Chapter 2
Clinical Communication in the Aspect of Development of New Technologies and E-Health in the Doctor-Patient Relationship

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ABSTRACT

Patient-clinician communication presents the views of several national authorities on the principles and expectations of shared decision-making between patients and their healthcare providers, including doctors, and nurses and oncology nurses. In this chapter authors focus on the communication challenges facing doctors who trained in medical environment in Poland, in order to prepare communications training designed specifically for doctors and to illustrate how a close analysis of professional discourse can be transferred to work environments beyond the medical world. Authors draw attention to clinical roles performed by medical staff practicing locally and trained doctors.

INTRODUCTION

Clinical Communication Skills

Issues related to health have become increasingly critical and complex in our society; and the link between communication and health is increasingly recognized as a crucial element for improving personal and public health (Piotrow, Kincaid, Rimon, Rinehart, & Samson., 1997; Dutta, 2008). Health communication contributes to disease prevention and health promotion, doctor-patient relations, the design of public health campaigns, dissemination of health risk via the mass media, and change in individual and public attitudes and behaviors. For individuals, effective health communication can help raise awareness of health risks and equip them with skills to reduce these risks. For the public, health communication strategies can influence the public agenda, advocate for policies and programs, promote positive changes in attitudes and environments, improve the delivery of public healthcare services, change the social climate to encourage healthy behaviors, and endorse beliefs, values and social norms that benefit health and quality of life in general.

Poor communication and handovers between clinicians can lead to patients receiving the wrong treatment to delays in diagnosis and to life threatening adverse events, as well as to an increase in patient complaints, health care expenditure and length of hospital stay (Haig, Sutton & Whittington, 2006; WHO, 2007; Brown, 2004; Joint Commission Perspectives on Patient Safety, 2005). Because of that the new studies could also give insight into how 'disease characteristics' influence doctor-patient communication, for example how chronic, life-threatening diseases influence the communicative behaviors of physicians. Clinical communication demands some changes in both doctors' and nurses' behaviors and in hospital's an organizational culture. Describing this subject, the most important goal would be to establish a systematic theory of doctor-patient communication. Such a theory would relate background, process and outcome variables. These are presented in detail in Figure. 1.

Starting with the relationship between background and process variables, cultural variations appear to have an effect on the information - giving behavior of physicians (Holland, Geary, Marchini & Tross, 1987). For example telling the truth to a patient in the case of cancer diagnosis may be considered humane in one culture and cruel in another (Holland, Geary, Marchini & Tross, 1987). There is however a clear trend towards open communication between doctors and cancer patients worldwide (Holland, Geary, Marchini & Tross, 1987; Seale, 1991). Although in many cases of cancer patients doctors not only communicate openly to patients but are also open to patient's questions and are able to answer them with empathy and knowledge of the subject including various treatment methods. This helps to build positive relationship with patients and build trust between a patient and to his/her doctor. Several factors seem to play a role in this open and empathic communication with patients. First of all is concern for patient's rights and his/her rights as a customer/client in medical care process (Holland, Geary, Marchini & Tross, 1987). Insight into the positive relationship between information - giving doctors and patient's compliance with treatment and doctor's advice (Arnaudova & Jakubowski, 2005; Roter, 1989) contributed to draw attention to clinical communication in practice in most countries. Also, different patient and physician characteristics appear to have an effect on doctor-patient communication. This fact is confirmed by many researchers (Manning, 2007) and wanting to discern positive factors which influence communication and patient care prompted the application of a framework to support clinical communication. This framework is a good example of how clinical communication should be supported by government programs.

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