Avoiding tension in the medical interview

Marie-Thérèse Lussier MD MSc FCFP Claude Richard MA PhD

A physician has just received the thyroid-stimulating hormone test results for a female patient, Julie, which reveal uncontrolled hypothyroidism. He suspects that she has stopped taking the levothyroxine she was prescribed and wants to inform her of the importance of restarting treatment. **Table 1** provides an analysis of a telephone call from the physician to the patient, conducted at the end of a long day.

In this confrontation-type telephone interview, the physician misses several opportunities to change the course of the discussion. The patient "wins" and wants to confirm her win before following the physician's advice—on *her* terms. The danger here is that the relationship of trust can deteriorate to such an extent during the confrontation that the patient will not follow the physician's advice (in this case, restart her treatment).

Certainly, external factors affecting the telephone call (eg, end-of-day fatigue) can make for a difficult conversation. The physician could have, in this case, postponed the call to a more favourable time (without compromising Julie's health), in order to reduce the risk of confrontation.

If the physician is already involved in a conversation during which the patient questions his medical expertise, such as in the example provided, he can manage the interaction in the following more satisfactory ways: First, by explicitly recognizing the existence of a new problem and its effect on the patient's daily life; second, by giving his professional opinion regarding the possible relationship between the medication and the arm pain; third, by discussing the poor control of thyroid function associated with stopping levothyroxine; and fourth, by suggesting reintroduction of the medication at a dose that the patient was previously able to tolerate, while documenting the medication-pain association in the meantime. With this approach, the physician stays on track by identifying solutions, avoiding confrontation, and minimizing tension in the interaction. He maintains his therapeutic relationship with the patient and helps maintain her commitment to the care process.

It is unfortunate that extraneous and emotional aspects of a conversation often take away from the therapeutic objective.[1] Only by examining and understanding our interactions can we get the necessary perspective to redirect the discussion so that it is in the best interest of the patient's health.

Dr Lussier is an Associate Professor in the Department of Family and Emergency Medicine at the University of Montreal in Quebec and a member of the Cité-de-la-santé Primary Care Research Team at the Centre de santé et de services sociaux de Laval in Quebec. **Dr Richard** is a Research Associate with the Cité-de-la-santé Primary Care Research Team at the Centre de santé et de services sociaux de Laval.

Acknowledgment

This article is an adaptation of an article previously published in *MedActuel*. We thank AstraZeneca Canada for covering the costs of adaptation and translation.

Competing interests

None declared

Correspondence

Dr Marie-Thérèse Lussier, Hôpital Cité-de-la-santé, Bureau DS-075, Centre de santé et de services sociaux de Laval, 1755 René Laennec, Laval, QC H7M 3L9; telephone 450 668-1010, extension 2742; e-mail **mtlussier@videotron.ca**

Reference

1. Richard C, Lussier MT, Gérard F. La gestion des émotions. In: Richard C, Lussier MT, editors. *La communication professionnelle en santé*. Montreal, QC: Éditions du renouveau pédagogique; 2005. p. 231-66.

Table 1. Dialogue between patient and physician concerning the patient's undisclosed cessation of hypothyroid treatment

SPEAKER	DIALOGUE	INTERPRETATION
Julie	Yes, hello?	
Physician	Hello Julie, this is Dr Friday. I'd like to talk about the results of your blood test for your thyroid.	
Julie	What do you mean?	
Physician	I was a bit surprised by the results. Have you been taking your levothyroxine tablets regularly?	
Julie	Actually, no; I stopped them a month ago.	By giving this information, Julie is challenging her physician's opinion.
Physician	That's what I was concerned about when I saw your blood test results—your TSH level is at 18. What happened?	The physician is indirectly criticizing his patient by mentioning his "concerns."
Julie	My OT told me that the pain in my arms might be caused by the drug. I was so sore. I decided to stop taking it to see if the pain would improve.	Julie is justifying her decision by referring to the expertise of another professional—this is a criticism of the physician.
Physician	And?	The physician understands the implicit criticism—the occupational therapist recognized the significance of the pain and suggested a solution.
Julie	After 3 days, my arms weren't sore anymore. And I still feel fine, even though I stopped taking the medication.	Julie gives a detail that justifies the other professional's opinion and that directly opposes the expertise of her physician.
Physician	Perhaps, but your thyroid function test indicates that, in this respect, things are not fine at all.	The physician weakly agrees by saying "perhaps," without explaining the clinical effects of stopping the medication. He continues to directly confront the patient with the laboratory results.
Julie	Maybe, but I've been feeling so much better now that I don't have the pain in my arms anymore. And because I'm back in school, I have to write and I can't have sore arms!	Julie continues her justification by arguing that the unpleasant symptom is gone and that there is even an additional advantage because schoolwork is easier.
Physician	How can you be sure that the pain was caused by the levothyroxine?	The physician could take up Julie's arguments and evaluate them; he instead decides to question and undermine her judgment.
Julie	Listen, it took no more than 3 days without it for the pain to go away.	Julie becomes impatient with the physician, who is not acknowledging her personal experience. She justifies her decision by an observation that, in her opinion, is proof of cause and effect.
Physician	Have you considered any other explanations?	The physician still refuses to take into account Julie's argument and suggests there might be other possibilities to then weaken her position.
Julie	In my opinion, it's the only possible explanation.	Julie states her solution. This answer from Julie clearly indicates she does not agree with the physician.
Physician	Did you do a test to check, like start taking the medication again to see if the pain came back?	The physician asserts his authority and expertise and challenges Julie by asking her if she acted systematically and scientifically to confirm her hypothesis.
Julie	No. I was so relieved not to be in pain anymore!	Julie, without hesitation, admits that she did not check and gives the practical reasons that justify her choice.
Physician	The pain was not caused by the levothyroxine in my opinion, and before long, you'll feel the effects of not treating your hypothyroidism—reduced productivity, constipation, and menstrual irregularities. What's more, your cholesterol control will also be affected. I thought we had achieved our objective.	The physician uses an authoritative argument by referring to his competency. He explicitly expresses his doubt about the relationship between levothyroxine and arm pain (ie, challenges Julie's opinion). The physician introduces a threat by giving a list of possible discomforts and ends with a moralizing statement.
Julie	Yes, but the arm pain was too uncomfortable; when my OT told me that the levothyroxine could be the cause, I took a chance.	Julie discounts the physician's argument by citing the intensity of the arm pain as well as the OT's authority.
Physician	I would have preferred that we discussed it before you stopped your levothyroxine. But now, we have a problem. Have you considered taking it again at the start dose, the dose before the increase in February? You were doing well on 0.05 mg daily.	The physician falls back on the criticism that she did not discuss stopping her medication with him. He suggests a solution, which could be a compromise.
Julie	I'll think about it. I have some left. Should I have another test?	Partial acceptance—Julie refuses to compromise. She asks for clarification about the conditions of starting again.
Physician	Once you have been taking it again for 6 weeks, you can have another test. Until then, if you feel any of the symptoms of not taking it, please come see me.	The physician gives the conditions and indicates that the interview is at an end.
Julie	Thanks, Dr Friday.	Julie ends without committing to restart the medication.
Physician	Goodbye, Julie.	The physician signals the end of the conversation without coming to an agreement with Julie.

OT—occupational therapist; TSH—thyroid-stimulating hormone.