



The words to say it

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There is no doubt about it. The words we use are important. They are important to our lives and to each one of us.

There are as many different words as there are ways of expressing them. There are words meant to express thoughts, emotions, or behaviour. Other words are used to tell stories, to explain, or to remind. Some words please us, while others offend. Some we trust and remember, while others we deem suspicious, like the honeyed words of seducers or sweet talkers that Dalida sings of in "Paroles, paroles."¹ And then there are the motivational speakers and orators whose words are meant to seduce and charm us, or the interminable speeches of preachers and dictators that lead us God-knows-where.

In this age of freedom of speech and expression, some believe that words exist to be used and that they must be said! And that could well be. But what about those who have lost their jobs or been fired for posting on social media, writing opinion pieces or blogs, or speaking to journalists. What about those who have been the subject of hurtful public mockery under the pretext of humour?² Or those who have been imprisoned, flogged, and tortured?³ Words can even lead to death, and more often than we might believe.⁴

A quick reminder that we're now in 2020!

In medicine, as elsewhere, words are important, whether we are receiving, questioning, examining, advising, encouraging, or motivating a patient, or communicating the results of an examination or delivering bad news. The words we use and the way we speak are just as important as the other professional competencies required of a physician, if not more.

When we ask physicians about their communication skills, most will say that they consider themselves to be good communicators. That is not surprising given that communication is an essential transversal skill in family medicine. However, asking physicians and health care professionals whether they consider themselves good communicators is like asking licensed drivers if they consider themselves good drivers. It is rare for anyone to admit otherwise!

And yet ...

That is not the picture painted by physician review sites and the Service Quality and Complaints Commission,⁵ professional medical association investigators,⁶ or the Canadian Medical Protective Association.⁷ One of the most common criticisms of physicians is their attitude and the way they communicate. We often see comments like "The doctor didn't listen to me. He didn't even look at me. He was rude to me."

Obviously, it is completely unrealistic to expect physicians—especially family physicians—to always behave perfectly; to never show the slightest emotion, feel frustrated, or even lose their tempers. Combined, their workplace environments, their responsibilities, the large number of patients they treat, and the personalities of some patients and high expectations and excessive demands of others are enough to test the patience of the most even-tempered physicians and to exasperate the most devoted physicians.

Nevertheless, when a situation escalates, when the suffering becomes too great, when the news becomes unbearable, or when the situation just grows too difficult, silence is essential. Take the time to actively listen and understand.

In those moments, silence speaks louder than words.

In those moments, silence is golden.



References

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