

## Chapter 3

# The Humane Dimensions of Effective Communication

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### ABSTRACT

*All communications, especially those intended to influence attitudes and behaviour, depend on the empathy, creativity, and clarity of those responsible for them. Communications of all kinds, in healthcare and other sectors, can be greatly enhanced by the appropriate use of modern media and technology, but at the heart of effective communications are humane and compassionate purposes and values, which have the welfare of the recipient clearly in focus, whatever the chosen method or medium. This chapter examines ways in which communications in healthcare have often failed to meet the highest standards in protecting the welfare and safety of patients. It proposes a number of strategies for addressing the shortcomings in areas such as information for patients and healthcare professionals, physician and pharmacist consultations, and the avoidance of medicinal and vaccination errors and crises.*

### INTRODUCTION

This chapter will review some of the ways in which communication has failed in various crucial aspects of healthcare and will offer some contemporary proposals for improvement, including the consideration of new media. The main discussion will relate to the whole field of patient safety and the nature of professional relationships in safe and effective therapy; the communications aspects of scares and crises, especially in vaccination programmes, will also be examined.

### BACKGROUND

Many of the persistent problems, scares and crises in healthcare, often attracting widespread adverse publicity, are attributable to defective communications, rather than to technical or scientific error. Issues include:

- Death and injury from Adverse Drug Reactions (ADRs), interactions, medical and medication errors
- Low levels of patient adherence to therapy

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- Vaccination scares and problems
- Counterfeit and sub-standard medicines, including internet products
- Low levels of safety and error reporting by healthcare professionals
- Incidents of lack of openness and transparency in regulatory and manufacturing matters

### **The Benefits and Risks of Technical Fixes**

New technology has brought immense benefits to the management and delivery of healthcare: coherent, linked patient records; rapid access to medicines information, research and latest best practice; electronic prescribing and alerts; wide-ranging and productive database research capacity; and, of course, the rich resources of the internet and electronic media in general for professionals and patients alike.

In spite of the genius evident in such developments, the effectiveness of almost all of them nevertheless depends at every stage on human factors: first, in the values, attitudes, skills and empathy of the creators; second, in the attention, motivation and compliance of users, whether professionals or patients or the general public. In the simplest terms, if safety alerts or patient information, critical to safe prescribing or use, are not rapidly accessible, comprehensible, fit-for-audience, and if they fail to influence behaviour, then whether or not they're cleverly tailored for email or SMS distribution, or PDAs or smart phones, or appear on social networks, they're worthless. Splendidly coherent adverse drug reaction reporting systems fail to generate large numbers of reports, because the reporting forms are dull and complicated, take ages to complete, and are not accompanied by vigorous, motivational promotion and personal interaction. Good intentions often fail at the point of user contact through poor communications.

## **ISSUES**

### **Empathy**

Too many grand plans and systems fail to demonstrate empathy for their users; too many worthy projects (mass vaccination, for example, see below) fail to get inside the minds of their intended beneficiaries and anticipate the kinds of latent obstacles and problems which may lay waste an entire programme when they emerge.

Empathy lies at the heart of all effective communication, indeed at the heart of all good relationships. It is the capacity, experienced if only for a split second, to understand and feel exactly what it is like to be someone else; to glimpse the world from their point of view; to sense what they fear and hope for and to grasp the bases on which they make choices and decisions. (This and many other topics in this chapter are dealt with in greater detail in the author's book, *Healthcare Communication* [Hugman, 2009]).

It is a capacity based primarily on intelligence and imagination, but it can be enormously enriched by attentive observation and research, and by direct contact with those who are the intended audience. If those who write and produce package inserts (patient information leaflets), for example, actually put themselves in the place of those trying to read an acreage of tiny print (not least the illiterate and the visually handicapped); or, more to the point, discussed their proposals personally with those who will use them, then such acts of currently wasteful communication might have some chance of being taken seriously and of influencing patient behaviour. (There are some significant efforts now being made to remedy this sorry state of affairs in Europe and elsewhere [EU, 2009])

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