

Communication in diabetes management: overcoming the challenges

Diab P, MBChB, MFamMed

Senior Lecturer and Family Physician, Department of Rural Health, University of KwaZulu-Natal, Durban

Correspondence to: Paula Diab, e-mail: diabp@ukzn.ac.za

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Abstract

Medicine is both a science and an art; a delicate balancing act of scientific diagnostic reasoning and management on the one hand, and the development and nurturing of a relationship with another person, on the other. Patients seek a healthcare provider who can provide them with a service. They want someone who will provide explanations, answer their questions, and alleviate their fears. Patient adherence to chronic medication regimens is greatly improved if a bond of trust exists, to sustain a strong doctor-patient relationship.

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Introduction

In their curricula, medical schools are now placing greater emphasis on patient communication, and the importance of recognising good communication as being pivotal to optimum patient care. Ensuring understanding, making mutual decisions, and addressing the patient's agenda, are all key aspects in effective communication.

This article addresses the various concepts in effective doctor-patient communication, as described in the Calgary-Cambridge method. It demonstrates how a relationship, built on trust, understanding and mutual decision making, can prove to be one of the most influential factors in patient satisfaction, and in turn, in adherence to treatment. By offering a facilitative environment, conveying the correct verbal and non-verbal cues, and engaging with patients as equal members in the healthcare team, a more productive consultation for patients and doctors can be realised.

Have you ever received a message, like the one below, from a patient?

Hi Dr X,

I just wanted to say thank you so much for our consultation. I feel so refreshed after having met you, and am so grateful that you took the time to find out about my history. Just to let you know, my medical aid approved two boxes of strips: no problem!

Have a super long weekend,

L

Amid all the pressures and stresses of everyday life, such an e-mail can provide the recipient with a great deal of fulfilment and satisfaction. It also demonstrates

that the patient was content with the scientific treatment received, as well as the personal care that was rendered.

Medicine is both a science and an art; a delicate balancing act of scientific diagnostic reasoning and management on the one hand, with the development and nurturing of a relationship with another person on the other.

Medical students are reminded of the following anonymous adage:

"To cure sometimes, To relieve often, To comfort always".

What do patients look for in a healthcare provider?

Patients seek a healthcare provider with expert knowledge and extensive experience in his or her relevant field. Social networks, such as recommendation by a friend, family member, or book club member, are also important. Evidence of obtained qualifications should be displayed to validate these assumptions. A clean, tidy and relaxing waiting area, and efficient and prompt service, are also necessary. However, it has been shown that it is the actual encounter (the way in which the healthcare provider relates to the patient, shares his or her story, and addresses the patient's agenda), that truly makes a difference.¹

How does this change for a provider of chronic care?

A chronic healthcare provider is well placed to establish such a relationship with the patient. Research has shown that patient adherence to chronic medications is greatly improved if a bond of trust exists in the context of a strong doctor-patient relationship.² Diabetes care

requires scientific knowledge about which insulin to prescribe and when, and also the often-forgotten art of delicate communication between doctor and patient, in order to convey sound patient knowledge, optimum care, and the best possible clinical outcome.

What is a doctor-patient relationship?

This relationship does not simply extend to the fact that the patient is on the doctor's records, or is a resident of the feeder area of the hospital or clinic. It is a mutual relationship of trust, respect, and shared decision making.² It involves exploration of the patient's particular circumstances, and addressing that. Mr B, who leads a very stressful life, and whose job frequently takes him on the road, should not be referred to as "that overweight gentleman with uncontrolled type 2 diabetes". Mr B's lifestyle may lead him to snack on pies and cool drinks while driving. He may also believe that he will faint if his blood glucose levels drop below 8 mmol/l. We have all met Mr B. Perhaps you just did not recognise him. Humans respond to verbal, as well as non-verbal, cues. From early infancy, we seek face-to-face interaction, and respond to being acknowledged, attended to, and cared for.³

The patient's agenda

The doctor-patient relationship should not be a paternalistic model, as was once the case, where the doctor imposed his or her beliefs and ideas on patients. The relationship between a physician and a patient now forms the centrepiece of the consultation, and mutual decision making is encouraged.⁴ It is obvious that all healthcare providers have an agenda. This is to optimise their patient's treatment, to detect any complications, and to consult within the allotted time, so as to finish the day's work. However, patients with a chronic illness also have an agenda. They are looking for a service. They want someone who will accompany them, provide explanations, answer their questions, and alleviate their fears.⁵ This is not just the role of a nurse educator or clinic sister, but that of all healthcare providers.

In their curricula, medical schools are now placing more and more emphasis on patient communication, and recognition that good communication is pivotal to optimum patient care.

In order to fully explore the patient's perspectives, the healthcare provider needs to determine the following:^{6,7}

Patient ideas (their beliefs about the cause of their illness or condition)

A patient might, perhaps justifiably, believe that he is destined to get diabetes. His entire family has diabetes. Both his parents died from diabetes-related complications, and it is an entrenched habit to eat meat, rice, and potatoes every night. He may also believe that a rotund appearance is indicative of

wealth and prosperity, and so will completely disregard your suggestion to lose weight.⁸

Patient concerns (regarding their problems)

A patient who has recently suffered a hypoglycaemic event may fear to discuss it with his or her healthcare provider, in case he or she looks like a failure. Complex management issues and challenging cases should be managed with the patient's concerns in mind.

Patient expectations and goals

It may be time for the patient's biannual check-up, or they may need a new script, but perhaps they also need to be listened to, supported, or encouraged. Support and guidance in setting goals and providing encouragement when these goals are not met, as well as rational explanations, all form part of what is expected of healthcare providers.

Effects on the patient's life

More so than any other chronic condition, diabetes affects a patient's lifestyle. A young woman with type 1 diabetes may be concerned about losing her eyesight, or a businessman may feel embarrassed about having to give himself injections prior to his business lunch. Perhaps his chronic hyperglycaemia is causing erectile dysfunction and marital discord. Few patients will offer such vital information, unless given the opportunity to do so within a facilitative environment.

Patient feelings

Patients who are diagnosed with chronic disease often experience fears and anxieties.⁹ How does the young 20-year-old feel about the fact that a future pregnancy may be a life-threatening event, and that she could increase her child's chances of also developing diabetes? How does a grandmother, the primary carer for many young grandchildren, feel about her dwindling eyesight? Although these communication techniques may be termed "soft skills" when compared to the detection and diagnosis of cardiac failure, they are no less crucial in providing the patient with good care and service. A recent review of doctor-patient communication has termed it "a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine".¹⁰

Building a relationship with patients

By understanding the barriers that may exist between patients and physicians, complaints and claims from insurers may be avoided. Effective communication, involving verbal and non-verbal skills, helps to build this relationship, and reduces the chances of miscommunication or misunderstanding, while strengthening the therapeutic relationship between the patient and the healthcare provider.¹¹ It is often

the manner in which clinical information is given that is important, rather than the information content alone.¹² Speaking from behind a computer screen, or while writing notes, or giving information via a third party, e.g. a hospital orderly acting as an interpreter, are simply not acceptable methods of practice. People respond to eye contact, facial expression, posture and verbal tone.^{3,13}

Patients expect to have some confidence instilled in them, and to be encouraged and supported by their healthcare provider. It is important to develop a rapport with patients, to accept the legitimacy of their views and feelings, to use empathy to demonstrate understanding, and to deal sensitively with embarrassing or personal issues. Share your thinking, and involve the patient in the decision-making process.

Ensuring understanding

A key point in our interaction with patients should be to ensure that they recall everything that was discussed during the consultation. By using a technique known as "chunking and checking",^{6,7} the healthcare provider should summarise the advice given, and check that the patient has a good understanding of what has been discussed. To introduce important stages of the consultation, signposting can also be used to make the consultations more "patient-friendly", for example: "If you are happy that you have discussed all your concerns with me, I would like to move on, and examine you". When communicating, the use of easily understood language is vital. This is even more imperative in the South African context, where multiple languages are the norm. The use of an interpreter is often fraught with problems. Innovative solutions should be sought in order to ensure understanding, e.g. the use of picture aids and demonstration videos.^{6,7}

Patients are far more likely to adhere to a mutually acceptable treatment plan.^{14,15} Offer choices where they are available, and check with the patient whether or not his or her concerns have been met. Encourage the patient to contribute thoughts, ideas and suggestions, with regard to the treatment plan: "Doctor, what if I try to lose weight and eat more healthily just one more time? I can't start with the insulin injections right now. Maybe next month?"

However, the healthcare provider needs to ensure that care is not compromised by inappropriate decision making or persuasion from the patient. Summarise and repeat your proposals, until you are satisfied that the patient understands, and will remember what has been discussed. Allow the patient time to ask questions. All consultations should be viewed as an opportunity to modify behaviour, provide education, offer health promotion, and give advice about future disease prevention. If time pressure is a factor, these topics should be split over months of care.

Conclusion

Communication is the key to establishing a therapeutic relationship between doctor and patient. It is especially important when dealing with patients who have chronic conditions such as diabetes, which may often be associated with other co-morbidities and complications. This relationship has been shown to be one of the factors with the most influence on patient satisfaction, and, in turn, on adherence. Is that not the objective of a doctor's agenda: a satisfied patient, who takes his or her medication, and thereby reduces the risk of developing complications? Time, and financial and language barriers, should not be offered as excuses for failing to provide a facilitative environment. Conveying the correct verbal and non-verbal cues, and engaging with patients as equal members in the healthcare team, is vital to ensure a much more productive consultation for both patients and doctors: "The patient will never care how much you know, until they know how much you care", (Terry Canale in his vice-presidential address to the American Academy of Orthopaedic Surgeons).¹⁶

Conflict of interest

No conflict of interest is declared.

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