

Choose your words carefully

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A friend of mine told me that what she does when a patient sits down in the chair and immediately dissolves into incoherence and floods of tears. She leans forward, puts a hand on their forearm and says "take your time, we've got all the time in the world". Almost invariably, the patient stops sobbing and the consultation moves on. I've tried this phrase. It works.

It's clearly untrue, as the time for consultation is limited and both doctor and patient know this, so why does it work? It's all about communication of emotions through words, and in this case the words convey an attitude of patience and support.

Words have power

Words are powerful. We have all felt the effects of a good writer's choice of words on our mood, our emotions, or our understanding of a situation they portray. The choice of words can make the difference between a masterpiece and a flop - in lyrics, books, stage or screen.

"The essential instrument in general practice is The Word. The GP is The Great Communicator of medicine. Spirits and demons [illness behaviours] are created by words. They are images constructed by thoughts and words. Therefore spirits and demons can only be deconstructed, cured by words", said Per Fugelli, of the Institute of General Practice and Community Medicine, University of Oslo, in a lecture to the RCGP, Scotland.

What about in the consultation?

No real world consultation is a masterpiece, but "the good GP is first and foremost a skilled communicator" (Richard Savage), and carefully chosen words are key tools in our communication toolbox (or paints in your communication palette if you are of a more artistic bent).

Most GPs have key phrases that they use again and again and which may help unlock a patient's problems. Fortunately, unlike the writer, the doctor has no duty to be original. The registrar year is a unique opportunity to watch others consult and to copy useful phrases. By acquiring hints and tips from elsewhere you will not eradicate your individuality. Every GP has their own style and personality which will come through in the way they communicate.

Copying key phrases that seem effective, and trying them out in your own consultations can seem strange at first - they fall unnaturally from your lips. Do it anyway. Patients rarely notice. In time you may accept the phrases unchanged, reject them, or adapt them subtly and incorporate them into your natural style. Keep watching yourself (in your mind's eye or on video) and reflect on what works for you (and for the patient).

Clearly there is no way anyone can list all the useful phrases you might pick up in time. But I would like to encourage you to think about the words you choose, try new ones, and reflect on their effectiveness. Even substituting single words can have a surprising effect on the way things are perceived. Here are two examples I have found useful.

Partnership

The concept of doctor and patient in partnership is commonplace now. We expect and encourage patients to take responsibility for their own health. We encourage concordance (reaching a shared understanding of the best way forward) rather than compliance (doing as the doctor tells you), because empowered patients are more likely to do what is best for their health (taking their medication, changing their lifestyle, etc.) We should also think about the doctor's part in this partnership. The personal relationship between doctor and patient is a powerful one.

Throughout my training I was a member of a team - in the hospital, and later in practice. I learnt to use "we", sometimes because I was representing the team, but sometimes when I meant "I", sometimes when I didn't want to take on personal responsibility.

When someone comes to you with a serious problem (physical or psychological) you could try replacing "we" with "you and I", e.g. "What can we do to help you with this problem?" becomes "What can you and I do to help solve this problem?". This can be a powerful choice of words.

Where "we" could mean the patient and doctor, or it could mean all the doctors in the practice, or maybe the practice as a team, "you and I" clearly defines who is involved. It puts a responsibility on the patient to be part of the team solving their problem. It also suggests that you, the doctor, will personally be their partner in coping with this challenge. A very general practice approach!

"Will" Power

"We learn to believe what we hear ourselves say". Sadly, I have no idea who first said this, but it is an important concept. The way that you ask questions influences the answers you get. This in turn will influence not only the diagnostic process, but also the patient's beliefs. (Silverman et al cover questioning very well.) How patients hear themselves describe their illness will change their attitude to it. When talking to a patient with a chronic but reversible condition you might ask:

- "How would things be if you were better?"
- "How could you change your routine to get more exercise?"

Or would it be better to ask?

- "How will things be when you get better?"
- "How will you change your routine to get more exercise?"

The use of "will" in this way is common to several of the "talking therapies" for psychiatric disorders but is useful for physical illness too. It not only implies your faith in the patient's recovery, or their ability to change, but also encourages them to answer in the same vane. "I will be getting out of bed and feeling good about the day ahead". "I will start to cycle to work".

You may notice they take more time before answering "will" questions. The patient imagines themselves in their new state, makes more of a commitment to their answer, and may learn to believe that it is attainable. There are parallels with athletes using visualisation to enhance performance.

Remember how powerful the placebo effect is. If you feel comfortable using "will" in this way and develop it as a habit, it may contribute to your patients' confidence that they will recover, and hence improve outcomes.

Conclusion

At the start of the registrar year, most trainees are encouraged to sit in with different partners in the practice and see their consulting styles. I encourage my trainees to go back and do this again at the end. At the start of the year, registrars are understandably concerned with the nuts and bolts of diagnosing a new range of conditions. By the end of the year they are confident in consulting and diagnosing. They are now able to concentrate more on style, picking up useful techniques, and maybe recognising the odd area of learning need.

Watching other people consult, taking ideas away, and trying them out for yourself can keep consulting fresh and interesting and reap benefits for you and your patients. It is also a useful way to practice and develop these 'microlinguistic' skills.

SUMMARY POINTS

- Words choice is important in consultations.
- A partnership with the patient can be encouraged by the right phrases.
- Observing other doctors word use in consultation can be instructive.

This article is based on discussions with Dr Alasdair MacDonald, author of 'Solution-focused Therapy: Theory, Research and Practice', with Dr Joanna Briffa (GP) and on the author's own experience.

Further reading:

MacDonald, A. Solution-focused Therapy: Theory, Research and Practice. Sage Publications Ltd. 2007

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Pendleton D, Schofield T, Tate P, Havelock P. The New Consultation: Developing Doctor-patient Communication. Oxford University Press. 2003.

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Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients. Radcliffe Medical Press. 2004.

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