

Difficult conversations with patients: a practical approach to empathic communication

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March 8 and 9, 2022

Starting with the big
picture...

Imagine this.....



And then this....

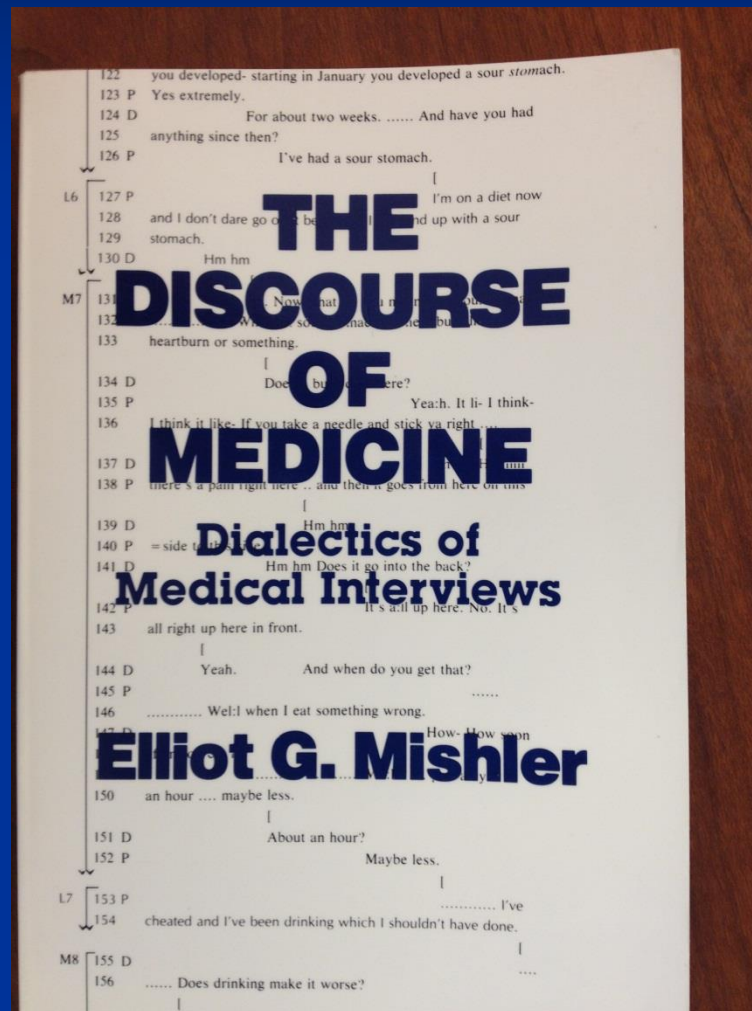


“When I go to see my doctor, I
feel that we are singing the same
song”

-Joseph Buthelezi



Voice of the Lifeworld and the Voice of Medicine



Two worlds...



Requirements for communicating with patients and bridging the worlds

- Skills
- Attitude

When it doesn't go well...



THE ESSENTIAL SKILLS

Paying attention



Sitting vs. standing



We are all explainaholics

Be curious....Ask an open-ended question

- “How are you feeling today?”
- “How have you been since the last visit?”

“Would it be okay if...

I interrupt you to ask some specific questions?”

“Would it be okay if....

I give you some advice about your diet?”

“Would it be okay if...

I share some things I've learned from other patients who have dealt with this?”





Reflect what you have heard..

- “So what you are saying is...”
- “Let me make sure I’ve got this right..”

Recognizing the emotions

- “I can see that you are worried.”
- “This must be confusing”
- “I imagine you are disappointed”

“Would it be okay if....

I explain what I think went wrong?”

I explain where we go from here?”

Some other key phrases..

- “Let’s decide together”
- “I wish things were different.”

At the end...

- “What other questions do you have?”





A better approach



ATTITUDE

Curiosity

Self Awareness

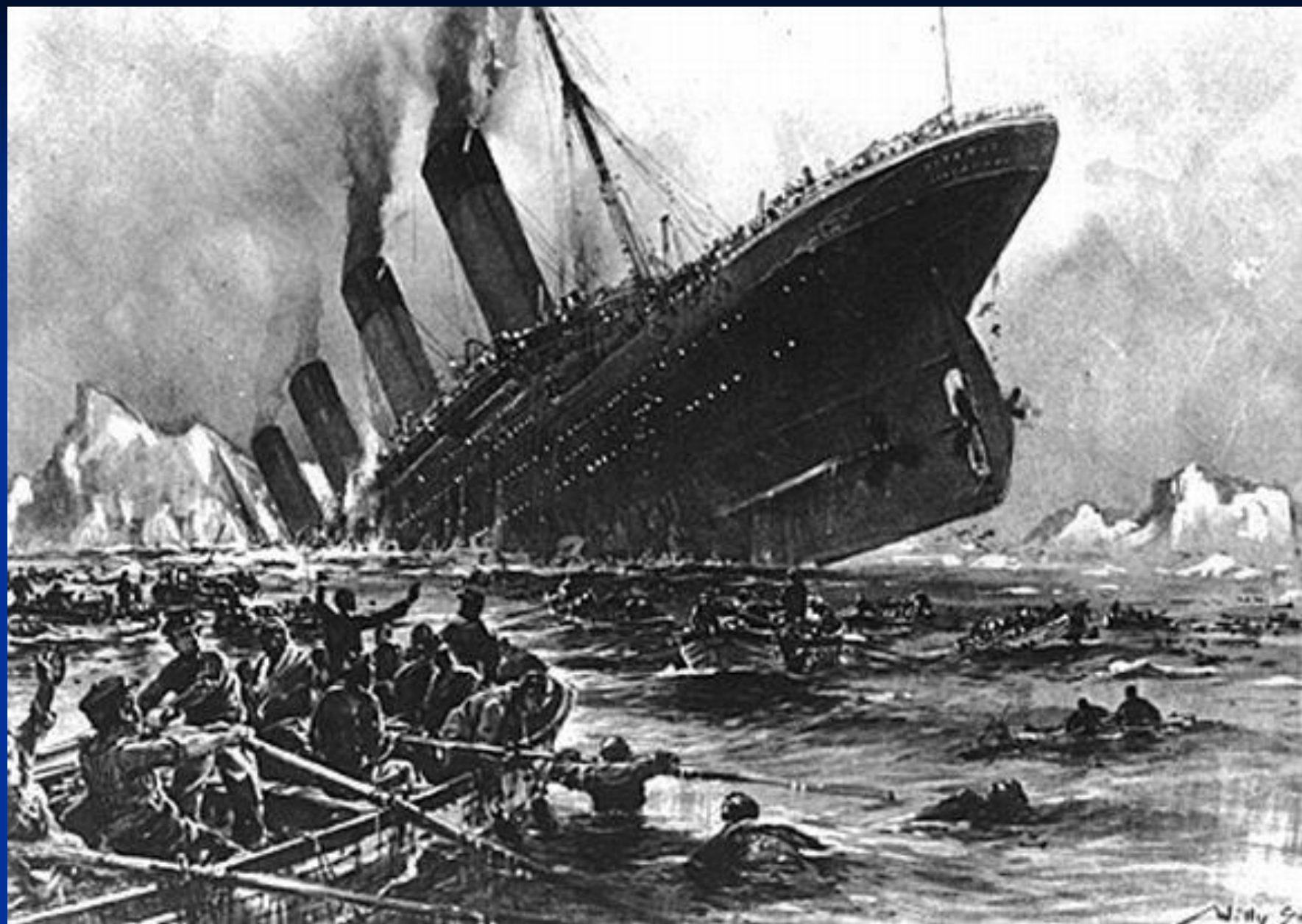
Cultural Humility

CURIOSITY



Fitzgerald F. Curiosity. *Annals of Internal Medicine*: 1999;130:70-72







TITANIC

“I believe that it is curiosity that
converts strangers into people we
can empathize with...”

“To participate in the feelings and ideas of one’s patients-to empathize- one must be curious enough to know the patients: their characters, hopes, past experiences, and social situations”

Self Awareness— watching yourself be a doctor

Epstein RM. Mindful Practice JAMA
199;282:833-840





BLIND SPOT

HIDDEN BIASES
of
GOOD PEOPLE

MAHZARIN R. BANAJI
ANTHONY G. GREENWALD

“Hidden biases are ..bits of knowledge stored in our brains because we encounter them so frequently in our cultural environments. Once lodged in our minds, hidden biases can influence our behavior toward member of particular social groups, but we remain oblivious to their influence.”



The best remedy for
bias is empathic
curiosity

Moving beyond Cultural competence to Cultural humility

Cultural Humility

- 1. Lifelong commitment to self-evaluation and self-critique*
- 2. Desire to fix power imbalances*
- 3. Aspiring to develop partnerships with people and groups who advocate for others*

Tervalon and Murray-Garcia

The pitfalls are:

- Cultural disconnect
- Trivialization



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THE MERCURY

RACISM STOPS WITH ME

GET A HEAD START

Wednesday, August 3, 2016

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Cultural Disconnect

- Cultural Disconnect occurs when people begin to talk past each other because they have been formed, and informed, by different **cultures** and are not fully aware of the fact.

Trivialization

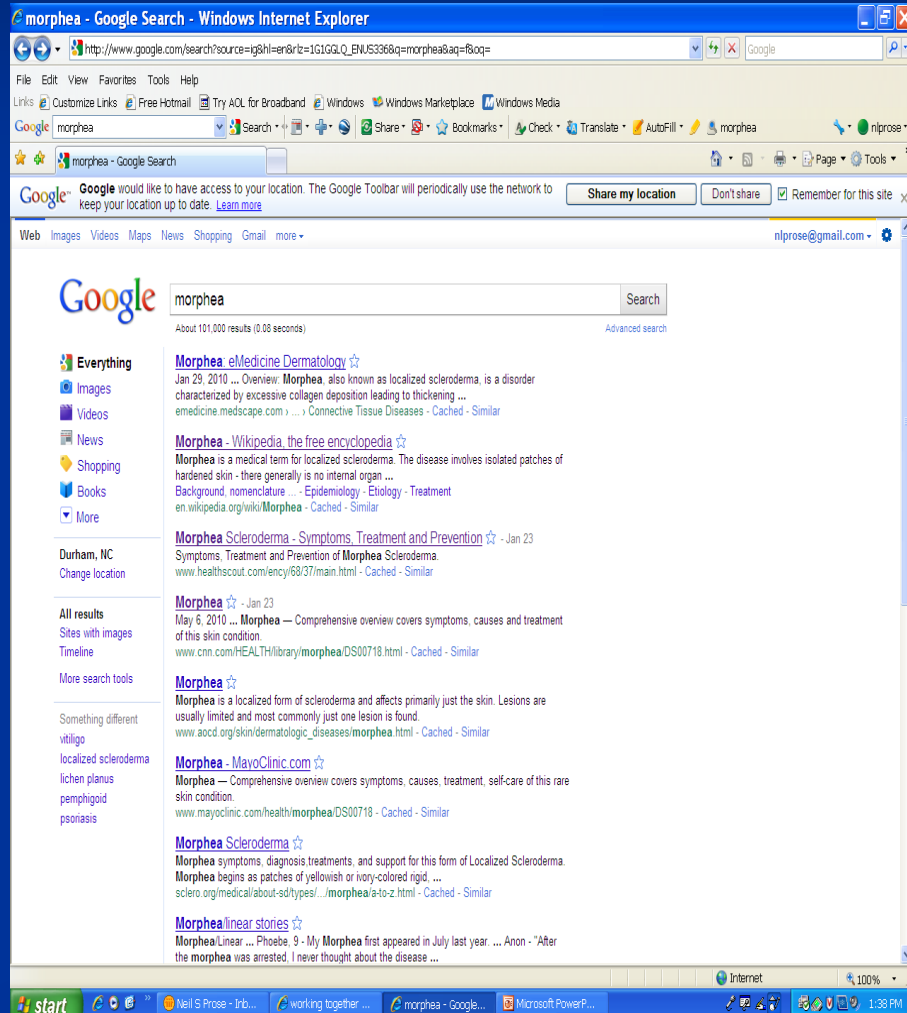
- Not understanding impact of illness on patient's sense of well-being given cultural positioning, norms, practices
- Dismissive phrases

The computer....



The internet...

Giving a new diagnosis



The patient with printouts...



Andthe electronic health record

- Teaching?
- Collegiality?
- Doctor-patient communication?



How to maintain

- Empathy?
- Curiosity?
- Paying attention?
- Patient centered communication skills?

How to create new bridges between voice of medicine and voice of lifeworld.

Including the computer in the conversation:

“Can I show you what I am seeing on your MRI?”

And turning away from it:

“I didn’t realize you are having so many problems at home. Can we talk about that a little more?”

Developing your own style...

- Be conscious of what you are doing.
- How much in the presence of the patient?
- Where is the computer in the room?

Some ideas

- 1. Start with your patient's concerns
- 2. Name what you are doing “Would you mind if I type some of what you are saying into the chart?”..or “I need to enter your prescriptions.”
- 3. Use the computer screen to involve the patient in their care “May I show you what I’m doing?”
- 4. Know when to turn your entire body away from the computer

<https://sites.fhi.duke.edu/health-humanitieslab/portfolio/keepers-of-the-house/>



KEEPERS of the HOUSE

Thanks for your attention



Rhonda Klevansky

WHAT QUESTIONS DO YOU
HAVE?