Traditionally, doctors have adopted a paternalistic role in the doctor-patient relationship, and patients seemed satisfied with this arrangement. In recent years, however, there has been a shift in attitudes. Communication is no longer a one-way process. Increasingly, there is shared decision-making as patients begin to take on a more active role in their medical treatment, and doctors are expected to respect their need for information and self-determination.

It is with these in mind, that Dr Balaji Sadasivan, Senior Minister of State, Ministry of Information, Communications and the Arts, and Health, delivered his lecture on “Risk Communication in Healthcare” at the Singhealth Scientific Meeting 2004 on 17 October 2004, at the Swissotel Stamford.

PATIENT AUTONOMY

"The Hippocratic Oath says that the physician should benefit the patient and protect him or her from harm. It is based on a paternalistic philosophy. Paternalism is an action that is taken for the benefit of another person and that is done for the welfare of that person. This is what parents do for their children. Medical paternalism is part of the Hippocratic tradition. This tradition does not factor in benefit based on the patient's judgment."

"Parents were told what would be done. They really were asked to make a choice. The choices were made for them. Patients appeared satisfied with this approach. In the Hippocratic tradition, the doctor communicated much empathy, sympathy, care and concern but the physician made the decision for the patient.”

In the present day, however, medical ethics is based more on the concept of patient autonomy and the patient's right to know and decide using his free will.

Dr Balaji reminded doctors that the SMC Code upholds the principle of patient autonomy and right to self-determination. Except for unusual situations where the doctor can still apply the concept of therapeutic privilege, it is the general rule that it is the patient and not the doctor who will be in control. It is therefore very necessary for doctors to communicate risk to patients so that patients can make the right decision. When patients make the wrong decision or have a wrong appreciation of the risks, or when the outcome does not match their expectations, patients may get upset, setting the stage for complaints and medical litigation.

Moreover, the need for risk communication increases with the risk of the medical specialty.

HOW TO COMMUNICATE RISK

Dr Balaji elaborated on four general rules to risk communication:

Rule 1:

"Respect the patient. The patient is an intelligent person trying to make the best decision as it is his health, and his life that is at stake. Avoid patronising language and medical jargon. Avoid being simplistic: operation – good; No operation – bad. This insults his intelligence because he can comprehend complex ideas if it is explained to him in non-medical language. Patience is needed and more than one round of explanation may be necessary. It is always better to spend time with the patient than with the lawyer from the medical protection society.

Rule 2:

"Be accurate. The information must be factually accurate as well as accurate in a subjective emotional sense. Conveying emotional accuracy is an art and often it requires presentation of the same information in different ways. For example, when the mortality risk for surgery is 5%, the same information can be presented in different ways. If the patient said: "Doc, 5% is too risky", the doctor may respond that without surgery, the patient is almost certain to die but with surgery, 19 out of 20 patients do well and so the odds are in the patient's favor. On the other hand, if the
they had experienced a medical error within the past year. 


Rule 1: “Always start with the positive note. Patients need hope. No matter how bleak things look, find some light at the end of the tunnel. Sometimes it can be difficult. For example, if the prognosis for a condition is a life expectancy of six months, the situation is bleak. But even in this instance, an optimistic note can be found. Since statistics apply to the group and not to the individual, doctors will always have a patient who has done better than the average. An anecdote of a patient who has beaten the odds gives patients hope.”

Rule 2: “Empower the patient. For example, before surgery, patients can be given a script of what to expect. A script is a great tool to help patients with their emotional well-being. The patient who feels he is in control of his condition is far more likely to find the treatment helpful. Avoiding risk altogether is to risk itself. The patient who feels he is in control of his health is far more likely to find the treatment helpful.”

Rule 3: “Always end on an optimistic note. Patients need hope. No matter how bleak things look, find some light at the end of the tunnel. Sometimes it can be difficult. For example, if the prognosis for a condition is a life expectancy of six months, the situation is bleak. But even in this instance, an optimistic note can be found. Since statistics apply to the group and not to the individual, doctors will always have a patient who has done better than the average. An anecdote of a patient who has beaten the odds gives patients hope.”

Rule 4: “Always end on an optimistic note. Patients need hope. No matter how bleak things look, find some light at the end of the tunnel. Sometimes it can be difficult. For example, if the prognosis for a condition is a life expectancy of six months, the situation is bleak. But even in this instance, an optimistic note can be found. Since statistics apply to the group and not to the individual, doctors will always have a patient who has done better than the average. An anecdote of a patient who has beaten the odds gives patients hope.”

Rule 5: “Always end on an optimistic note. Patients need hope. No matter how bleak things look, find some light at the end of the tunnel. Sometimes it can be difficult. For example, if the prognosis for a condition is a life expectancy of six months, the situation is bleak. But even in this instance, an optimistic note can be found. Since statistics apply to the group and not to the individual, doctors will always have a patient who has done better than the average. An anecdote of a patient who has beaten the odds gives patients hope.”

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