

Title	Writing to patients: 'putting the patient in the picture'
Authors	O'Reilly, Máire; Cahill, Mary R.; Perry, Ivan J.
Publication date	2005-02
Original Citation	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.
Type of publication	Article (peer-reviewed)
Link to publisher's version	http://www.imj.ie/Issue_detail.aspx?issueid=+&pid=526&type=Papers
Rights	©Irish Medical Journal 2005
Download date	2024-05-01 02:12:58
Item downloaded from	https://hdl.handle.net/10468/92

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 litigation¹. 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 consultation². Letters from clinicians summarising key aspects of the consultation have been shown to be of value to patients³⁻⁶. 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 to generate a sample of 20 consultants, representing physicians and surgeons of both sexes⁷. 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 treated in the public sector and 5 private patients. 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, general practitioner surgeries or patients' homes, 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.

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. Saturation was achieved on the major themes and issues in the interviews with consultants, general practitioners and patients. 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

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. 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
<p>Impact on patient</p> <ul style="list-style-type: none">•increase anxiety/distress due to in ability 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 <p>Impact on medical professional</p> <ul style="list-style-type: none">•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 <p>Inappropriate method of communication</p> <ul style="list-style-type: none">•formalised and impersonal method of communication•clinic letter is a response to general practitioner request for consultant opinion <p>Benefits to patients</p> <ul style="list-style-type: none">•improved patient recall•information aid for patient•remove patient fear of “hidden agenda”•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 comprehension, inability to deal with the information and provision of unwanted information), negative impact on the health professional (including medico-legal concerns and dilution in 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, with additional concerns centring on lack of discussion and support for the patient. Clinicians also identified a number of potential benefits of writing to patients including improved patient understanding and recall, Table 1, and 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; 'the patients are very impressed with this, they feel more important'.

Table 2 Illustrative comments from interviews with medical professionals
<p>Impact on patient</p> <ul style="list-style-type: none">•“would find it frightening”•“have their anxieties worsened rather than relieved by letters of consultations”

- “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

- “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|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”.
- “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?”,
- “it’s sort of bypassing the GP”.

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 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 it would probably help them recall exactly what happened”.
- “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”
- “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”

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
Would Like To Recieve Letter
Improve recall/difficult to recall medical information
<ul style="list-style-type: none">• “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
<ul style="list-style-type: none">• “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
<ul style="list-style-type: none">• “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
<ul style="list-style-type: none">• “you’d be happier in yourself”, “just to have peace of mind that I’m fine, I’m doing well”.
Indication that consultant listened
<ul style="list-style-type: none">• “it would let you know that they were actually listening, that they were taking an interest in you”
Reassurance that nothing would be “hidden”
<ul style="list-style-type: none">• “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”
Should be entitled to receive letter
<ul style="list-style-type: none">• “why can’t they send it, I mean it’s about us”
No Need For Letter
Quality of verbal communication
<ul style="list-style-type: none">• “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
<ul style="list-style-type: none">• “they have already told you”
Trust/ confidence in consultant/general practitioner

<ul style="list-style-type: none">• I have confidence in both dealing with the two gentlemen I'm dealing with I wouldn't see any benefits <p>Potential problems with comprehension</p> <ul style="list-style-type: none">• if it was in technical terms like you didn't understand and you would look at it and say God what does that mean
--

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^{5,9-10}.

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 literature¹¹. Doctors and patients often do not share mutual role expectations, with doctors failing to recognise the expectations of their patients^{11,12}. It is argued that medical culture tends to maintain patient dependence by means of power and control¹³. 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 model¹³. 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.

Funding: Maire O' Reilly was funded by the Health Research Board on a Health Services Research Fellowship.

Competing interests: None

References

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 Ewnn 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

Comments: Ivan J Perry,
Department of Epidemiology & Public Health,
University College, Distillery House,
href=mailto:i.perry@ucc.ie>i.perry@ucc.ie

OtherReferences: No References

Acknowledgement: We thank all the patients, general practitioners and consultants who took part in this study and administered the Department of Epidemiology &Public Health for their advice; Louise Burgoyne for validating a sample of Jackson for his comments on earlier drafts.