

The Doctor's Communication Handbook

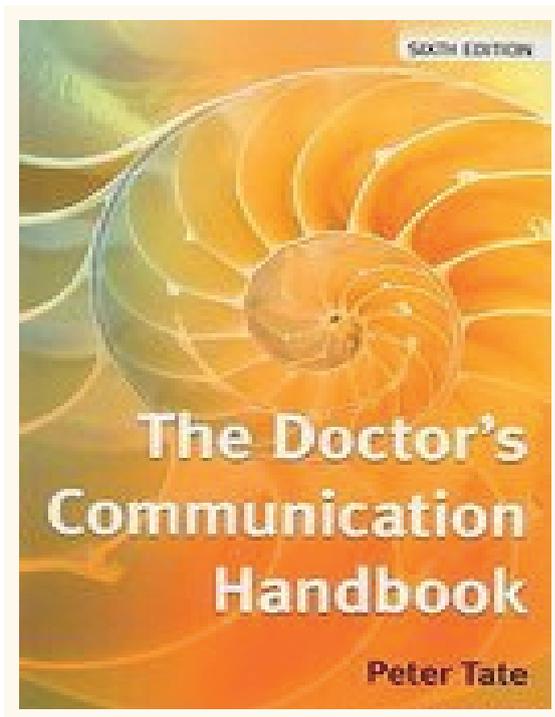
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کتاب تواصل الطیب

بیتر تات



ASIMPLIFIED BY THE TITLE, THE BOOK is aimed at medical students and practising doctors, and focuses on their communication with patients. Chapter titles include: *How doctors talk to patients and why*, *Different types of patient*, *Ways of looking at the consultation* and *Useful strategies and skills*.

Generally, the book is an easy read. As it is not aimed at communication studies' students or practitioners, it contains very little reference to communication theory. The author draws primarily on experience (his own and others) and uses these examples to illustrate concepts. Some of the more valuable aspects include:

- Balancing the patients' concerns and perceptions

with those of the doctor. In several instances, the author sketches situations, and illustrates how differences between concerns and perceptions have a negative impact on health care delivery. The author then offers solutions to the problem.

- History taking. The author considers the standard model of history taking as "Victorian, patronising and, in most hands, communicatively disastrous," and provides other approaches to achieve the desired result.
- Listening, especially active listening, and avoiding the too-quick reaction of "putting communication into a straightjacket in order to maximise pattern recognition."
- The weaknesses of reliance on patient pamphlets and handouts, and the related confusion of information diffusion and effective communication.
- Considerations of language. The author deals with problems of jargon, and also considers other, more common vocabulary misconceptions (such as the use of the word "risk"), that impact negatively on patient-doctor communication.

I do, however, have some criticisms of the book. I would like to see:

- A brief chapter summary at the end of each chapter, although there is an overall summary of the text at the end.
- A far greater acknowledgment of the impact of 21st century technology in patient-doctor communication. Although there are references to the Internet, there are several missed opportunities for guidance on the more problematic areas. For example, the chapter entitled *Useful strategies and skills* ends with a discussion of telephonic communication, but does not mention the use

of email, text messaging, and other new forms of communication currently facing doctors. In addition, while reference is made to patients accessing information on the Internet, the model is still firmly that there are two experts: "one on medical matters and the other on their own mind and body." Medical communication is still viewed a one-way flow from doctor to patient.

- At least one chapter devoted to communication between doctors, or a change in book title. The title of the book does not mention patients, but the book is focused on communication between

doctors and patients.

Overall, *The Doctor's Communication Handbook* is a useful text for medical students and practising doctors.

REVIEWER

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