Taking the Time:
The Importance of Effective Communication with Patients

The hallmark of good communication with patients is managing expectations.

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As clinicians, we are charged with a range of responsibilities toward our patients. They rely on us for our knowledge, expertise, and experience. We strive to achieve this through the ongoing journeys of our education and career, but in our pursuits of these things, it can be easy to forget one of the most important elements of sound medical practice: Communication. While communication plays a role in nearly everything we do personally and professionally, it is especially important to a clinician’s practice of medicine. From establishing and running a medical practice to networking with colleagues, if you are not an effective communicator, it is not likely that you will excel in this profession. But arguably the most important communicating we do is with patients. A myriad of elements influence how we care for patients, and thus it is critical that we think about and always work to improve our communication habits with patients. This article will focus on both the broad and subtle elements of how we read our patients, talk with them, and ultimately influence their behaviors.

CONTEXT IS KEY
One of the most important aspects of communication is that it doesn’t occur in a vacuum. Context is essential when it comes to interacting with and counseling patients. A major part of this is how a patient views you (which I will address later), but it’s also important to consider what the patient is exposed to outside of our office. Exaggerated and often unregulated media claims represent a powerful influence. While the medications in our specialty are arguably better than ever, patients are more privy to slickly made television commercials advertising the wonders of ProActiv. Now, juxtapose this with a dermatologist offering a topical retinoid or IPL and telling the patient that s/he will see about 60 percent improvement in six weeks. That’s a far cry from the immediate results patients come to expect with advertised OTC products. The credibility of the messenger is almost beside the point; all it takes is to be bludgeoned by advertising enough to develop a false sense of expectations about all acne treatments.

The reality is that people become desensitized to exaggerated claims, causing us to increasingly respond in less cognitive, rational ways. Given the extent to which our media-saturated world drives consumers’ base desires and reinforces impulsive behaviors, it’s no wonder that some people are willing to believe anything as long as it guarantees quick results. This may explain the growing undercurrents in society that if it comes from a “natural” (i.e., non-medical) place, then it must be better. The fact is that many people are skeptical about prescription or medical therapies, so it is an uphill battle to try to get through to some patients.

The challenge physicians face when it comes to patient expectations is convincing them that their desire for perfect, fast-acting, risk-free therapies is understood and appreciated, but not usually achievable in reality. However, this is
just the start of managing patient expectations. Clinicians essentially have to walk patients through how each therapy works and what they can expect in terms of treatment duration, efficacy, and safety. Often, conditions that are well known—acne, rosacea, atopic dermatitis—are associated with higher expectations for miraculous and otherwise unattainable cures.

Given that clinicians are inundated to one degree or another with a host of unrealistic expectations, let’s move on to specific strategies to talk to patients and set realistic expectations for therapy.

THE IMPORTANCE OF EMPATHY
An effective therapeutic relationship needs to have two components in order to sustain in both the short- and long-term. Give patients a sense of control over their illness so that they can trust in your ability to help them achieve that. This starts in the very first encounter you have with the patient. When you enter the exam room to meet a patient, you want the patient to know that you are there for them and that you care about her or his disease. I always introduce myself by my professional name (“Pleased to meet you. I’m Dr. Fried.”) and my first name (Dr. Rick Fried) almost immediately after they’ve greeted me. The reason I do this is because there are two things every patient wants (in varying degrees): First is an empathic, gentle, caring, humble clinician. Patients don’t want a physician to come across as grandiose, pedantic, and holier than thou. That’s why using both your professional title and your first name lets them know that you are with them on their level and that you want to work with them to help their condition. Now, the other side to what the patient wants in a clinician—particularly when the patient is distressed, frightened, anxious, and confused—is someone who is going to grab the reigns and be the healer: someone with special knowledge and skills who can make this issue better.

The extent to which you facilitate and project these roles will depend on each patient and each medical circumstance. Nevertheless, it’s important to acknowledge these two broad desires, even if they may appear to work against each other. By giving your official name (“Dr. Smith”) and then in the same sentence introducing yourself by your first name, you’re communicating both. You have some special powers, but on the other hand, you are not communicating an air of superiority or arrogance. No matter what you are seeing a patient for—whether it’s acne or a cosmetic consultation—the initial encounter is both a bonding and disarming experience for the patient. That is why it is so important to communicate a variety of disparate sensibilities, after which you can begin to listen to the patient and more pointedly determine what you are going to project as you continue your relationship.

Another important notion to keep in mind when beginning a relationship with patients is the sensibility with which they are coming to you. Patients often come in with a level of irritability and annoyance, and the reasons are wide-ranging. Maybe it’s because you’ve kept them waiting, but then again maybe it’s because they are simply mad at the world. Maybe it’s because they hate their boss, their life, or because previous experience with medical professionals has been hard. It could be anything. Just as often, irritability is based on an idea that all doctors are no good: we’re rich, we’re going to take advantage, etc. Sometimes it’s secondary anxiety or fear: Do I have melanoma? Do I have an incurable infection?

My gut reaction when someone greets me with anger is to respond with anger. This is strongly inadvisable since it only begets more anger and an escalation of negative emotions. Pushing aside the impulse to “strike back” and taking the high road is better advised: “So very sorry you were kept waiting; it is nice to see you.” It validates their own anger and gives them permission to be angry but makes it hard for them to continue being angry. Letting them know that you understand their frustration and that their time is valuable helps to disarm any false presumptions they may have regarding my lack of caring and genuineness. Once you’ve established this, you want to provide a sense that this is a safe place, a caring place, a place where healing happens. The last thing any patient wants is a clinician who comes across vacant, indifferent, volatile, or perhaps overly stressed. Patients ultimately require empathy. Unfortunately, a small percent of clinicians don’t have the ability to portray empathy or even appear as though they care. But it’s worth noting that the number one reason why doctors are sued is for perceived lack of caring. Importantly, how you go about expressing empathy will depend on your own preferences and capacities. Sometimes it’s just a matter of making eye contact or saying something empathic (i.e., “You must be really frustrated,” or, “It must be very difficult to live with this skin problem”).

When it comes to expressing empathy, make sure that you make the patient feel something that—even if it may not be good—is at least compelling. Here’s an example if you are talking with a frustrated individual with psoriasis: “You’re here at a great time. I want to show you how smart doctors are: I can tell you about these chemicals, IL-17, and other cytokines that we’ve learned to isolate and exploit to help your psoriasis to improve. Now let me show you how stupid we are: we don’t know why this happened to you and why these spots are on your body. We still have so much to learn.”

What did we just communicate to them? That right now we’re smarter and more advanced than we’ve ever been. We
also communicated a sense of humility. Now, I will continue with this example:

“The good news is that there are so many things in our toolbox and we will continue to have more as time goes by. But my promise at this moment is this: I might not be able to stop your disease, but I can make it better enough that it’s not going to be so intrusive in your life.”

Always remember that no matter the condition or the individual circumstance, every patient wants to feel as though their concerns are being listened to and that you are going to give everything to try to help them.

THE PATIENT SPECTRUM
While empathy is a broad feeling you should tailor to each patient, there are a range of other feelings and actions that patients require from clinicians. Ahead I recount different types of patients and circumstances you may encounter.

**Psychological Conditions.** No matter how effective a communicator you may be, no amount of empathy can cause a patient to be forthcoming sometimes. The reasons can vary. Sometimes it’s fear. They might feel as though they’ve gone down the road of hope and subsequent disappointment one time too many. Some patients understandably may become defeated if they’ve gone through this process long enough and feel that they would rather accept their condition rather than getting their hopes up again. No matter what the reason, they may not want you to know about the level of defeat, fear, or anxiety they feel.

Therefore, along with listening to them attentively, it’s important to look at their non-verbal cues. Depression is quite common in skin patients. Depressed patients often exhibit a lack of eye contact, as well as low energy or blunted affect. They tend to have little range in their voice and a total lack of animation. Also look at level of self-care and hygiene (i.e., are they disheveled, poorly groomed). In terms of verbal cues, I find it helpful to ask patients what they’ve done for fun in the last six weeks; a blank expression is usually a significant marker of depression.

Another common psychological condition that presents in the dermatologic clinic is body dysmorphic disorder (BDD), in which patients often exhibit a preoccupation with real or imagined defects. Often, these patients are obsessed with cosmetic concerns, so they would naturally be attracted to the dermatologist’s office. Thus, be on guard for patients who seem extremely concerned or overly preoccupied. Often BDD patients see the world in black and white and BDD is associated with behaviors of drug abuse, excessive drinking or eating, sex addiction, and other forms of self-injurious behavior. Performing a procedure on a patient with BDD is almost guaranteed to be followed by patient dissatisfaction.

Another common condition dermatologists frequently see is Obsessive Compulsive Disorder. These patients are often very detail-oriented, asking questions and dwelling at length on every detail. Providing written materials and Internet links for them to explore and dwell on in their own time may free you up to move on to another patient.

**The Difficult Patient.** “Difficult patients” can create headaches in different ways. One of the common forms of this is the patient who has all the answers and won’t listen to you if you don’t agree with them. I’ve found that nothing is more fruitless than dueling with someone when they feel passionate about something. So the best course of action is to validate their perception. Here is how I might approach a patient who has trepidation regarding a recommended treatment:

“I understand your concerns and why you see it this way. I don’t have a right to tell you that I’m right and you’re wrong. But I can tell you that this is what I do for a living. I don’t want to battle you because I respect your opinion. But the only thing I’m going to ask you to do is see if we can reach a mutually agreeable plan. So let’s devise a treatment that encompasses both what you think the problem is and what I think it is; that way we’re covering both bases. My number one job is to make sure you stay healthy and to make you better as soon as possible, and I think we can do that in a way that both of us are moving down the right path toward achieving that.”

Of course, difficult patients are not always confrontational. Sometimes they are more neurotic or suspicious. Therefore, if someone is overly concerned about adverse events or is not convinced that a particular course of action will be safe, I again try to validate their concerns while also presenting a point of view in a fair manner that may allow them to see why I advocate for a certain medication. Here is an example:

“I am going to be honest with you and tell you that, yes, there is a possibility that you may experience side effects with this drug. In truth, anything that crosses our lips or skin can cause a reaction. Medicine and skin is sort of like dating: what clicks for one won’t for others. I cannot guarantee you that this medicine will not give you a reaction. But all we can do right now is what science shows us, what objective studies tell us. I can’t tell you with certainty that I’m right, but I can tell you that given what we’re looking at today, this is the best option.”

Obviously, for patients with more serious diseases, you’re going to have to tailor this message differently and inform them that it is your responsibility to treat this disease and that it could result in serious damage if it is not treated aggressively.

**The Non-compliant Patient.** Compliance is a problem in patients of all ages, but adolescents are most known for not
following a therapeutic regimen. If you think an adolescent has been non-compliant, the most important step is to give them a feeling of control. One way of achieving this is to convey to them that you are taking some responsibility for their non-compliance. For example, ask, “Did I screw up and give you something that was unpleasant to use?” In contrast, if you resort to pestering or speaking directly to parents about making sure the patient takes the medicine, then you risk sounding like every other authority figure in the patient’s life. If you say, “What’s wrong with me? What can I do better?” then you are enhancing their feeling of control.

This concept can apply to adults as well. Part of it is taking responsibility: “Are you satisfied with what I’m giving you? Have I met your expectations?” The idea is not to come across as judgmental. So instead of asking, “Are you taking your medicine every night,” you might say, “On which days did you take the medicine in the last week?” Then you want to work with them toward determining a better system by which they can take the medicine in the amounts they need to. Questions like “When is it most convenient for you to apply?” or “Maybe take it after showering,” etc., can be helpful in this regard.

Always remember that patients are coming to you as an expert. Our job is to validate the seriousness of the condition, the sense of urgency, and the time pressure to get better.

**Skin Cancer.** Nobody wants to hear the c-word. People hear that they have cancer and it can prompt images of those in bed, sick and debilitated until they die. Unfortunately, as skin cancer rates continue to rise, dermatologists are increasingly faced with having to tell people they have cancer. And while it might be a cliché that attitude and mindset can be important in determining how an individual responds to cancer and treatment, it can also be true. That’s why it is important to manage patient expectations, empathize with them, but also assure them that their outcome is likely to be excellent.

In cases of non-melanoma skin cancer (NMSC), I often find it better to help patients understand that these are usually locally contained cancers. I will often say:

*“The good news is that you’re going to be fine. The annoying news is that you’ve got something called a squamous cell carcinoma or basal cell carcinoma. You know, it’s such a wonderful time because we better understand skin cells and we have many different ways of dealing with this particular cluster of cells on your skin that’s misbehaving.”*

In the case of melanoma in situ, the message shouldn’t change dramatically. However, for more invasive or metastatic melanoma, the reality must be addressed that there is some invasion of cells. Then I will go through the “best case/worst case” scenarios with the patient:

*“Even if this does spread, the old way of thinking might have been that prognosis was not good. But today that’s not necessarily true for several reasons. We are all making unhealthy cells in our body. Our immune system has been designed to identify these cells and destroy them or at least keep them in check. This is exactly what we expect from you, with help from us and our therapies. There are recorded cases of disease that has spread and the person has remained totally healthy. And now we’re seeing more and more cases of folks that are beating this.”*

While facts and statistics are important, so too is some PolyAnna optimism for emotional and immunologic support.

No matter what stage someone is in and what course of action is pursued, it is important to support the patient with empathic statements such as “I understand this is scary, but this doesn’t put you in a different group of people. You are not a sick person.” The most important thing is reinforcing these ideas to patients.

**TAKE THE TIME**

Whether you are treating a worried patient with skin cancer or a difficult patient with acne, I recommend finding something to like in each and every patient you see. No matter how they may present to you, every patient and every person wants to be loved and cared for. Therefore, it is critical to the practice of medicine that clinicians give patients a sense of care, empathy, and warmth. Without these, a therapeutic trusting alliance cannot form. In the end, it is this relationship that decreases patient anxiety, enhances compliance and hope, and quality of life.

The hallmark of effective communication with patients is managing expectations. Setting realistic expectations for treatment efficacy, safety, and duration of treatment is important. Compassionate delivery of this information is essential. We don’t want our patients to receive the message but them wish to kill the messenger! I always tell patients, “I can’t guarantee cures or perfect outcomes. But I can guarantee that I am a caring and knowledgeable physician who is serious about treating your condition only as I would a family member that I care about.” This may sound like a tall order and additional burden on the physician. But in truth it’s really a matter of looking into their eyes, validating their concerns, and touching their skin. It takes so little extra time, but the impact of these moments is immeasurable.

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Get more tips on communication and education for acne patients in the supplement to this edition.