

## Doctor-patient communication

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Countless times, doctors are faced with moral and ethical dilemmas when it comes to dealing with their patients, especially terminally ill ones. How do you tell a mother of two that her colon cancer has come back with a fatal blow? Dr. James Tulsky, director of the Center for Palliative Care at Duke University, kicked off his presentation with these questions. The lecture, entitled "An empirical approach to talking with seriously ill patients," was held on March 29 and focused on the significance of the doctor's role in dealing with the situation at hand in an empathic manner. What makes these conversations so hard are their ethical dilemmas, expectations, uncertainties, and most importantly emotions. Dr. Tulsky stressed on good communication being the key, saying that it's not magic but a learned skill. He distinguished between kindness and empathy, viewing them as separate, and portraying good communication with patients as an acquired skill doctors ought to practice. Empathy – the "I could be you" message – was the focus of the lecture. Studies showed that patients whose

doctors responded to their worries with empathy were more likely to have more improvements healthwise. Studies that had been conducted in the Netherlands and Australia revealed that 64 and 72 percent of the time, respectively, oncologists dismissed the opportunity to respond with empathy to their patients. Instead, they resorted to diverging from emotional topics and giving more medical or technical answers. Tulsky went on to reveal some results of studies conducted at his university, where almost 1,500 conversations between doctors and patients had been recorded and analyzed. The numbers were matching with the other studies, where 73 percent of the time doctors had the chance to respond empathically to their seriously ill patients but deferred from the topic. They found fear to be the most commonly expressed emotion amongst patients, but sadness the most likely to receive a response from a doctor. Undoubtedly there is major concern for the patient's well being. Is the doctor telling them what they need to hear? Would an oncologist rightly convey only part

of the real story upon request from the family not to tell a terminally ill patient about their condition? Yet Dr. Tulsky argues that responding with warmth and understanding greatly help the patients. He went on to reveal a disproportion between the doctors' estimates of their patients' survival and those of the patients themselves. A further insight showed that doctors who gave pessimistic statements did not affect the moods of their patients but did make the patients more realistic about their conditions. "Everything the patient says is data," says Dr. Tulsky. The doctor has to be aware of every detail and rightly identify and respond with empathy when the patient needs it. Teaching oncologists how to converse and communicate effectively with their patients is of utmost importance for the latter's well being, which is why a series of courses called "Oncotalk" have been developed for that purpose. Ultimately, doctors in general and oncologists in particular ought to treat the patient rather than the disease by means of good communication.