Doctor-Patient Communication

History of current illness

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The history of the illness or symptom for which a patient consults represents the point at which the worlds of medical science and daily life converge.[1] Physicians trained to use a scientific approach organize the information patients give them and relate it to a nosologic class to arrive at an objective diagnosis. For patients, however, illness arises out of the muddle of everyday life; an ailment is just one of many sensations of varying intensity they experience.

In describing illness, patients are guided by the temporal connection between events they consider important. Physicians' interruptions and technical questions can interfere with their train of thought. Far too often, the scientific process that seems so overwhelmingly logical to physicians is meaningless to patients and leads to confusion.

To better understand patients' ailments, physicians might want to be flexible and to switch from their own frame of reference to their patients' frame of reference.[1,2] Studies have shown that this approach results in greater satisfaction with care, greater adherence to physicians' recommendations, and a higher rate of problem resolution.[3]

History of tension headache

Physicians can use several communication strategies during interviews to bring their frame of reference and those of their patients more into line. Diagnoses can be reached without bombarding patients with a volley of closed questions, as the dialogue below illustrates. This case involves an apparently healthy, 52-year-old man who consulted his family physician for headaches. Their conversation begins with the history of the current illness.

DIALOGUE BETWEEN PATIENT AND PHYSICIAN	COMMENTS ON DIALOGUE
Doctor: Can you tell me when and under what circumstances you started getting these headaches?	An open question invites the patient to tell his story (chronology of symptom).
Patient: Well, it's been a while, but I'd say it got worse some time ago. Doctor: Uh huh.	Doctor's facilitating statement aims to encourage patient to continue the story.
Patient: I used to get headaches only once in a while, but since I got back from vacation 3 months ago, there are days when it hurts so much I have to leave work. And for me not to be able to finish my day, it has to be bad. It's not normal for me to have a headache every day. It's starting to worry me.	Patient spontaneously voices his concern about the effect the headaches are having on his ability to function at work (patient's subjective experience).
Doctor: I can understand it is bothering you. Can you describe what happens when you have a headache?	Supportive statement followed by an open question encourages patient to continue the story and indicates he is on the right track.

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Patient: It's not always the same, but you could say it starts late morning, right after the business meeting. It usually begins with a heavy feeling just above my eyes. That's when I know it's coming.	Patient indicates context, quality, and location of symptom.
Doctor: Then what?	Doctor's facilitating statement encourages patient to continue his story in his own way (keeping the narrative thread intact).
Patient: My whole head hurts. It's like there's something squeezing me all the way around my head. That's when I know it's not going to go away. I absolutely have to take some Tylenol.	Patient describes the main characteristics of the symptom, enabling the physician to focus the differential diagnosis (quality and intensity of symptom)
Doctor: So you take some Tylenol . . . On a scale of 0 to 10, how you would rate the intensity of your headaches?	Physician momentarily interrupts patient's story. He asks a closed, direct question to determine the intensity of the pain and to establish the timing so he can follow the progress of the pain (intensity of symptom).
Patient: You know, I'm not really crazy about pills. I just don't like taking them. The headache has to be really bad for me to take them, so I'd say at least 7 out of 10.	Patient expresses his thoughts about medication (patient's attitude).
Doctor: Apart from the pain all around your head, do you have any other symptoms? Patient: No, nothing else.	Physician asks an open question and, at first, tries not to suggest other symptoms (associated symptoms).
Doctor: How long do your headaches last?	Physician asks a direct question (chronology of symptom).
Patient: I've found that, if I can go and rest after taking the Tylenol, the headache doesn't last as long. If I leave the office and lie down as soon as I get home, it goes away in an hour, and I don't have to take any more medication. If I can't lie down, then, with the noise and the lighting in the office, it lasts till I get home. But I can't just leave work whenever it happens!	Patient continues the story and, with no interruptions from the physician, spontaneously offers more information (chronology of symptom and aggravating and alleviating conditions). Patient also has another opportunity to express his concern about the effect of the problem on his ability to work (patient's subjective experience).
Doctor: No, I understand. But why do you think you get these headaches? Patient: Since I got back from my vacation, there have been many changes in my department, a lot of layoffs like in other companies. I've been given the responsibilities of two of my former colleagues, and I already had a full plate. I don't feel like I'm on top of things any more. It's pretty stressful, and, what's more, I wonder if I'm not next on the list.	Physician uses a supportive statement to convey that the situation is worrying. Physician encourages patient to share his thoughts on his health problem, thus opening a door on the patient's experience (patient's intuition and experience).
Doctor: Uh huh.... It seems you're under a lot of stress.	Physician empathizes, acknowledging patient's difficult situation (patient's subjective experience).
Patient: Yes, and Doctor, we really have to get rid of this problem. I can't afford to lose my job at my age. It's not easy to find another job at 50.	Patient expresses his expectations regarding the outcome of treatment. Rather more urgently, he tells the doctor that the situation cannot go on since he does not want to lose his job (patient's fears and expectations).

This patient's story contains all seven dimensions of content[4-6] a physician must analyze to formulate diagnostic hypotheses. This patient is most likely suffering from tension headache, which is trivial from a medical standpoint. By allowing the patient

to tell his story, the physician learns that, from the patient's standpoint, the problem is anything but trivial: unless it is solved, he might lose his job. The information he gives regarding his beliefs, fears, and expectations, and the effect of the problem on his life will enable the physician to adjust treatment to the patient's individual circumstances.

Bottom line

We hope this dialogue illustrates how a physician's role and values could differ slightly from those commonly accepted among physicians. The physician's role in this case is very clearly that of an interpreter between the medical "world" and the patient's "world."[1] In terms of values, we see that somewhat greater emphasis is placed on respect for patients and their beliefs. We think such a shift in role and values will improve patient-physician relations because patients will feel that someone is listening to them and understanding them, and they will be more active participants in the interchange.

References

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