GUIDE TO PATIENT COUNSELLING

Communication is the transfer of information meaningful to those involved. It is the process in which messages are generated and sent by one person and received and translated by another person. However, the meaning generated by the receiver can be different from the sender’s intended message.

The communication process between health professionals and patients serves two primary functions.

1. It establishes an ongoing relationship between the professional and the patient.
2. It provides the exchange of information necessary to assess a patient’s health condition, implement treatment of medical problems, and evaluate the effects of treatment on a patient’s quality of life.

The healthcare professional must be able to

- understand the illness experience of the patient
- perceive each patient’s experience as unique
- foster a more egalitarian relationship with patients
- build a therapeutic alliance with patients to meet mutually understood goals of therapy
- develop self-awareness of personal effects on patients

The healthcare professional should encourage patients to share experiences with therapy because

- they have unanswered questions
- they have misunderstandings
- they experience problems to therapy
- they can “monitor” their own responses to treatment
- they make their own decisions regarding therapy
- they may not reveal information to you unless you initiate a dialogue

Communication during drug therapy

- Purpose of medication
- How medication works
- Dose and duration of therapy
- Goals of therapy
- How effectiveness will be monitored
- Adverse effects and how to deal with them
- Drug specific issues
The physician must keep in mind that it is his or her responsibility to help patients achieve **desired health outcomes**. Communication skills of pharmacists can facilitate formation of trusting relationships with patients. An effective communication process can optimize the chance that patients will make informed decisions, use medications properly, and meet therapeutic goals.

**Interpersonal communication** is the transmission and reception of verbal and non-verbal messages between people.

**Listening** is an ability which effectively enhances the communication process.

**Listening techniques for the patient interview process**

- Stop talking. You can’t listen while you are talking.
- Get rid of distractions.
- Use eye contact to show you are listening.
- React to ideas rather than the person.
- Read nonverbal messages.
- Provide feedback to clarify the message. This shows that you listen and are trying to understand.

**Non-verbal communication** consists of meaning conveyed through body language and facial expressions.

As a physician, you must recognize that interpersonal communication is a lot more than just speaking to others or giving a prescription. You must make sure that the messages you transmit to others are received accurately. There is no guarantee that the meaning of your message will be translated as intended. You need to make sure you enhance your listening skills so you can become a better receiver of messages as well.

**Interactive communication** involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor.

**Empathy** is the ability to see the world through another person’s eyes and perceive his or her emotions.

The meaning of the message is influenced by the receiver’s perception of the message. Therefore, it is important to remember the following points when communicating with others.

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.
Barriers to effective communication include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

Environmental barriers such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

Semantics relate to meanings of words and symbols used in interpersonal communication. Words only contain meaning in terms of people’s reactions to them. Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

Perception is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor’s advice. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice. Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.

Personal barriers include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

Administrative barriers such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

Time barriers are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

Interpersonal communication, because of its complexity and human involvement, is a fragile process. Messages become helpful to the patient only when they are accurately received and understood. If messages are distorted or incorrect, they could be harmful to the patient and prevent a positive patient outcome. It is important to understand these potential communication barriers so a strategy could be developed to minimize or remove them.

To conduct a more efficient patient interview

- Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.
- Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.
- Do not shift from one subject to another until each subject has been followed through.
- Guide the interview using a combination of open ended and closed ended questions.
- Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
- Determine the patient’s ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.
- Maintain objectivity by not allowing the patient’s attitudes, beliefs, or prejudices to influence your thinking.
- Be aware of the patient’s nonverbal messages.
- Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient’s initial defensiveness.
- Note taking should be as brief as possible.

**Assertiveness** is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect. To be assertive, each person must be able to directly and honestly convey their opinions. This type of communication allows people to stand up for their rights without infringing on the rights of others.

**False assumptions about patient understanding and medication adherence**

- Do not assume that previous physicians have already discussed with patients the medications they prescribe. In fact, one study found that physicians frequently omit critical information.
- Do not assume patients understand all information given.
- Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
- Do not assume that patients don’t take medication because they don’t care or aren’t motivated. These assumptions prevent you from focusing on their real problems.
- Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
- Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc) to optimize therapeutic outcomes. Doctors must assess patient knowledge about medication and educate them regarding essential information.

**Liability** is a legal obligation that arises when a duty owed is breached.

**Negligence** or **malpractice** is a professional’s failure to exercise an accepted level of skill and knowledge, which results in harm to a client or patient. Compensation is usually sought from doctor negligence.
Communication with special patients

- **The Elderly** account for 30% of all prescription medication taken in the United States and 40% of all OTC medication. As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They have the ability to learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also important to encourage feedback as to whether they understand the intended message.

- **Terminally Ill patients** are usually intimidating to work with because people do not want to say the “wrong” things that would upset them. Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.

- **Patients with AIDS** are not only dealing with life threatening diseases, but also the social stigmas that often accompany their conditions. The key is not to treat them as different from others. Due to the advent of highly effective antiretroviral therapy, health professionals should adjust their thinking to perceive HIV infections as a chronic condition rather than a terminal disease.

- **Patients who are mentally ill** can be difficult to communicate with. Open-ended questions would be more effective as they can be used to determine the patient’s cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatments or medication purposes.

Communication with Children

- Attempt to communicate at the child’s developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.
**Ethical principles**

**Beneficence** is the principle that health professionals should act in the best interest of the patient.  
**Autonomy** is the principle that establishes patient rights to self-determination- to choose what will be done to them.  
**Honesty** principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.  
**Informed Consent** has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information, and if consent is given freely without coercion.  
**Confidentiality** serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.  
**Fidelity** is the right of patients to have health professional provide services that promote patients’ interests rather than their own. Ethically, the responsibilities of physicians should be directed towards the patients rather than directed at the financial well-being of the clinic.

**Steps in ethical decision making**

- Recognize and state the ethical dilemmas involved in each situation or case  
- Collect all relevant facts including both medical as well as social or psychological aspects of the case. These facts may clarify whether the problem really does involve ethical issues or not.  
- If the problem involves ethical issues, generate all possible alternatives to resolving the dilemma  
- Evaluate alternatives in terms of principles that apply as well as possible consequences of the difference choices.  
- Choose the best alternative and justify your choice in terms of the prioritization of ethical principles involved. Often one principle must be suspended in favor of a more compelling principle in resolving a dilemma.

Physicians must understand the principles that serve as foundations for ethical decisions in health care. The obligation to respect patient autonomy, to protect confidentiality of patient information, to serve patient welfare, and to treat patients with respect and compassion are fundamental duties for any health care professional. Use of a systematic decision-making process when ethical dilemmas arise and principles seem to compete can assist you in reaching decisions that are ethically valid.

**References:**