

A Failure to Communicate

Timothy W. Lane, MD; J. Carson Rounds, MD

Most people who have seen the classic movie *Cool Hand Luke* will never forget the famous admonition by the chain gang's boss, played by Strother Martin, to Paul Newman, just after he submits him to a vicious beating for insubordination. The boss justifies his psychopathic actions by informing Newman and his fellow inmates, "What we have here is a failure to communicate." Our profession has heard from multiple quarters over the past decade that we have failed to communicate in many ways with our patients and with one another. When we hear such accusations, we recall this iconic scene and the dreaded punishment for so failing. We certainly do not want to be beaten up nor do we advocate beating up on ourselves. In the best spirit of professionalism, we need to examine communication problems and actively seek and apply solutions.

Some observations are obvious. We glibly use the vocabulary of medicine that took several years of intense study and repetition to master to communicate with our colleagues and, too frequently we admit, with our patients. We have all been guilty of using seemingly simple words or phrases such as "lesion," "bronchoscopy," or "intravascular catheter" and then winced at our insensitivity when our patients' eyes glazed over or faces grimaced in confusion. Sensitivity on our part would go a long way in helping our message in such circumstances. Many of our medical schools are now addressing sensitive and patient-centered methods of doctor-patient communication.

Research in the growing field of health literacy demonstrates better patient understanding when words are carefully chosen in speech or written communication and are targeted at 4th to 6th grade reading levels even when formal education may be at a much higher level.¹ Current estimates indicate that nearly one-third of our population, or over 90 million Americans,

read at this basic level. Another 15 million have extremely limited to no ability to read.¹ This is not a small or isolated problem.

One immediately visible area where reading literacy affects health literacy is in administration of prescription medicines. Recent investigations show significant patient confusion over medication use and prescription directions, and this work has led to recommendations and policy actions to improve written materials for patients and parents or guardians of children.² Confounding this are the confusing ways pharmacies label medicine containers; there is no systematic pattern to the labels and the print is not large enough for much of our elderly population to read without magnification. Since most pharmacy laws are specific to each state, we need to advocate for change that will improve patient understanding and readability of medication labeling and of all things that we share in writing with our patients.

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We also have to increase our current glacial slouching toward the broad adoption of electronic medical records. With electronic medical records, we will see a comprehensive assessment of the

Timothy W. Lane, MD, FACP, is a professor of medicine at The University of North Carolina at Chapel Hill and Moses Cone Hospital and governor of the North Carolina Chapter of the American College of Physicians. He can be reached at tim.lane (at) mosescone.com or 1200 N Elm Street, Greensboro, NC 27401-1020.

J. Carson Rounds, MD, is president of the North Carolina Academy of Family Physicians, Inc.

quality of care we provide in terms of process and outcomes. The hope is that electronic medical records will promote legibility, monitoring of chronic disease management programs, sharing of important information with other practitioners, and, not least, delivery to our patients of literacy-sensitive documents summarizing and educating them about their health.

As professionals we have always philosophically held to the principles of accountability, quality, and fairness and now, as never before, our work is cut out for us. However, despite the

burdens and tasks of practicing medicine in the 21st century, we must never lose sight of our common goal and most important outcome: the well-being of our patients. As Harvard physician Francis Weld Peabody so succinctly said in 1912, "...the secret of the care of the patient is in caring for the patient."³ New approaches to health literacy, evidence-based application of our skills, and our own sensitivity are just some of the tools of caring that we must have in our metaphorical black bags. **NCMJ**

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