Editorial

Spending Time with Patients Significantly influences Outcomes of Nonoperative Treatment of Knee Osteoarthritis

'Before you examine the body of a patient, be patient to learn his story. For once you learn his story, you will also come to know his body.'—Suzy Kassem

Rise Up and Salute the Sun: The Writings of Suzy Kassem.

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In modern medicine, many factors affect the impact of therapy on patient symptoms; it is rightly said that the quality of doctor-patient relationship and interaction are the key determinants of outcome of medical care. Traditionally, the physician-patient relationship has been projected as paternalistic; however, in the modern era with improved literacy against a backdrop of information technology revolution, patient autonomy through self-help has emerged as the dominant theme in healthcare. It is, therefore, important for physicians to acquire effective patient-centered communication skills to promote patient participation in treatment process.

In the 21st century, changes are apparent, and indeed desirable, in attitudes and mindset of healthcare professionals. Slowly, but surely, the healthcare market is changing from being primarily a sellers' market to being a buyers' market. In general, patients have a lot of expectations from hospitals, and patient satisfaction is hence the prime focus of any hospital or healthcare provider. To attain this desired outcome, good doctor-patient communication is the basic ingredient, as is evident from the fact that a good dialogue in clinics has major influence on patient satisfaction and is a major determinant of treatment compliance. Research data suggest that when patients are encouraged to ask questions for participation in their care, the outcomes are better. Effective doctor-patient communication gives patients a sense that they have been heard and allowed to express their major concerns. Patients welcome a medical encounter where they perceive respect, care and empathy. It allows them to express and reflect their feelings and relate their stories in their own words.

Knee osteoarthritis (KOA) is a chronic disease, which is an everyday occurrence, but is associated with pain and poor quality of life. Knee osteoarthritis is not only a clinical problem but also has a significant social, psychological and economic impact, thus demanding cost effective and long lasting solutions.

There is sufficient evidence to support the fact that early to moderate KOA can be managed through simple conservative regimes. The main focus of treatment is symptom relief, improvement in joint mobility and function. This includes patient education, aerobic or resistive exercises, lifestyle modifications, nutrition counseling, weight reduction, and various physical therapies.

Nevertheless, patients are often non-compliant to all aspects of conservative treatment, adopting a 'buffet approach' to what is offered, and do not lay emphasis to some basic management modalities. The problem lies in the fact that many patients comprehend neither the explained exercise protocols nor the emphasis on other physical measures that could alleviate suffering. Many factors contribute to this, but the principal one is a failure of communication, primarily due to lack of time spent by treating physician with individual patients, often caused by time constraints due to overcrowding in out-patient departments (OPDs). Consequently, patients often end up doing exercises the wrong way, with inadequate understanding, which rather than benefitting them, aggravates the condition.

The KOA patients go to orthopedists, expecting relief in their suffering. Crowded OPDs in Indian hospitals do not allow this to happen. Both patients and doctors feel a heightened sense of time pressure, which implies less relating time and less-accurate information transfer, less efficiency in identifying the real problems, less treatment choices based on knowledge of the individual patient, less trust, less healing, more errors and poorer outcomes.

Till date, doctors dominated their interactions with patients; the evolving scenario of patient-centered care seeks to change this, and it is happening in orthopedics also. In a patient-centered approach, doctors provide patients all the information they need about their options for KOA. Then, patients can identify their priorities, and can participate in the treatment process after adequate understanding. Many research articles have highlighted the improved outcome with this strategy. For example, KOA patients manage their condition better when their doctors show empathy and take time to talk with them about their situation. There is also evidence that patient-centered care can reduce costs; in a year-long study of 509 adults published in 2011, a patient-centered approach was correlated with fewer visits for specialty care, fewer hospitalizations, fewer lab and diagnostic tests and overall lower total medical costs.

In a review of 21 root canal treatments (RCTs), the quality of communication in both history taking and discussion of the management plan was found to be associated with better health outcomes. In this regard, the doctor's

supportive stance helps. Their easily understandable talk and friendly manner plays an important role here. Cogent and coherent instructions by doctor help patients in clearly understanding the steps of treatment; then the patients voluntarily comply with the treatment plan. The use of alien technical language is disappointing to the patient, as is absence of eye contact, lack of a smile or unfriendly demeanors, plus the many unasked and unanswered questions.

Doctors in hugely crowded OPDs are expected to *listen with both ears*. That is, symbolically assigning one ear to receive psychosocial information and other ear to receive biomedical data. But often, emphasis is on the biomedical aspect. Most of the times, patients complain that the doctor does not understand their problem properly. Doctors take too little information about the physical, emotional and social state of the patient. As a result, a lot of time is wasted in identifying the main problem. In such a scenario, the patients do not follow the advice of the doctors and end up with less than ideal improvement in their condition.

Public sector doctors in our country work under the pressure of time. Patients also hesitate in asking questions to clarify doubts because they feel they are intruding on the doctor's time. Hence, modalities need to be worked out for adequate patient-doctor interaction.

A recently conducted study in Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh emphasized upon adequate patient-therapist communication. Clear explanation of the disease process and projected outcomes were outlined to the KOA patients. For explaining the steps of exercises posters, a video and patient information booklets were developed in Hindi and English. These efforts yielded better outcomes as compared to routine practice.

Taking this forward, there is a school of thought which says that using modern aids like videos and other communication methods the same things could probably be explained in a better way to patients.

In the long run, effective non-operative management of KOA boils down to the fact that more we talk to our patients, better is the outcome. In a nutshell, spending time with patients plays an important role. In the existing set up of hospitals in India, adequate doctor-patient interaction is sadly missing, as are effective and coherent communications. Modern communication methods like videos, phone apps, pamphlets, etc. are all aids to enhance the transfer of information effectively for the well-being of the patient, and need to be incorporated in all interactions, to increase the success rates.

We end this editorial with some famous quotes:

'A penny of good communication time may avert a pound of unnecessary or even harmful spending used to reassure an anxious patient or substitute for a sketchy history.' Author unknown.

Herbert M. Shelton, in 'Getting Well', said *'What the sick need is teachers not treaters, health schools not hospitals, instruction not treatment, education in right living not training the sick habit. Both they and their advisors must get rid of the curing idea and the practices built up thereon.'*

Norman Cousins, in 'Anatomy of an Illness', said *'Each patient carries his own doctor inside him.'* It is this doctor that effective communication seeks to awaken, so that the patient becomes part of the management protocol, thus improving efficacy of medical care.

RECOMMENDED FURTHER READING

1. Bedi S, Arya S, Sarma RK. Patient expectation survey: a relevant marketing tool for hospitals. J Acad Hosp Admin 2004;16:1-6.
2. Goold SD, Lipkin M. The doctor–patient relationship challenges, opportunities, and strategies. J Gen Intern Med 1999 Jan;14(1 suppl): S26-33.

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