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<th>Writing to patients: 'putting the patient in the picture'</th>
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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 models 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 has been done 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 in the form of a letter 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 communications. Views on the inappropriateness of writing to patients were remarkably consistent amongst consultants and general practitioners, and provision of unwanted information, negative impact on the health professional (including medico-legal concerns and compromise of confidentiality), negative impact on consultant/general practitioner relationship, compromise of patient confidentiality, increase anxiety/distress due to inability of patient to comprehend letter, formalised and impersonal method of communication, and clinic letter is a response to general practitioner request for consultant opinion were identified as key areas of concern among clinicians about the prospect of writing to patients. 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 relating to the information and provision of unwanted information), negative impact on the health professional (including medico-legal concerns and compromise of confidentiality), and inappropriate method of communication. Letters from clinicians summarising key aspects of the consultation have been shown to be of value to patients. 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 models 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.

Methods

Participants and setting: The study was based on interviews with consultants recruited from two teaching hospitals, five general practitioners from two general practices and five general practitioners from three general practices. 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 consultant sample. Each interview was conducted by two researchers, one of whom was a general practitioner and the other a consultant. Interviews were also conducted with two consultants, two patients and two general practitioners and are included in the analysis. Each interview was conducted by a general practitioner and a consultant and lasted between 60 and 90 minutes. Patients had received a random selection of 15 interviews by an independent researcher. Agreement on the main themes was reached in 14 of the 15 transcripts and a consensus was achieved with the remaining interview. The key themes and attitudes to emerge from the data are presented together with illustrative quotations. Ethical approval for the study was obtained from the relevant local research ethics committees.

Results

Sixteen male and four female consultants were interviewed, aged between 35 and 64 years (mean = 49). Nine of the general practitioners were male and three were female, aged between 31 and 62 years (mean = 43). 10 female and six male patients were interviewed. Six of the patients were recent attenders and ten had been seeing the consultant for more than one year. Patients were aged between 19 and 61 years (mean = 41).

Interview data revealed marked differences in medical professional and patient perspectives. Patients broadly welcomed the proposal to have letters summarising the consultation, with copies to the general practitioner, in order to address their anxieties and improve their recall. However, some patients did not consider written information necessary and a minority medical professional view that writing to patients was an acceptable and feasible method of communication was also evident. Consultants and general practitioner attitudes were overwhelmingly similar and are presented together as the medical professional perspective.

The medical professional perspective

Medical professionals did not favour the concept of consultants writing directly to patients and considered such a communication as essentially problematic. The main attitude to emerge from the data was that writing to patients was not an acceptable method of communication. However a small subset of clinicians expressed positive attitudes towards the proposal. Key themes to emerge from discussion with medical professional are summarised in Table 1, and illustrative comments are presented in Table 2.

Table 1 Key themes from interviews with medical professionals

<table>
<thead>
<tr>
<th>Impact on patient</th>
<th>Medical professional</th>
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<td>Increase anxiety/distress due to inability of patient to comprehend letter</td>
<td>Imposes a burden on patient's ability to discuss letter</td>
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<tr>
<td>Compromise of patient confidentiality</td>
<td>pies information to patient</td>
</tr>
<tr>
<td>Pushing information to patient may not want information</td>
<td>&quot;Have their anxieties worsened rather than relieved by letters of consultations&quot;</td>
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Impact on medical professionals

- Medico-legal concerns
- Compromise of confidentiality
- Quality of information to general practitioners will be compromised
- Negative impact on consultant/general practitioner relationship
- Undermine general practitioner as primary communicator

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 agendas"

Reassurance

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 information and provision of unwanted information), negative impact on the health professional (including medico-legal concerns and 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 inappropriateness of writing to patients were remarkably consistent amongst consultants and general practitioners, and provision of unwanted information, negative impact on the health professional (including medico-legal concerns and compromise of confidentiality), negative impact on consultant/general practitioner relationship, compromise of patient confidentiality, increase anxiety/distress due to inability of patient to comprehend letter, formalised and impersonal method of communication, and clinic letter is a response to general practitioner request for consultant opinion were identified as key areas of concern among clinicians about the prospect of writing to patients. 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 relating to the information and provision of unwanted information), negative impact on the health professional (including medico-legal concerns and compromise of confidentiality), and inappropriate method of communication. Letters from clinicians summarising key aspects of the consultation have been shown to be of value to patients.
I think there would be huge problems with understanding the information, they wouldn’t understand the terminology
• they wouldn’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
• I could be dragged into court
• the letter could be picked up, it could be lost, it’s a confidential document
• I would not favour the idea of direct written communication with the patient simply from the point of view of protecting ourselves
• The GP may not get all the information you wanted him to get
• 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
• It’s a bit insulting to the GP
• 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 is the family doctor?
• I think it is important to understand how much do they actually want to know

Inappropriate method of communication
• at the end of the day if you want to communicate it has to be person to person, sit them down and discuss
• 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 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 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, 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
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 clinical 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 outpatient 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 [1,2].

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[3]. Doctors and patients often do not share mutual role expectations, with doctors failing to recognise the expectations of their patients [4,5]. It is argued that medical culture tends to maintain patient dependence by means of power and control [6]. 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[7]. 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.

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Competing interests: None

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Comments:

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OtherReferences: No References

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