HOW TO TALK TO PATIENTS

MICHAEL N. LINVER, MD, FACR
LOUISE C. MILLER, RTR(M)

Disclosure

There are no conflicts of interest or relevant financial interests in making this presentation and have indicated that my presentation does not include discussion of an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose.

Objectives

- Describe the importance of patient care and its value related to patient care
- Discuss methods to address and prepare for critical situations
- State rules of engagement
- Provide examples of concise, caring, and consistent “scripts”
PATIENTS ARE NOT NUMBERS....

THEY ARE PEOPLE!

COMMUNICATING WELL WITH PATIENTS: ITS VALUE

- Dissipates fear and anxiety
- Engenders trust, spawns loyalty: creates special bond between you and the patient
- Best marketing we do for our profession!
- Decreases medicolegal exposure: patients don’t sue health professionals they like and who care about them
- Creates stronger relationship with referring physicians: we are perceived as an extension of them
COMMUNICATING WELL WITH PATIENTS: ITS NEW VALUE

⇒ Gives us the opportunity to EDUCATE, especially about the real truth regarding the USPSTF screening guideline recommendations!

⇒ We can discuss the facts briefly, and then give them a fact sheet to share with their family and friends!

LETTER TO OUR PATIENTS:

To our patients:

As you probably know, the U.S. Preventive Services Task Force (USPSTF) recently withdrew its support for screening mammography for women 40-49 and for women over 75, and recommended that women ages 50-74 be screened every two years instead of annually. In addition, they recommended against Clinical Breast Examination and Breast Self-Examination.

Those of us involved in the diagnosis of breast cancer here in New Mexico for the past 25 years disagree with these new guidelines. Under the current screening guidelines, we have seen a 30% drop in breast cancer deaths in women of all ages in the U.S. Here are some of the real problems we have with the USPSTF recommendations:

* The 16-member USPSTF had not one physician specializing in breast cancer screening, diagnosis, or treatment on its panel.

* In our own practice at X-Ray Associates of New Mexico, we have diagnosed 766 breast cancers since 2007. 188 (25%) were in women under 50. Most of these would have gone undiagnosed in the early stages, had the USPSTF guidelines been in force.

Screening mammography is the most carefully studied test in medicine, with multiple comparison studies worldwide showing a 30% to 60% decrease in breast cancer deaths overall in women undergoing screening mammography. USPSTF chose to ignore virtually all of these studies, and claimed only a 15% reduction in breast cancer deaths in women 40-49. The actual decrease in this age group was between 23% and 44%.

(References available on request)

* The USPSTF claimed that false positive exams cause “harm” to patients by increasing pain and anxiety. In fact, the vast majority of screening mammograms actually relieve anxiety about breast cancer. For most women, it is a “good news” exam.

We all know that there is no perfect test in medicine, and that mammography is no exception. However, it is by far the best weapon we have in our war against breast cancer, and it is a proven one. We urge you to follow the recommendations of the American Cancer Society:

SCREENING MAMMOGRAM EVERY YEAR, BEGINNING AT AGE 40.

Please feel free to call to discuss this issue in more depth.

Yours very truly,

Michael N. Litver, MD, and all the physicians of X-Ray Associates of New Mexico
WHY IS COMMUNICATION SO IMPORTANT FOR THE BREAST CANCER TEAM?

- We have the ideal vantage point for giving the patient the best possible information and advice.
- We are the ONLY ones who can put the imaging, clinical, and pathology findings together in the appropriate way.
- We are therefore uniquely qualified, and indeed obligated, to provide the patient with a direct communication link, AT THE TIME SHE NEEDS IT!

THE SECRET TO BEING A COMPLETE MEMBER OF THE BREAST CANCER TEAM

- We will be truly successful if we have:
  - PASSION for our work, and....
  - COMPASSION for our patients!

FIRST RULES OF ENGAGEMENT: GENERAL

- REMEMBER THE THREE A’S:
  - Affability
  - Availability
  - Ability
    - Patients unable to judge your ability. Therefore other 2 A’s are MUCH more important to the patient!
WHAT THE PATIENT EXPECTS:

RULES OF ENGAGEMENT: GENERAL

☐ Always address patient you don’t know as Ms. __________, until she gives you permission to do otherwise.
   ⇒ Some women consider it a sign of disrespect if you are too informal
   ⇒ Encourage all members of the team to address the patients the same way

RULES OF ENGAGEMENT: GENERAL

☐ LOOK & ACT LIKE A COMPETENT, CARING PROFESSIONAL. (I wear a white coat and tie)
   ⇒ Patients expect you to be professional - it is important to many of them that you look like one.
   ⇒ Appearance engenders further trust in you by the patient.
PREMISE: EVERY PATIENT THINKS SHE HAS BREAST CANCER – MUST CALM THE PATIENT!

FIRST THING: extend your hand to patient. That physical contact establishes a bond.

IF everything OK, as quickly as possible, say: “Good news! Everything looks fine!”

Always be warm and upbeat

Be aware of your body language: try to be OPEN and CALMING, not fidgety and impatient

RULES OF ENGAGEMENT:

GENERAL
Don’t be too abrupt or overbearing

Immediate, firm handshake
Immediate and constant eye contact
Friendly, open body language

SIZE UP PATIENT QUICKLY

Before seeing patient, get help from your staff or colleagues about patient’s frame of mind (even knowing that the patient treats tech’s differently from how she will react to doc’s)

When first see patient, ask yourself: “Is she a nervous wreck? Angry and lashing out? Very sophisticated and scholarly? Very unsophisticated or mentally challenged?”

Watch patient’s eyes: is she about to burst into tears? If so, HAVE KLEENEX READY!

RULES OF ENGAGEMENT:
GENERAL
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- NEVER SPEAK DOWN TO THE PATIENT
  - Do not be condescending in tone or language
  - Use only words that the patient will understand: NO MEDICAL JARGON!
  - Speak to patient at same physical level: sit down next to her, if possible
    - Helps patient overcome her sense of helplessness

Try to avoid this situation:

You and patient are at eye level:
RULES OF ENGAGEMENT:
GENERAL

- DO NOT RUSH YOUR SPEECH OR BODY LANGUAGE
  - Give the patient the impression that she is the only one you are seeing that day

- TREAT EVERY PATIENT LIKE SHE WERE A MEMBER OF YOUR OWN FAMILY!

RULES OF ENGAGEMENT:
GENERAL

- FOR MEN, ALWAYS HAVE AN ESCORT WITH YOU
  - It is impossible to predict the patient’s perception of you, and her state of mind
  - Therefore, you need a third party to be present during the encounter
WHEN DIAGNOSTIC WORKUP LOOKS NEGATIVE FOR CANCER

- If you already know that the workup appears negative for cancer before you see patient, start immediately with “Good News” line

- If patient has a palpable lump, talk to patient about the clinical finding while examining the lump and/or doing the ultrasound yourself

WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER

(OR - THE ART OF DELIVERING BAD NEWS)

- Try to use a more private room (we have a separate consultation room). You may want to use your office. ALLOW NO INTERRUPTIONS!

- Again, have someone else in the room with you, if possible

- Invite other family members/friends in for additional support, & to be “active listeners”
WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER

- Again, PATIENT WILL HEAR VERY LITTLE OF WHAT YOU SAY. Use simple diagrams to explain the problem.
- If there are various options for biopsy or for other follow-up, make it clear to the patient that what you are recommending as your first choice is what you would recommend to a member of your own family.
  - Patients want and need that personal connection and assurance.

WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER

- Always put a positive spin on the findings.
  - Try not to use the word “cancer” very often, and paint the best possible picture.
  - But- might want to give a “warning shot”.

- Always give the patient hope!
  - Patient will need it to get through the whole process of biopsy, surgery, radiation, and/or chemotherapy.
BREAKING BAD NEWS: THE “FIVE STEP” APPROACH*


**BREAKING BAD NEWS: THE “FIVE STEP” APPROACH**

1. PREPARE PROPERLY FOR THE ENCOUNTER
2. DISCLOSING THE NEWS
3. EVALUATING THE PATIENT’S RESPONSE
4. DISCUSSING THE NEXT STEP
5. OFFER SUPPORT

**MORE HELPFUL HINTS**

- BE A GOOD LISTENER, AND ENCOURAGE PATIENT TO ASK QUESTIONS
  - Try not to interrupt her unless absolutely necessary
- MAKE SURE THE PATIENT IS CONNECTED WITH A CONTACT PERSON
  - This person can follow through by going over details of a recommended procedure, review meds, make appointments, give the patient other contact information and/or literature.
MORE HELPFUL HINTS

☑ Make an effort to reach out and touch patient’s arm softly at some time during the encounter

☑ That direct touch is extremely reassuring to most patients

MORE HELPFUL HINTS

☑ Always extend your hand to shake hers at the conclusion of the encounter

☑ IF YOU KNOW THE PATIENT WELL, GIVE HER A HUG!
Because she is still in shock with fear most of the time, leave the patient the opportunity to contact you if she has any questions later.

Give patient your card for contact. This is also great marketing!

You may want to write down key words (e.g. fibroadenoma) on back of card.
DEALING WITH THE DIFFICULT PATIENT: OLD ADAGES APPLY!

- “The customer is always right”
  - Be a good listener: respond positively to her demands, even if unreasonable
  - ALWAYS ALWAYS APOLOGIZE, even if the fault lies with the patient!
- “You can catch more flies with honey than you can with vinegar”
- “It takes no longer to be nice than it does to be nasty”
  - Nice guys (or gals) finish FIRST, in the eyes of the patient

Our job: change one mad booby...
...into a “happy camper”!

YOUR CONTACT WITH THE PATIENT MAY CHANGE HER LIFE (WHETHER THE RESULTS SHOW CANCER OR NOT!)

- If her experience is a bad one, she may never come back!
- If her experience is a good one, you may not only be saving her life, but those of the many friends and family members she will tell about her positive experience!

YOU ARE NOT TALKING TO JUST ONE PATIENT EACH TIME......
YOU ARE TALKING TO HER, AND TO ALL HER FRIENDS AND FAMILY!

5 KEY POINTS TO REMEMBER:

- Remember the 3 A’s: Affability is first!
- Dress and act like a professional
- Treat every patient with the dignity, respect and kindness she expects and deserves
- EVERY PATIENT THINKS SHE HAS BREAST CANCER: do everything possible to relieve her anxiety. ALWAYS stress the POSITIVE!
- PATIENT HEARS LITTLE OF WHAT YOU TELL HER: leave the door open for future communication

OR, TO PARAPHRASE:

BE A MENSCH*

*- A compassionate, complete human being
“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

-Leo Buscaglia

“If you save a single human life, it is as if you save the world”

-The Talmud