

**UCC Library and UCC researchers have made this item openly available.  
Please [let us know](#) how this has helped you. Thanks!**

<b>Title</b>	Writing to patients: 'putting the patient in the picture'
<b>Author(s)</b>	O'Reilly, Máire; Cahill, Mary R.; Perry, Ivan J.
<b>Publication date</b>	2005-02
<b>Original citation</b>	O'Reilly, M., Cahill, M., Perry, I.J., 2005. Writing to patients: 'putting the patient in the picture'. Irish Medical Journal, 98(2), pp.58-60.
<b>Type of publication</b>	Article (peer-reviewed)
<b>Link to publisher's version</b>	<a href="http://www.imj.ie/Issue_detail.aspx?issueid=+&amp;pid=526&amp;type=Papers">http://www.imj.ie/Issue_detail.aspx?issueid=+&amp;pid=526&amp;type=Papers</a> Access to the full text of the published version may require a subscription.
<b>Rights</b>	©Irish Medical Journal 2005
<b>Item downloaded from</b>	<a href="http://hdl.handle.net/10468/92">http://hdl.handle.net/10468/92</a>

Downloaded on 2021-09-20T13:36:17Z



# UCC

**University College Cork, Ireland**  
Coláiste na hOllscoile Corcaigh

**Published IMJ Feb 2005**

**Writing to Patients: ‘Putting the patient in the picture’**

**Máire O’ Reilly**, HRB Health Services Research Fellow<sup>a</sup>,

**Mary Cahill**, Consultant Haematologist<sup>b</sup>,

**Ivan J. Perry**, Professor of Public Health<sup>c</sup>

<sup>a</sup> Departments of Epidemiology & Public Health and Applied Social Studies, University College, Cork

<sup>b</sup> Department of Haematology, Mid-Western Regional Hospital, Limerick

<sup>c</sup> Department of Epidemiology & Public Health, University College, Cork

Correspondence to: Professor Ivan J Perry, Department of Epidemiology & Public Health, University College, Distillery House, North Mall, Cork, Ireland.

**Telephone:** 021-4904235/4

**Fax:** 021-4904236

**e-mail:** i.perry@ucc.ie

## **ABSTRACT**

**Objectives:** To explore consultant, general practitioner and patient attitudes towards the proposal that following an outpatient consultation, consultants should consider communicating directly with patients in the form of a summary letter, with a copy to the referring general practitioner or other professionals as appropriate.

**Design & Methods:** Qualitative study based on in-depth interviews with a purposive sample of 20 consultants, 16 patients and 12 general practitioners. The consultants and general practitioners were both involved in the care of participating patients. Interview transcripts were coded and analysed to identify key themes and issues.

**Setting:** Two teaching hospitals in the Republic of Ireland.

**Results:** Interview data revealed varying attitudes towards the proposed summary letter. Marked differences were apparent in medical professional and patient perspectives with patients broadly welcoming the proposal, and medical practitioners in the main expressing reservations about the prospect of writing to patients. Patients highlighted the likely value of summary letters including, increased knowledge, improvement in recall, and reassurance. Clinicians were concerned that patients would be unable to comprehend the letter. Additional concerns included the impact of letter on consultant-general practitioner relationship and medico-legal issues.

**Conclusions:** There is diversity in medical and patient opinion about consultants writing directly to patients. These findings reflect fundamental differences in expectations about the nature and quality of communications between doctors and their patients.

**What is already known about this topic**

Patients appreciate and value summary letters from a consultant and report high satisfaction rates. Few studies have examined general practitioner views and none have explored the views of a range of consultants. In-depth attitudes towards written communication from clinicians to patients have not been examined.

**What this study adds**

Consultants and general practitioners are unenthusiastic about consultants writing directly to patients. Concerns included: inability of patient to comprehend letter, impact on consultant/general practitioner relationship and medico-legal issues. Patients identified many likely benefits including, improvement in recall, increased knowledge and reassurance. The issue of consultants writing directly to patients highlighted fundamental differences in expectations regarding communication between doctors and their patients.

## **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. There is a perception that problems with doctor-patient communications are increasing and there is evidence that the majority of complaints from patients focus on problems with communication rather than clinical competence<sup>1</sup>. Interest is increasing in the design of more effective modes of communication between doctors and patients to reinforce the clinical information provided to patients in the medical consultation. Recent work has highlighted patient satisfaction with personalised computer information based on the patient's medical record<sup>2</sup>.

A limited literature documents the practice of sending patients personalised summaries of their medical consultation. This method of doctor-patient communication reflects an increasing trend towards regarding patients as consumers of healthcare, working in partnership with health professionals, and signifies a move towards a less paternalistic style of practice. Letters from clinicians summarising key aspects of the consultation have been shown to be of value to patients<sup>3-6</sup>. However little work has been done on establishing in-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 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. It was anticipated that the issue of consultants writing directly to patients would illuminate underlying attitudes towards communications between doctors and their patients.

## **METHODS**

*Participants and setting* The study is based on interviews with consultants recruited from two teaching hospitals, interviews with patients attending the consultant's outpatient clinic and interviews with the patients' general practitioner. We used purposive sampling (sampling designed to obtain rich textured data) to generate a sample of 20 consultants, representing physicians and surgeons of both sexes<sup>7</sup>. Eight surgeons, seven physicians, four paediatricians and one consultant geriatrician constituted the consultant sample. Pilot interviews were also conducted with 2 consultants, 2 patients and 2 general practitioners and are included in the analysis. Each interviewed consultant provided access to a recent out-patient attender. Purposive sampling produced a mix of 16 patients in terms of age, gender, public/private status and included 11 patients eligible for treatment in the public sector and 5 private patients. 40% of the Irish population have private health insurance. General practitioners were sampled by snowballing, which involved patients providing the contact details for their general practitioners, 12 of whom agreed to be interviewed.

*Interviews* In-depth interviews were conducted from June-November 1999 in outpatient departments or general practitioner surgeries, and varied in length, ranging from 20–90 minutes. Interviews with both consultants and general practitioners sought to establish medical professional opinions on the feasibility, acceptability and effectiveness of the proposed summary letter. Interviews with patients concentrated on whether they would like to receive a summary letter and how they felt such a letter would impact on them. Interview guides were designed from a review of recent studies and contained an open-ended question seeking respondents' attitudes which were then probed for more detail. A qualitative approach was selected to allow respondents identify the key issues relating to consultants writing to patients.

*Analysis* All interviews were tape recorded and fully transcribed for analysis. Interview transcripts were coded and content analysed to identify key themes and the range of issues identified by participants. Rigorous standard coding procedures were employed. These were descriptive coding, which involved attributing a class of phenomena to a segment of text and pattern coded to identify emergent themes and key attitudes<sup>8</sup>. First level coding is a device for summarising segments of data. Pattern coding is a way of grouping those summaries into smaller number of sets, themes and constructs<sup>8</sup>. The coded transcripts were then analysed to establish commonalities and patterns in attitudes and differences and diversity of opinion. Validation was achieved by the repeated reading and coding of transcripts and by the independent coding of 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

*Characteristics of participants* 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, whilst medical professionals in the main expressed reservations about and in some cases opposition to the prospect of writing directly to patients. 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. Consultant 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, with a small minority favouring the proposal. Box 1 outlines a representative selection of medical professional initial reactions to the concept.

Medical professionals' initial responses were probed to further explore attitudes towards the proposed summary letter. Box 2 outlines the key themes to emerge from probed discussion.

Three main areas of medical professional concern about the prospect of writing to patients emerged from the data; negative impact on the patient, negative impact on the health professional and an inappropriate method of communication. Identified benefits of writing to patients were also expressed in terms of the impact on the health professional and on the patient.

**Impact on patient** Increased patient anxiety was considered to be a likely consequence of patient summary letters. Both consultants and general practitioners were fearful that patients '*would find it frightening*' and '*have their anxieties worsened rather than relieved by letters of consultations*'. The inability of patients to understand summary letters coupled with the lack of immediate access to a medical professional to discuss the summary letter were of key concern. '*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*'. Concern was also expressed that patients would '*not handle this information*'. Confidentiality fears were also a key issue for consultants and general practitioners, '*the letter could be picked up, it could be lost, it's a confidential document*'. Patients simply not wanting information was also a recurrent theme: '*it is giving information and failing to recognise that patients might not want this information*'. One

consultant described communication as a two way process which often is dictated by the patient's readiness for information and the key to communicating successfully is to gauge how much information and when, *'it's in their face...I think it is important to understand how much do they actually want to know'*.

**Impact on medical professional** Medical professionals were also concerned about their own confidentiality. *'I would not favour the idea of direct written communication with the patient simply from the point of view of expressing ourselves'*. This concern was framed in a legal dimension *'I could be dragged into court'*. Medico-legal concerns were exemplified by one consultant who currently writes to some patients *'I always think about it [medico-legal issues], as I write the letter, I always think be careful with your language here, you don't want to say something that could be interpreted [differently]'*. The majority of consultants and general practitioners were not in favour of sending patients and general practitioners the same summary letter. A compromise in the quality of information provided to the general practitioner was considered to be an inevitable consequence of a patient summary letter. *'The GP may not get all the information you wanted him to get'*, and *'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 dilemma of conveying information to both patient and general practitioner was encapsulated by one consultant *'it [letter] is open to layman's interpretation, do I send a technical letter to GP or do I send a different type of letter?'*. Several general practitioners were of the opinion that the quality of information would be *'diluted'* and instead of receiving a quality medical letter, two *'sloppy'* letters would be sent.

A negative impact on the consultant/general practitioner relationship was perceived as a possible consequence of consultants writing to patients. *'It's a bit insulting to the GP...it seems to me that 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'*. The role of the general practitioner as the primary care physician was considered by some general practitioners as being undermined should consultants write to patients, *'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's the family doctor?'*, for another consultant *'it's sort of bypassing the GP'*.

**Inappropriate method of communication** Many medical professionals were critical of the concept of communicating with patients by way of a letter, *'[it's] a disaster, if you want to communicate with somebody, meet them, sit them down and look at them...so many doctors think that communication is only about information exchange, beginning and end...I mean that letter would be impersonal'*. As exemplified by another consultant *'at the end of the day if you want to communicate it has to be person to person, sit them down and discuss it, give them chance to ask questions'*. The clinic letter was identified as the response to a general practitioner's request for consultant opinion and was considered an inappropriate method of communicating with patients, *'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'*, *'the route of information is via the GP, [they] refer to me and I refer back to [them]'*. Views on the inappropriateness of writing



to patients were remarkably consistent amongst consultants and general practitioners, with the main concerns centring on lack of discussion and support for the patient, and the impact on quality of medical information provided to the general practitioner.

A minority of consultants and general practitioners identified likely benefits to patients of receiving a personalised summary of their consultation. Recognised benefits included; improvement in patient understanding and improvement in patient recall '*I think it would probably help them recall exactly what happened*'. The use of the letter as an information aid to explain their medical condition to family members was also identified as a likely benefit '*they will be able to show this to their families, it's actually quite hard to go home and say the doctor told me I have [condition] ...for them to be able to show the letter, that their [family] could kind of understand*'. The issue of patients expressing fears of a '*secretive relationship*' between consultants and general practitioners and that sending them summary letters would dispel this fear was voiced by one general practitioner, '*I think a lot of patients have an anxiety that there is something going on behind their backs, I have cancer and they are not telling me, or I have something awful and they are not telling me, I think [letter] would certainly reassure them that there is nothing hidden going on*'. Another 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 have received similar letters which were very well received '*the patients are very impressed with this, they feel more important*'.

### **The patient perspective**

Patient attitudes towards the proposed summary letter fell into two broad categories, those who expressed enthusiasm for receiving a summary letter from a consultant (category 1) and those who considered written communication unnecessary (category 2). The majority of patients were in category one. Box three illustrates typical patient initial responses to the summary letter from which the two-attitudinal categories emerged. As with medical professional interviews, patient attitudes were further explored by probed discussion. Box 4 outlines the key themes and attitudes to emerge.

Patients reported difficulties in recalling medical information and considered a summary letter as a memory aid, '*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*'. A linked recurring theme to improvement in recall was the benefit such letters would have in explaining their medical condition to family members, '*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*'. Patients also felt that the letter would be useful for discussions with their general practitioner and at the next outpatient consultation '*at least then you'd know what was in it before you go back to your GP*', and '*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 in terms of *'peace of mind'* was also a recurring theme identified by patients, particularly in *'good news'* consultations, *'you'd be happier in yourself'*, *'just to have peace of mind that I'm fine, I'm doing well'*. Consultants sending summary letters would indicate that the consultant had listened to the patient *'it would let you know that they were actually listening, that they were taking an interest in you'* and that the patient would receive the most up to date information *'you'd get it from the horse's mouth so to speak and you'd presumably get the most up to date information and you'd know exactly where you stand, you are not left in the position, I wonder what the result is, my doctor did not tell me'*. Many patients were of the opinion that they are entitled to receive such letters, *'why can't they send it, I mean it's about us'*.

A minority of patients felt that there was no need for a summary letter *'I don't think it's necessary, I don't think there's any real need really because there is good communication'*. Some patients considered the letter as merely repeating what they have already been told *'they have already told you'*. Trust and confidence in the consultant and general practitioner was also noted by the minority of patients who did not consider letters necessary *'I've confidence in both...dealing with the two gentlemen I'm dealing with I wouldn't see any benefits'*. Some patients envisaged difficulties with understanding medical information *'if it was in technical terms like you didn't understand and you would look at it and say God what does that mean'*. However this patient felt that *'if it was in simple terms'* they would have *'no problem'*.

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.

## **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 welcomed 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<sup>5,9-10</sup>. Thus, although this is a qualitative study, we are confident that the findings are broadly generalisable.

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<sup>11</sup>. Researchers have found that doctors and patients often do not share mutual role expectations with doctors often failing to recognise the expectations of their patients<sup>11,12</sup>. It is argued that medical culture tends to maintain patient dependence by means of power and control<sup>13</sup>. 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<sup>13</sup>. The lack of clinician enthusiasm, in this study, for sharing written personalised medical information with patients, notwithstanding valid concerns, is arguably in conflict with the changing cultural nature of the doctor-patient relationship. 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 described medical and patient attitudes towards a particular method of doctor-patient communication. Valid concerns were identified by consultants and general practitioners, and by a minority of patients. Relatively worthwhile benefits were identified by patients and a minority of consultants and general practitioners. There is a need for a randomised controlled trial, using standardised methods, to determine whether the concerns that professionals have about the effects of letters from consultants to patients are justified and to determine whether writing to patients is indeed beneficial to patients.

We thank all the patients, general practitioners and consultants who took part in this study and administrative staff for their help with facilitating interviews. We also thank colleagues in the Department of Epidemiology & Public Health for their advice; Louise Burgoyne for validating a sample of the interview transcripts, Phil Irwin for transcribing the interviews and Stephen Jackson for his comments on earlier drafts.

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.

Funding: Health Research Board

Seed funding provided by the Mid-Western Health Board

Competing interests: None declared

- 1 Siegfried M. Improving doctor-patient communications not an option but a necessity. *BMJ* 1998; 316:1922
- 2 Jones R, Pearson J, Mc Gregor S, Cawsey A, Barret A, Craig N, Atkinson J, Harper Gilmour W, Mc Ewwn J. Randomised trial of personalised computer based information for cancer patients. *BMJ* 1999;319:1241-1247.
- 3 Essex C. Consultants could give patients a letter summarising their consultation. *BMJ* 1998;316:706
- 4 Hallowell N. Patients find summary letters useful. *BMJ* 1998;316:1830
- 5 Tattersall R. Writing to and for patients. *Diabetic Medicine* 1990;10:917-919
- 6 Humfress H, Schmidt U. Effects of sending clients a personalised summary letter is being studied. *BMJ* 1997;314:1416
- 7 Coffey A, Atkinson P. *Making sense of qualitative data: complementary research strategies*. London:Sage,1996.
- 8 Miles M.B, Huberman AM. *Qualitative Data Analysis*. London:Sage,1994.
- 9 Waterson T, Lazaro C. Sending patients outpatient letters about their children: parents and general practitioners' views. *Quality in Health Care* 1994;3:142-6
- 10 Asch R, Price J, Hawks G. Psychiatric Outpatients' reactions to summary letters of their consultation. *Br J Med Psychol* 1991;64:3-9
- 11 Tuckett D. (Ed) *An Introduction of Medical Sociology*. London: Tavistock, 1976
- 12 Bury M. *Health and Illness in a Changing Society*. London: Routledge, 1997
- 13 Beisecker A. Patient Power in Doctor-Patient Communications: What do we know?. *Health Communication* 1990;2:105-122

**Box 1: Consultant and general practitioner reaction to proposed summary letter**

**Did not favour proposal**

*'no, absolutely not'*  
*'I wouldn't be very enthusiastic about that'*  
*'I don't think it would be a good idea'*  
*'I don't like it'*  
*'I think there is difficulties with it'*  
*'I think it would not be helpful'*  
*'I think it would be a disaster'*  
*'totally inappropriate'*  
*'in reality it won't work'*  
*'I think it's a bad idea'*  
*'complete disaster'*  
*'a really bad idea'*

**Favoured proposal**

*'I like the idea'*  
*'I think it would be useful'*  
*'I don't think it's a bad idea'*  
*'it sounds like a good idea'*

## **Box 2 Key medical professional attitudes**

### **Impact on patient**

- increase anxiety/distress due to inability of patient to comprehend letter
- increase anxiety/distress due to lack of immediate access to medical professional to discuss letter
- compromise of patient confidentiality
- pushing information – patient may not want information

### **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
- 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 agenda'
- reassurance

### **Box 3: Typical patient responses to the proposed summary letter**

#### **Would like to receive letter**

*'Yes, I would like it in writing'*

*'I think it would be a very good idea'*

*'Yes, I think it would be good to get it.'*

*'I think it would be a brilliant idea'*

*'I think it would be fantastic'*

*'You'd have a record, that'd be a good idea.'*

*'It would be great to get it in writing'*

#### **No need for letter**

*'I don't think there's any need really'*

*'I do like being informed but I find I'm doing well with the verbal communication really'*

*'I don't think there is a need for it, it's in your GP files'*

### **Box 4: Patient attitudes to proposed summary letter**

#### **would like to receive letter**

- improve recall/difficult to recall medical information
- aid explanation of medical condition to significant others
- make for more informed discussion with general practitioner and at next consultation
- reassurance/peace of mind regarding their medical condition
- indicate that consultant listened
- reassurance that nothing would be 'hidden'
- should be entitled to receive letter

#### **no need for letter**

- quality of verbal communication
- letter would be repetitious/information already provided verbally
- trust/ confidence in consultant/general practitioner