



Improving the Doctor-Patient Relationship

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There are several techniques that can help physicians facilitate constructive patient interviews and make the most of the time allotted for the appointment. Patients who are involved in their treatment plan are more likely to feel better and to manage their symptoms. What follows are techniques that we recommend:

- **ACTIVE LISTENING:** Encourage the patient to tell his/her story of the illness, through the restatement of information in the patient's own words, and the development of open-ended questions during the medical interview.
- **NONVERBAL COMMUNICATION:** Effective use of nonverbal communication can help develop an environment of support, comfort, trust, and security. Frequent eye contact and periods of welltimed silence are examples of methods that can enhance the interview.
- **AGENDAS:** Patients and physicians may approach the appointment with somewhat different agendas. The physician's agenda may be to help patients accept the diagnosis of a functional disorder and to consider symptom management. The patient, on the other hand, might come to the appointment seeking a specific diagnosis, a cure, or the reassurance that they do not have cancer. Therefore, it is important for both physician and patient to communicate their agendas at the onset of the appointment. To facilitate this, physicians can ask several questions such as: "What do you think is going on, what are your concerns and fears, and how can I be of most help to you at this time?"
- **EMPATHIZE:** The physician should acknowledge the difficulty patients experience in trying to manage their pain as they struggle to perform jobs, maintain their roles within the family, and validate their disorders to themselves and others. Patients who have experienced major psychosocial loss or trauma (e.g., abuse history) might find it embarrassing to discuss these issues. For this reason, it is important for the physician to validate the patient's feelings without making a personal judgment or offering a quick solution. Furthermore, mentioning how studies have shown a link between traumatic events and GI disorders can increase patient's understanding of the issue. Empathy means demonstrating an understanding of the patient's pain and distress while maintaining an objective and observant stance.
- **EDUCATING PATIENTS:** Education plays a crucial part in a good doctor-patient relationship. Education involves a dialogue where the physician elicits the patient's thoughts, feelings and beliefs, and then provides

new information consistent with the patient's needs and interests. Providing written materials can be particularly helpful in supplementing and enhancing the information obtained from the physician during the appointment.

- **REASSURANCE:** Identifying and legitimizing a patient's concerns and worries without offering false reassurances can help comfort the patient. It puts them at ease by knowing that the physician has a commitment to them and recognizes their emotions as important and their disorder as real and not "in their head."
- **AGREEING ON A TREATMENT PLAN:** After the medical interview and physical exam are completed, it is important for the patient and physician to agree upon a treatment plan. The physician should take into account the patient's personal experiences and life style, and provide choices that are consistent with these factors.
- **TAKING RESPONSIBILITY:** It is important to have the patient acknowledge their role in managing their pain, symptoms and treatment. The physician should ask the question "how are you managing your symptoms," rather than "how is your pain." This shifts the responsibility for pain and symptoms management from the doctor to the patient and helps patients acknowledge their role in their care.
- **AVOID OVERREACTING:** Some patients may appear demanding, dependent or even adversarial. It is the physician's responsibility to not overreact in these situations. This can be achieved by establishing limitations (boundaries) on what can be provided and suggesting appropriate ways for the patient to contact the physician. Physicians should address unrealistic demands, frequent phone calls or inappropriate requests for narcotics in a timely fashion before this type of behavior escalates into impulsive actions from the patient. Feelings and emotions should be addressed honestly, thereby facilitating communications between the doctor and patient on a positive level and helping to avoid conflict.
- **ESTABLISHING BOUNDARIES:** Frequent phone calls, unscheduled visits, and unrealistic expectations are ways in which some patients lose perspective on the shared responsibility for their care. Doctors need to establish boundaries for patients in a way that does not belittle them. Scheduling brief return appointments can meet the needs of patients, while helping the physician set boundaries as to when and how often he/she will be accessible for out of the office contact.