On the ethical significance of good medical communication

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Conclusion of more than 30 years of my clinical practice

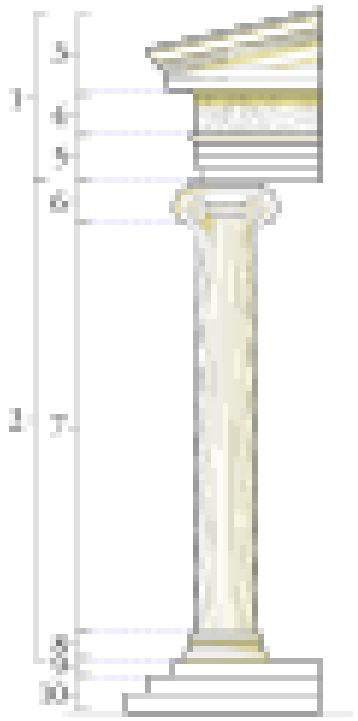
Most ethical conflicts in medicine are caused by impaired communication between doctor and patient

Most patients complaints and following legal actions might be avoided if communication improved

Key moments in communication between doctor and patient

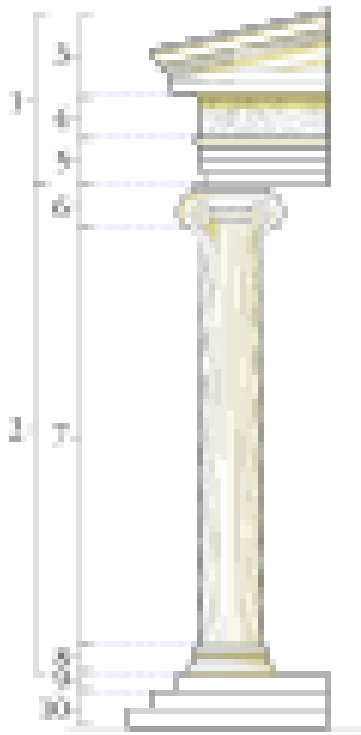
- Diagnosis
- Discussion of risk and prognosis
- Therapeutic decisions and choices
- Persistent adherance with treatment
- Information after error or adverse incident

Trzy pillars of medical ethos after A.G. Jonsen

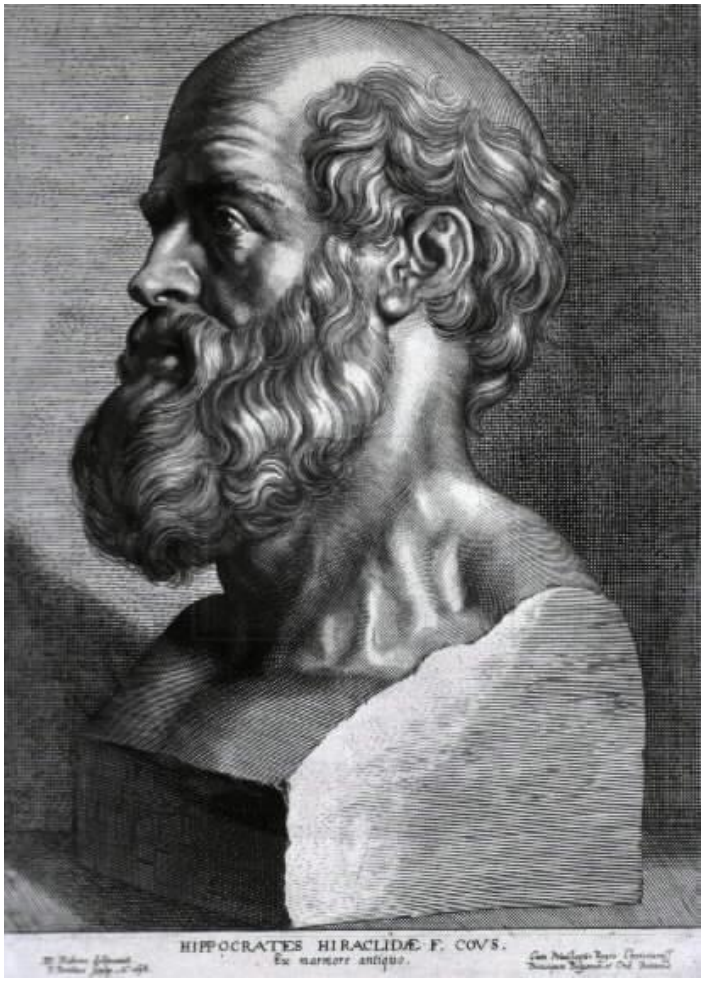


Hippocrates

– Christanity



•XX century ethics of competence



Hippocrates (400 p.n.e)

Centuries of no communication

From Hippocratic writings(fifth to fourth century B.C.) to Thomas Percival's Medical Ethics (1803)

central concern of medical ethics was how to avoid making disclosures that might harm or upset patients. Physician ethics was traditionally a nondisclosure ethics with virtually no appreciation of a patient's right to consent.

Parable of Good Samaritan (Luke 10, 34-35)

Hogarth

Ethics of competence

Patients deserve optimal available medical care

„For my patient only the best”

Four bioethical princples

Beauchamp& Childress

- Respect for autonomy (i.e. respecting people's ability to make choices for themselves);
- Beneficence (i.e. providing net benefit);
- Non-maleficence (i.e. not causing net harm)
- Justice (i.e. acting fairly).

Informed consent

Two faces of informed consent

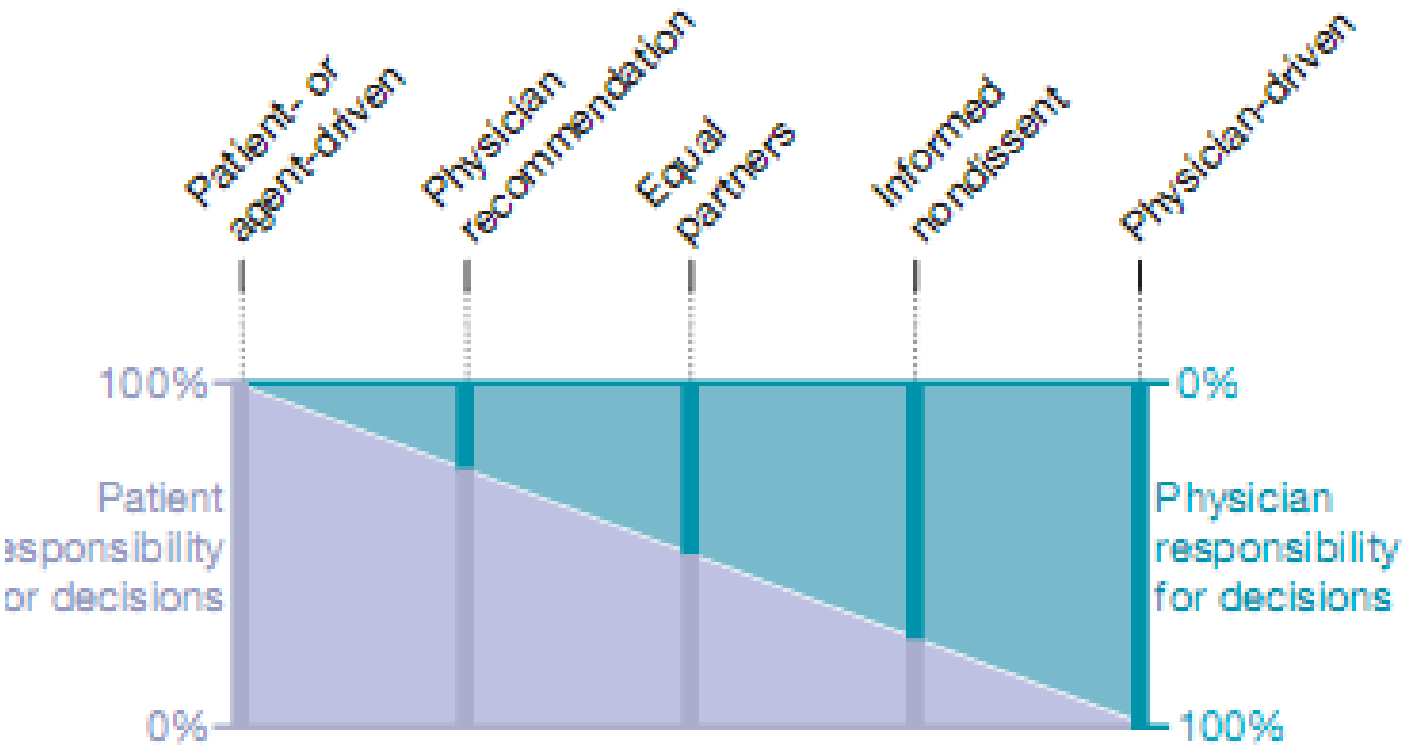
- Doctors legal insurance
- Information of patients

Surgical informed consent

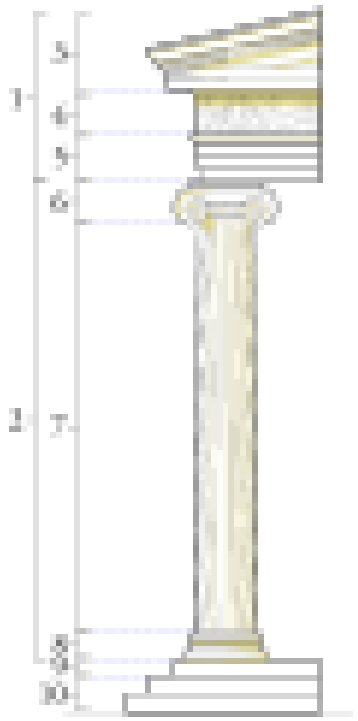
… is not an event or a signature on a form but is an ongoing process of communication that continues throughout preoperative, perioperative, and postoperative care. In the context of patient-centered medicine, consent is best conceptualized as shared decision making with patients or their surrogates.

Arch Surg. 2006;141:86-92

Continuum of medical decisions

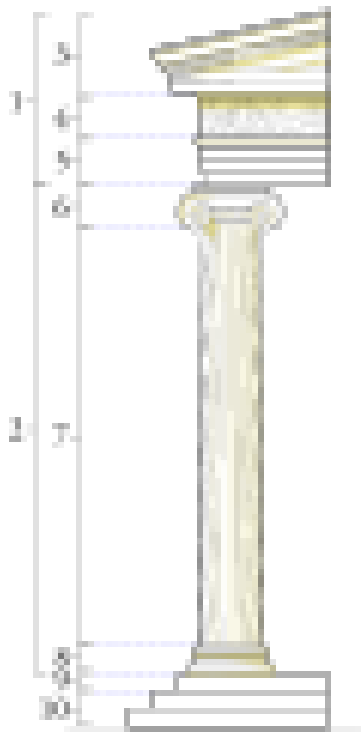


Three pillars of informed consent



Autonomy

– Freedom from coercion

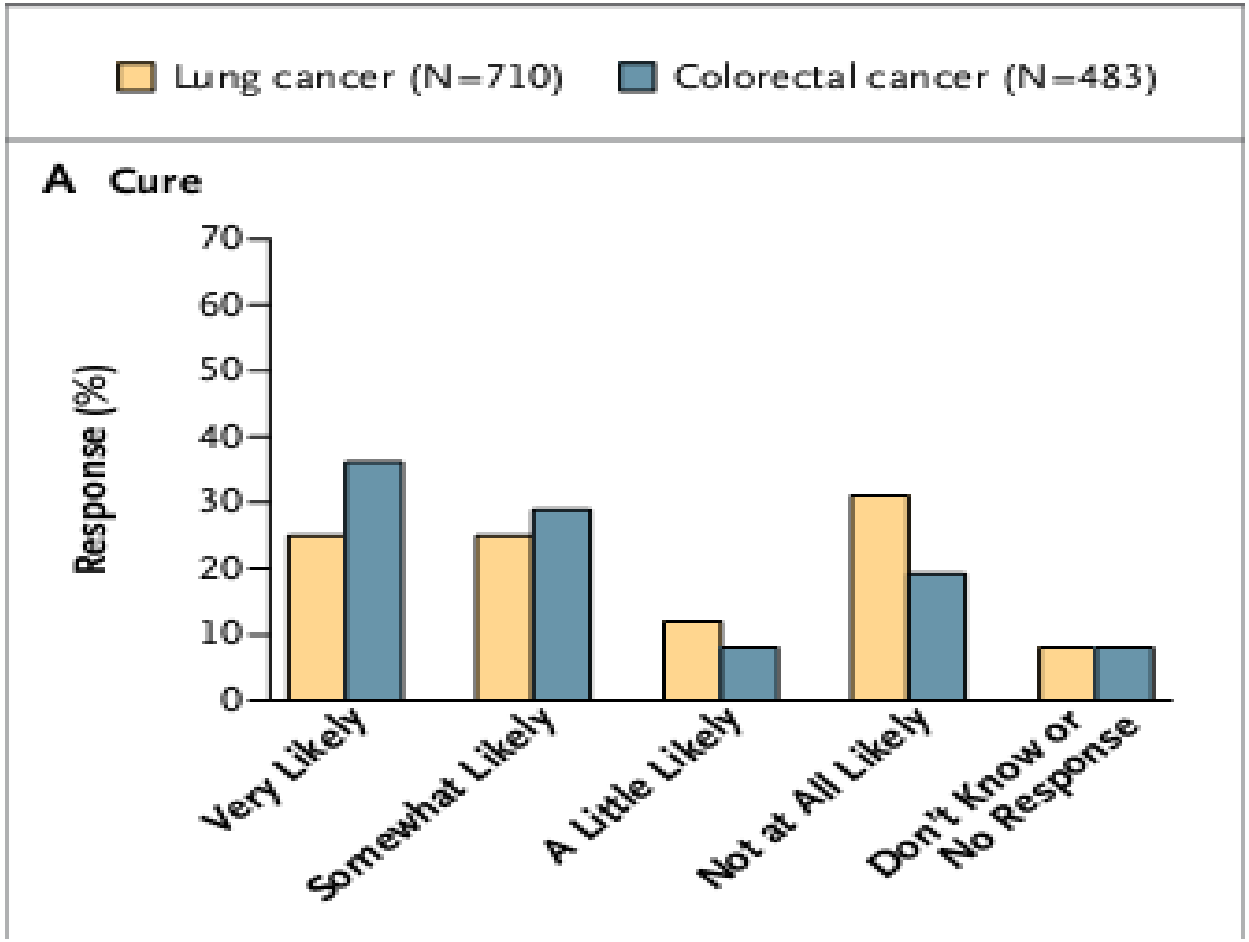


Information

Necessary conditions of valid consent

- disclosure of the pertinent medical facts and alternative courses of action
- patient capacity to understand the decision to be made
- ensuring patient understanding of the medical information
- the absence of coercion or manipulation;
- the ability to consent

Belief in the cure with chemotherapy in widespread cancer



Difficult decisions rely on information

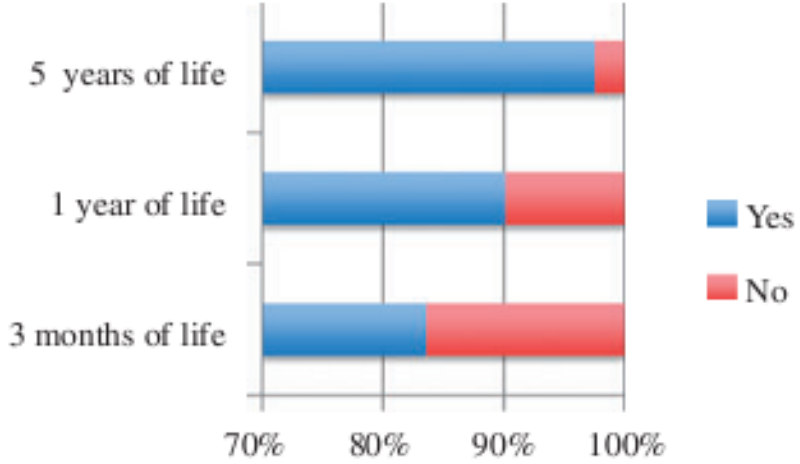
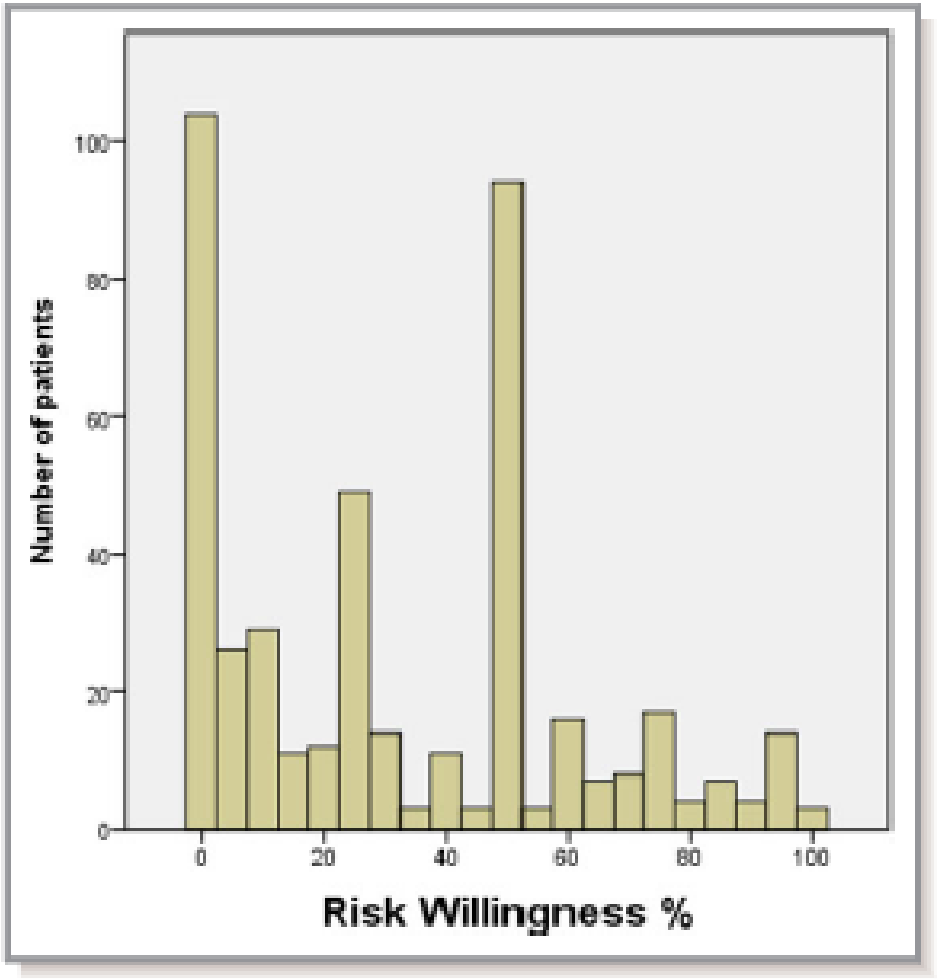


Figure 11. If you were offered treatment that had side effects such as hair loss, infection, sickness and loss of appetite would you accept this if there was a chance that you were to gain.

Acceptance of death risk with aortic valve replacement



J Am Heart Assoc. 2016;5: e002828

Communication of incertainity

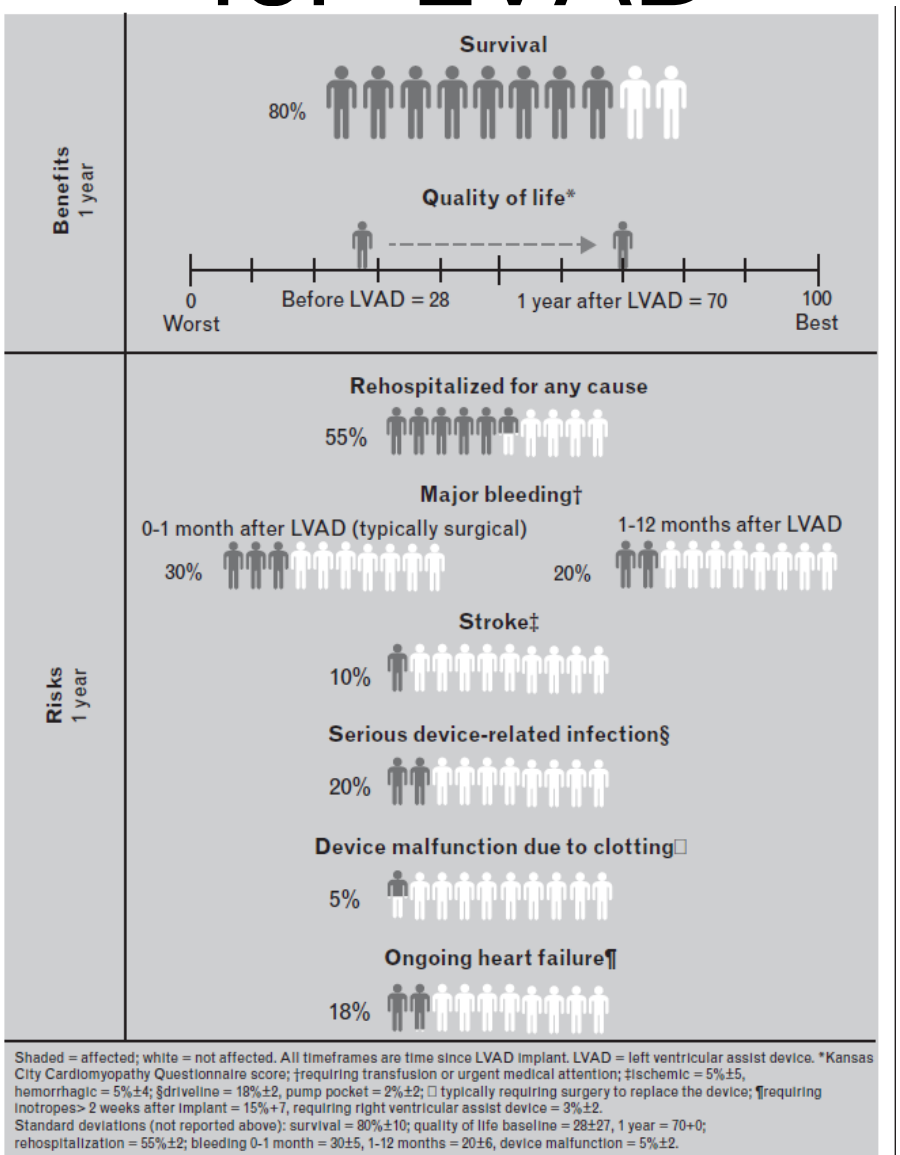
Intervention	Icon	Description
Beneficial		for which effectiveness has been demonstrated by clear evidence from RCTs or the best alternative source of information, and for which expectation of harmfulness is smallcompared with the benefits.
Likely to be beneficial		for which effectiveness is less well established than for those listed under “beneficial.”
Tradeoff between benefits and harms		for which clinicians and patients should weigh up the beneficial and harmful effects according to individual circumstances and priorities.
Unknown effectiveness		for which there are currently insufficient data or data of inadequate quality.
Unlikely to be beneficial		for which lack of effectiveness is less well established than for those listed under “likely to be ineffective or harmful.”
Likely to be ineffective or harmful		for which ineffectiveness or harmfulness has been demonstrated by clear evidence.

Scope of information required in consent

Too little – not valid

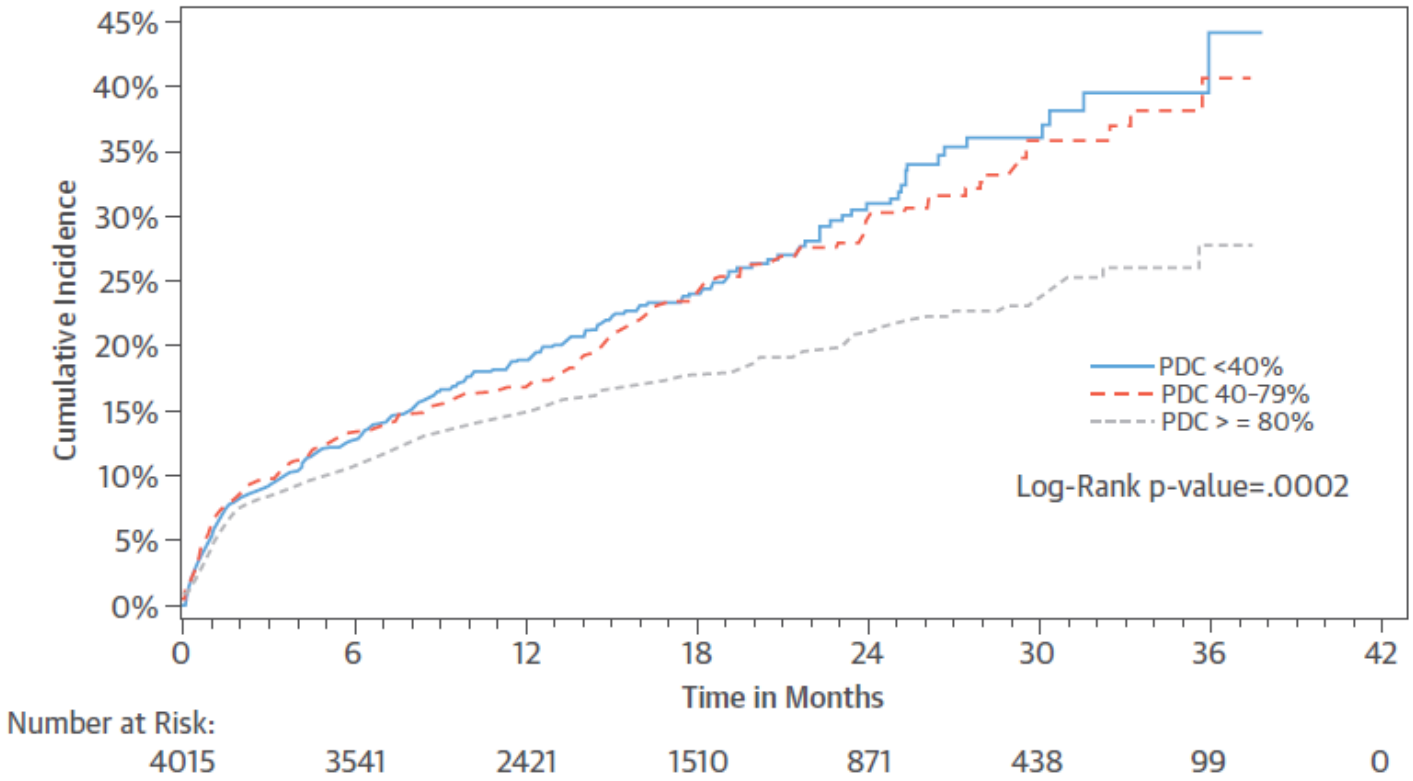
Too much – incomprehensible

Patient information in consent for LVAD

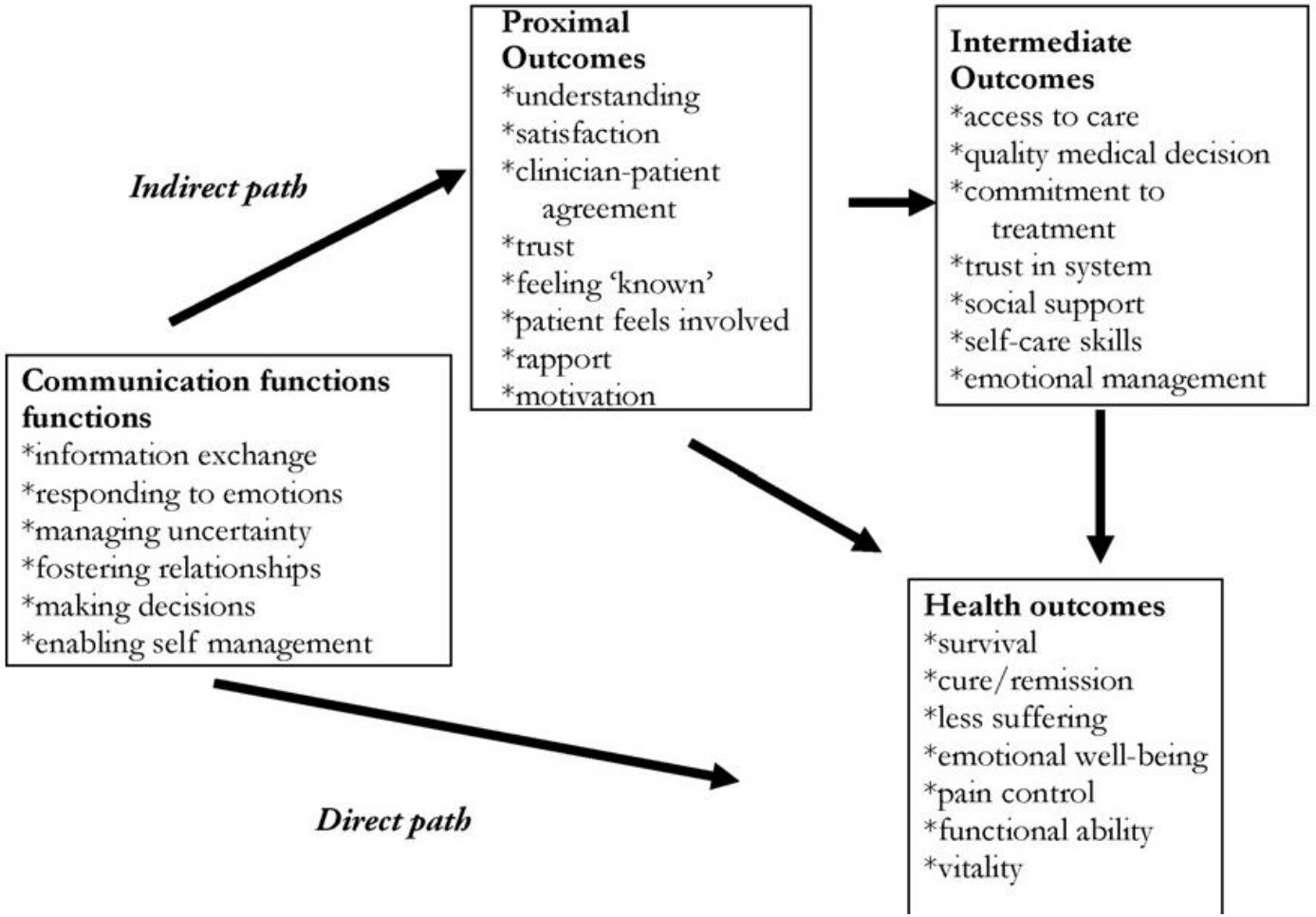


Multiple studies revealed, that communication rated as collaborative was associated with better medication adherence (i.e. diabetes, hypertension,heart failure)

Importance of medical adherence after myocardial infarction



Communication and medical outcomes



Patient Education and Counseling 74 (2009) 295–301

The risk of the ubiquitous medical error

- US Department of Health and Human Services Office of the Inspector General examining the health records of hospital inpatients in 2008, reported 180 000 deaths a year due to medical error among Medicare beneficiaries alone.
- A 2004 report of inpatient deaths associated with the Agency for Healthcare Quality and Research Patient Safety Indicators in the Medicare population estimated that 575 000 deaths were caused by medical error between 2000 and 2002,which is about 195 000 deaths a year

Experience of 120 patients taking legal action

Satisfied with	Patients suing on own behalf
Amount of information	15·6
Clarity of explanation	31·1
Accuracy of explanation	23·3
Given sympathetically	37·1
Overall view of explanation	17·7

% agree

Lancet 1994; **343**: 1609–13

General Principles Regarding Disclosure in the Immediate Aftermath of an Incident(Harvard Medical School)

:11

- Report only the facts of the incident – what occurred, not how or why you believe the outcome occurred.
- Disclose reliable information in timely fashion as it becomes available.
- Explain your recommendations for further diagnostics and
- therapeutics.
- Explain the implications for prognosis

4 Steps to Full incident Communication Harvard Medical School

- Tell the patient and family what happened.
- Take responsibility.
- Apologize.
- Explain what will be done to prevent future events.

Conclusions

- Doctors with good communication skills identify patients' problems more accurately
- Informed patients adjust better psychologically and are more satisfied with their care
- Informed patients better adhere to medical therapy what translates to better outcomes

Conclusions

Improving doctor communication with patients improves their medical outcomes and their satisfaction and is

- ethically necessary for excellent medical practice
- prudent because it helps to avoid legal action in case of failure

„ good communication is the fundamental competence of a doctor

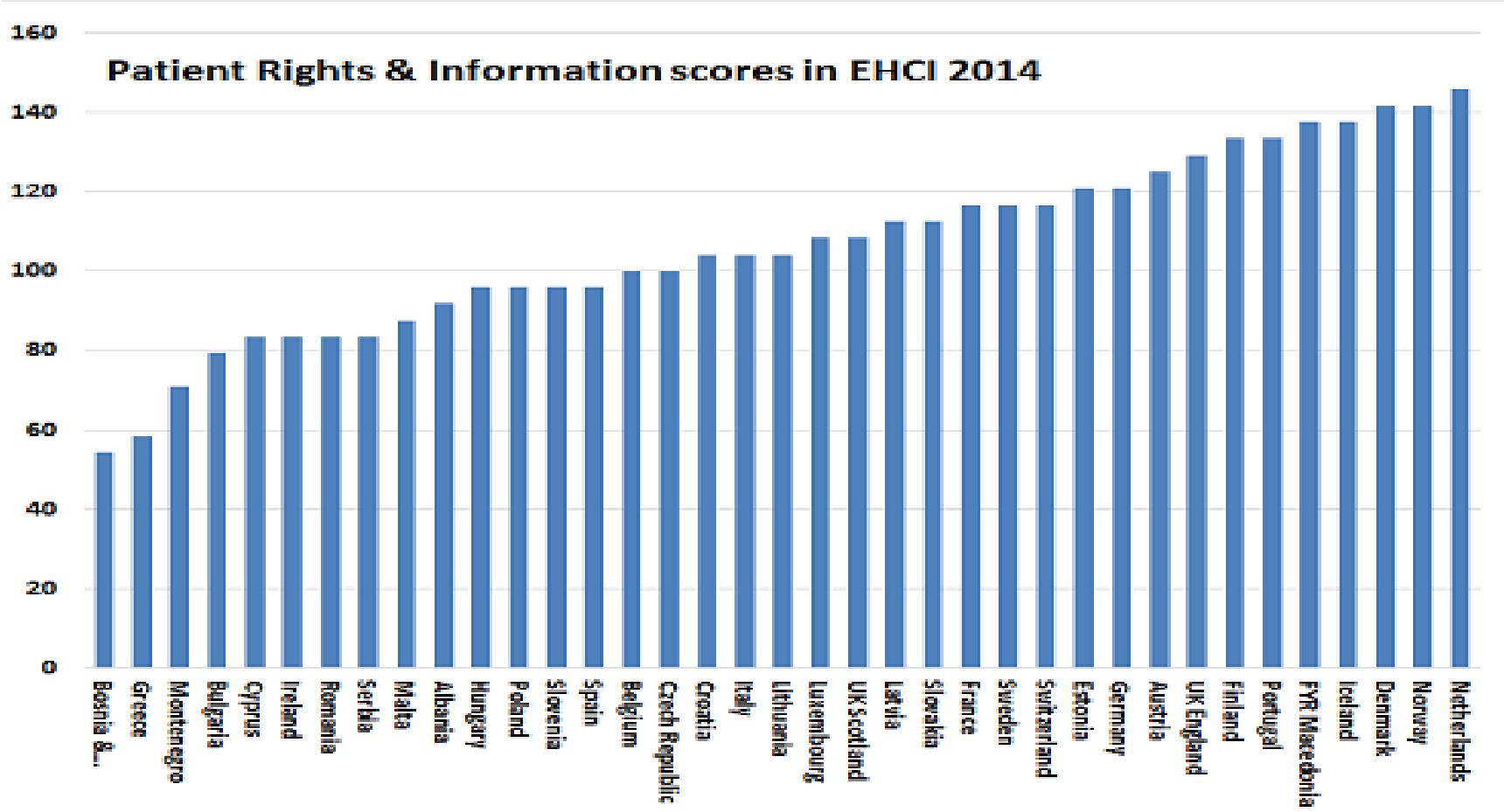
J Groopmann HOw the doctor thinks

EDITORIAL

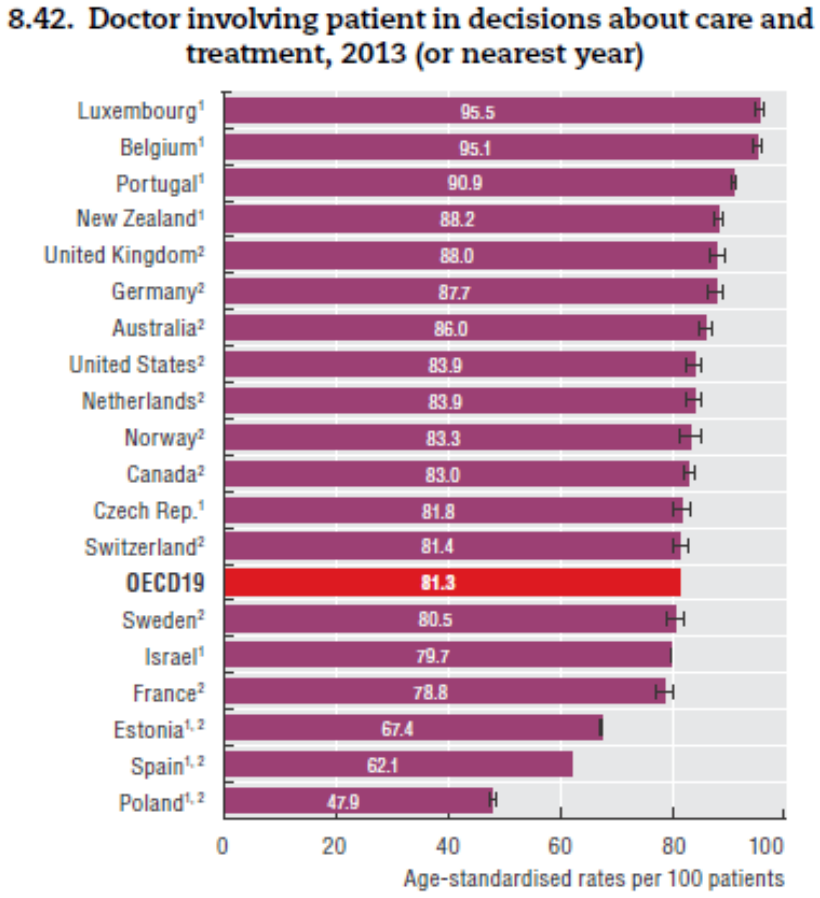
Medical communication: a core medical competence

Katarzyna Jankowska[1], Tomasz Pasierski[2]

Current situation



Current situation



Education in communication of surgical residents in USA

Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
INTERPERSONAL AND COMMUNICATION SKILLS (ICS1)	This resident is not able to clearly, accurately, and respectfully communicate with patients and families. This resident fails to effectively communicate basic healthcare information to patients and families.	This resident uses a variety of techniques to ensure that communication with patients and their families is understandable and respectful.(e.g. non-technical language, teach back, appropriate pacing, and small pieces of information). This resident effectively communicates basic health care information to patients and families.	This resident customizes communication, taking into account patient characteristics (e.g. age, literacy, cognitive disabilities, culture). This resident provides timely updates to patients and families during hospitalizations and clinic visits.	The resident is capable of delivering bad news to patients and families sensitively and effectively.	This resident can customize emotionally difficult information, for example, when participating in end of life discussions. This resident is capable of negotiating and managing conflict among patients and families.

Characteristic	Simple Consent	Informed Consent
Type of decision	Low risk	High risk
Elements	Explanation of intervention, followed by patient agreement or refusal (expressed or implied); other elements, such as discussion of risks, benefits, and alternatives are present when appropriate	Discussion of nature, purpose, risks and benefits of proposed intervention, any alternatives, and no treatment, followed by explicit patient agreement or refusal

Kalamazoo II report

Key interpersonal skills of doctor:

- Respect, including treating others as one would want to be treated;
- Paying attention to the patient with open verbal,nonverbal, and intuitive communication channels
- Being personally in the present in the moment with the patient,mindful of the importance of the relationship;
- Having a caring intent, not only to relieve suffering but also to be curious and interested in the patient’s ideas, values, and concerns.

Models of information included in consent

- Professional standard
- Rational patient
- Subjective

Consent in the real world

Item	Mentioned (1)
Risks	
General risks	72.8
Serious risks	23.2
Common risks	18.0
Common knowledge risks	7.6
Magnitude of risk	9.1
Probability of risk occurring	11.4
Imminence of risk	1.5
Benefits	
General benefits	32.4
Preventive effect	2.8
Survival increased	0.4
Comfort increased	0.2
Prognosis with procedure	2.1
Alternatives	
General alternatives	51.8
Specific alternative	3.7
No treatment as alternative	12.4
Consequences of no treatment	14.0