. We have to record the correct number of bullet points to get an extra ten dollars! The chart is now full of worthless and redundant information with little discussion about working out problems and differential diagnosis. To find significant points of communication you have to wade through the unnecessary data that is added for reasonable reimbursement.

Physicians now are somewhat afraid to write in the chart, "What do you think about this or that?" We are afraid that if the case has a bad outcome or a legal problem develops, the communication will be considered a failure in our ability to handle the patient's problem. This forces the physician to try to call and talk to the other physicians. In this age of communications, the cell phone has helped but also slows the physician's workflow and often an inability to connect with other physicians results in the delay of care.

Communication in the business of medicine is also very important. Our practices are daily being stressed by public opinion. We must be aware of political occurrences and attempt to defend ourselves from legislative changes by being informed. Email communications seem to be the best method of rapid communication today. The Society has made available a vehicle for keeping you informed and we again would ask those of

you who have not already given us your email address please do so. We have increased the number of participants by over 200 percent, but this is not enough.

Communication is key. What can we do? Talk to your patients. Sit on the bedside for 30 seconds and the patient perceives you have been there 15 minutes. Don't avoid families. One good 10 minute talk will usually create the feeling that you are concerned and will prevent 15 phone calls from everyone in the family. Set up one family meeting at your convenience when a patient is very ill and simply inform the family of the patient's status and don't "sugar coat" the information. If the patient survives you will be a hero! Request the family's opinion on end of life concerns. I have found this often clears the way for most reasonable individuals to deal with very sensitive issues. No single method is foolproof but communication will pay great dividends. Document these meetings and your legal exposure will decrease.

Dealing with the medical record is more of a problem. Do your best to have a summary note that states your opinion on the patient's status. Yes, write all the bullet points needed, but finish with a statement of concern and if you need communication with another physician, request a call from that physician. We all know these points, but we need to be reminded sometimes.

Lastly, take advantage of your Society's email vehicle. We are working to keep you informed about important issues. Please communicate with YOUR Society.

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