Introduction

Effective communication between health care professionals and patients is a fundamental component of quality in health care. In particular, poor communication between doctors and patients is an important cause of patient dissatisfaction, complaints and litigation. It is increasingly recognised that we need to develop enhanced modes of communication between doctors and patients to reinforce the clinical information provided to patients in the medical consultation. Letters from clinicians summarising key aspects of the consultation have been shown to be of value to patients. However, little attention has been given to the depth attitudes towards this method of communication in the wider medical community amongst consultants and general practitioners.

The aim of this research was to study and describe, using qualitative methods, attitudes among patients, general practitioners and consultants towards the specific proposal that consultants in outpatient departments should consider communicating directly with patients. This was done by summarising the consultation, with copies to the general practitioner and other professionals as appropriate. This work is part of a wider study of doctor–patient communication in outpatient departments.

Methods

Participants and setting: The study is based on interviews with consultants recruited from two teaching hospitals, interviews with general practitioners and interviews with the patients' general practitioners. We used purposive sampling to generate a sample of 20 consultants, representing physicians and surgeons of both sexes. Eight surgeons, seven physicians, four paediatricians and one consultant geriatrician constituted the consultation group. Inappropriate method of communication

Impact on patient

• increase anxiety/distress due to in ability of patient to comprehend letter
• removal of patient fear of ‘hidden agenda’
• could provide information aid for patient
• improved patient recall
• clinic letter is a response to general practitioner request for consultant opinion

Impact on medical professional

• medico-legal concerns
• compromise of confidentiality
• quality of information to general practitioner will be compromised
• negative impact on consultant/general practitioner relationship
• medication via clinic letter

Inappropriate method of communication

• formalised and impersonal method of communication
• clinic letter is a response to general practitioner request for consultant opinion

Benefits to patients

• improved patient recall
• information aid for patient
• remove patient fear of ‘hidden agenda’

Three main areas of concern among clinicians about the prospect of writing to patients emerged from the data: negative impact on the patient (including increased anxiety, problems with the communication and provision of unwanted information), negative impact on the health professional (including medico-legal concerns and diminishing the quality of information provided to the general practitioner) and the argument that letters from consultants to patients were an inappropriate method of communication. The latter argument was largely based on the view that the clinic letter is primarily a response to a general practitioner’s request for consultant opinion. Views on the impact of this method of writing to patients were remarkably consistent amongst consultants and general practitioners, with additional concerns centring on lack of discussion and support for the patient. Clinicians also identified a number of potential adverse consequences of providing the consultation letter, Table 1, and improved patient recall, Table 1, and improved information aid for patient, Table 2.

One general practitioner commented that the patient would feel that the consultant was more ‘interested’ in them if they were to receive a letter from a consultant. In this general practitioner’s experience some patients had received letters from consultants, Table 1, and improved patient recall, Table 2, and improve patient confidence, Table 2.

Table 1 Key themes from interviews with medical professionals

<table>
<thead>
<tr>
<th>Impact on patient</th>
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<th>Inappropriate method of communication</th>
<th>Benefits to patients</th>
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Table 2 Illustrative comments from interviews with medical professionals

<table>
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<th>Impact on patient</th>
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<tr>
<td>• ‘I would find it frightening’</td>
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<td>• ‘I have their anxieties worsened rather than relieved by letters of consultations’</td>
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"I think there would be huge problems with understanding the information, they won't understand the terminology... they won't have a chance to ask questions... it's in their face... I think it is important to understand how much do they actually want to know.

Impact on medical professional

The letter could be picked up, it could be lost, it's a confidential document... when you are sending a letter out to a fellow practitioner, the information is very different, it doesn't leave any room at all for communicating with patients... The GP may not get all the information you wanted him to get.

First of all the primary consultation comes through the GP, the consultant is only called in for consultant opinion... I am the primary care physician, if you start having consultants sending nice little summary letters where is your GP in this, where are the family doctor?

The GP may not get all the information you wanted him to get... It's a bit insulting to the GP... you are aiming to do two things, are you aiming to communicate with the patient or the doctor and it seems a bit lazy to try and do it all at once.

Inappropriate method of communication

If you want to communicate it has to be person to person, sit them down and discuss it, give them chance to ask questions... clinic letter is a response to general practitioner request for consultant opinion... the GP is the one who is looking for my opinion and I am writing back to give my advice, he is the referrer and he is the one who is entitled to that advice.

Benefits to patients

I think written is much better, you can get the information verbally and you can get it in great detail but still end up forgetting a lot of it, if you have something in writing there it is that is what the consultant said...

Aid explanation of medical condition to significant others

"you come out of here and everything is fine but then, you just kind of blank it out, often times I went home and my husband said to me, well what did the doctor say and I would be sitting there and I would be thinking..."

Make for more informed discussion with general practitioner and at next consultation

"at least then you'd know what was in it before you go back to your GP... when you have an appointment 6 months later, they expect you to remember, I would know exactly what was said, I would bring the letter with me..."

Reassurance/peace of mind regarding their medical condition

"you'd be happier in yourself, just to have peace of mind that I'm fine, I'm doing well..."

Indication that consultant listened

"it would let you know that they were actually listening, that they were taking an interest in you..."

Reassurance that nothing would be "hidden"

"you get it from the horse's mouth so to speak and you presumably get the most up to date information and you know exactly where you stand, you are not left in the position, I wonder what the result is, my doctor did not tell me..."

Should be entitled to receive letter

"why can't they send it, I mean it's about us..."

No Need For Letter

Quality of verbal communication

"I don't think it's necessary, I don't think there's any real need really because there is good communication..."

Letter would be repetitious/information already provided verbally

"they have already told you..."

Trust/ confidence in consultant/general practitioner

The patient perspective

Overall patients welcomed the concept of consultants writing directly to them. The predominant patient attitude was one of enthusiasm, 'fantastic', 'brilliant' and 'a very good idea', with a minority considering written communication as needless. Key themes to emerge from discussion with patients, illustrative comments, are summarised in Table 3.

Table 3 Key themes and illustrative comments from interviews with patients

<table>
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<th>Would Like To Receive Letter</th>
<th>Improve recall/difficult to recall medical information</th>
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| "I think written is much better, you can get the information verbally and you can get it in great detail but still end up forgetting a lot of it, if you have something in writing there it is that is what the consultant said..." | "You come out of here and everything is fine but then, you just kind of blank it out, often times I went home and my husband said to me, well what did the doctor say and I would be sitting there and I would be thinking...

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Patients highlighted difficulties in recalling medical information and considered that a summary letter would be a memory aid and would be of assistance in explaining their medical condition to family members. Patients also felt that the letter would be useful for discussions with their general practitioner and at the next outpatient consultation. Reassurance in terms of 'peace of mind' was also a recurring theme identified by patients, particularly in 'good news' consultations. A summary letter would also indicate that the consultant had listened to the patient and that the patient was receiving the most up to date information. Many patients were of the opinion that they are entitled to receive clinic letters following an out-patient visit. Some patients considered the letter as merely repeating what they have already been told. Issues of trust and confidence in the consultant and general practitioner were also highlighted by patients who did not consider letters necessary. Some patients envisaged difficulties with understanding medical information. However one patient added that 'if it was in simple terms' they would have 'no problem'.

Discussion

The professionals in this study were unenthusiastic about consultants writing to patients. By contrast the predominant patient view was that letters summarising their out patient consultation would be welcome and beneficial. A fundamental difference in medical and patient opinion was evident. The views and attitudes of patients described in this paper are consistent with findings from earlier studies. Our findings suggest a misperception on the part of medical professionals of patient information aspirations and an over cautious concern for patients ability to comprehend medical information. The differing expectations of doctors and patients is well documented in sociological literature. Doctors and patients often do not share mutual role expectations, with doctors failing to recognise the expectations of their patients. It is argued that medical culture tends to maintain patient dependence by means of power and control. However, a shift in cultural emphasis towards consumerism in medicine has resulted in a challenge to the paternalistic model of doctor-patient relationships with a move towards a partnership model. The lack of clinician enthusiasm, in this study, for sharing written personalised medical information with patients, notwithstanding valid concerns, is arguably in conflict with ongoing changes in the doctor-patient relationship. The disparity between clinician and patient views represents an important fault line in the relationship between doctors and patients. The challenge for medical professionals now lies in successfully determining patient information preferences and for patients to make more explicit their information needs.

This qualitative study addressed doctor and patient attitudes towards a particular method of written doctor-patient communication. Valid concerns were identified by consultants and general practitioners, and by a minority of patients. Several potentially important benefits from direct correspondence between doctors and patients were also identified by patients and a minority of consultants and general practitioners. There is a need for formal evaluation, including randomised controlled trials, to address clinicians' concerns about writing to patients and determine whether this mode of communication is indeed beneficial to patients.

Contributors:
MO'R was the principal researcher, she collected and analysed the data and participated in writing the paper. IJP and MC designed the study, managed the overall project and participated in writing the paper. MAO was funded by the Health Research Board on a Health Services Research Fellowship.

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Competing interests:
None

References

5. Tattersall R. Writing to and for patients. Diabetic Medicine 1990;10:917−919

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