

"SALT IN THE WOUND OR A FRUITFUL PROGRESS"

The Doctor's words are a therapeutic instrument no less powerful to avert and no less dangerous to produce an emergency than a Surgeon's scalpel



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The art of communication or communication skill is very vital and essential for the establishment of an ideal doctor patient relationship. Careless use of words has frequently caused collapse of patients and relatives. Therefore, it is mandatory for every practicing physician to acquire the ability of using highly selective words for the communication with his dear patients.

The first meeting is probably the starting point for departure or endless relation with the customers. Any patient who comes to a doctor, for whatever reason, deserves to be looked at with the broadest kind of vision. It is to be expected that the type of the study mode and its thoroughness will depend upon the nature and severity of the presenting symptoms. But regardless of the overt injury or disease, one must if he is to serve well, reach out in a sensitive way beyond the obvious, searching for more subtle signs and causes of illness which patients so commonly do not themselves recognize. One must always be sniffing the air for these clues, or better, one must place all his sense organs at the disposal of the patient and must set his mind ready to receive the telltale messages that emanate in so many forms from the patient.

Skillful use of spoken words is probably superior to so many technical aids, moreover, it is reachable everywhere, without any expenses, but it needs a special skill.

For these reasons, if medical skill is to reach its highest level, the technique of talking must be studied and developed. Talking cannot be left to accidental or incidental learning.

The aim of talking with patient is to learn the pattern of the patient's illness, so that through this knowledge his future can at least be predicted and possibly even changed.

There are a great many helpful hints and technical tips that can be given to make talking with patients more successful. Most of these, of course are so obvious that they need no elaboration and even need no mention; others however are not so simple or so well known.

An hour's talking will be more helpful than fifteen minutes. And fifteen minutes will be better than five. The chances are that talking will be more successful if conducted in a quiet, secluded spot than in a noisy, busy corridor or open ward.

An uninterrupted session should be more profitable than one studded with phone calls, nurses, messages... etc.

It should be emphasized that in no area does one have more right of silence and un-interruption than in medical practice. Success in talking with a patient will certainly be enhanced if the doctor acts like a cheerful human being sincerely interested in the

doings of another human being, rather than acting like a prying professional automaton, shooting questions at a defenseless, emotionless object.

Another obvious point concerns use of the eyes to aid the talking technique. The eyes are very great help indeed, but only if used and only if knowledge gained by them is related to the doctor's words and the patient's words. Eyes help evaluate the feeling that are present underneath the patient's attempt to be calm.

Evidence will be seen in his talk, the movement of his hands, his sitting or standing, his facial expression. But eyes cannot evaluate feelings unless they are given a chance. Hippocrates said: "*Listen to the patient he is the one concerned, listen to the patient he is telling you the diagnosis*". So if the doctor wants to learn something, he must be prepared to listen. This in fact is the main object of talking; to get the patient to talk, to hear from him, to listen. The patient cannot talk while the doctor is talking, so the less said the better. Say only enough to keep him going. This sounds easy but for some people, and with some patients, listening is a difficult proposition.

Some doctors, of course love to talk themselves and don't give the patient much chance to express himself, worse still is a tendency most of us have to interfere, to interrupt when something is said we don't want to hear.

Some doctors are always in hurry; they cannot tolerate the patient slowness or reluctance, which is in itself an informative fact. Give him time to warm up and if this time run out let him come back sometimes, a second session is remarkably different from an initial one.

However well we try to interview, we should remember that it is a percentage of business and we will never get completely right. Being tired, sometimes may lead to missing some cues, which is vital for achieving the definitive diagnosis. This fact may be reflected badly on the patient because when patients feel that their cues have been acknowledged, they will speed up their disclosure rate, and this will make the interview more efficient and effective.

No doubt, great skill is required to talk successfully with the patient; this can only be achieved by understanding and practice. This skill apparently comes easily to some people, whereas to others it is difficult or perhaps impossible skill to acquire.

Finally, the first meeting is the key for building a partnership or repulsion from the patient side, he don't want to meet you again. Moreover, he will discourage others to come to your clinic.

The above information may look easy, logical, or probably silly but the question remains, how many of us are really carrying good communication skill.