

Connecting With Your Patients

“I have breast cancer.” That is the united thought of the thousands of women who impatiently wait for the results of their annual mammograms. For a small percentage of those women, that statement becomes an unfortunate reality. At that point, you, as their doctor need to communicate in a way that is compassionate, respectful, and free of confusing medical jargon. Can they trust you to accomplish this?

“Many radiologists are excellent diagnosticians but not clinicians. Good patient contact is not taught in medical school,” says Michael Linver, M.D., FACR. Linver, a passionate advocate for communication between doctors and patients, demonstrated his passion in his presentation, “Talking With Patients: Ways to Gain Their Trust,” at the Society for Breast Imaging Conference last April.

Imagine this scenario: A patient is in the radiology waiting room waiting to be told she has breast cancer. Her doctor quickly reviews her file and heads into the busy room. Standing above the sitting patient, the doctor tells her that the results from the core needle biopsy are in. The doctor reminds her that she is positive for BRCA1 genetic mutation, possibly a contributing factor. It’s cancer, an adenocarcinoma, the doctor says hurriedly while clicking a pen. The doctor suggests discussing her options when there is more time. She can talk to the other radiologist on shift; otherwise, she should make another appointment.

At this point in this scenario, the patient is confused and unsure of her next steps. She’s not even sure what kind of breast cancer she has; was it adeno-something, or was it BRCA1? She couldn’t even listen to what the doctor was saying. All she heard was one word: “cancer.”

Exaggerated situations like the one described above are hopefully few and far between, but poor communication skills are more common. Exercise those skills and start with a simple gesture: extend your hand to the patient. Reinforce that physical bond with a positive attitude, which is essential whether it’s the physician’s first appointment of the day, or the 21st.

When the results are in, do not flounder with an answer; quickly inform your patient. But don’t rush your speech or give the impression that you’re in a hurry by fidgeting; you’ll increase your patient’s already heightened anxiety. Communication can occur through body language as well, so be conscious of this and sit down with patients, instead of looming above them. Ultimately, “Make sure patients know you care about them,” Linver says. Even if you don’t have the time to give a patient your full attention, do it anyway. Make the patient feel as if she is the only one you’re seeing that day.

If it is cancer, it’s helpful to use a more private area to break the news and talk about options. Keep it simple and avoid using medical language. It’s likely that patients won’t hear much of what you say after they hear “cancer,” so give them the opportunity to reach you later when they have questions.

Some radiologists are naturals when it comes to connecting with patients, but others can learn. In either case, use Linver’s advice as a mantra, “Focus on the patient. That’s the reason we’re here.” ■

Photos courtesy of Michael N. Linver, M.D., FACR



WRONG: Avoid this situation



RIGHT: Meet the patient at eye level