

What Patients Day, What Doctors Hear

By Danielle Ofri, MD

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Summary¹

The doctor-patient conversation may be said to be the single most powerful diagnostic tool, but it is not always as successful as one would like. What patients say and what doctors hear are often two vastly different things. In this book, Dr. Danielle Ofri focuses on barriers to good communication for both patients and doctors. Using examples from her own practice, she explores how various biases and pressure to be efficient by multitasking while the patient is speaking, can result in missing key information. Drawing on research studies and interviews with scholars, doctors, and patients, Danielle Ofri demonstrates the importance of improving conversation to promote better health.

Ethical Issues

Doctor-patient relationship
Trust
Communication barriers
Difficult conversations
Adherence

Empathy
Appropriate use of resources
Advocacy
End-of-life decision making

Discussion questions:

- Identify the communication barriers between Dr. Ofri and Mr. Amadou. Do you think Ofri could have handled the situation differently?
 - Why/why not?
 - How?
- Do you think patients who are more assertive receive better treatment? Is this justifiable?
- Whose responsibility is it to ensure that all relevant information is disclosed during the consultation?
- Based on your own experience, what do you see as the biggest barriers to communication between doctors and patients?

¹ Adapted from publisher's summary.

- Do you think patients' comprehension of the advice of their doctors would be better if the doctors' listening skills were improved?
- What do you see as the connection between communication skills and ethics?
- Identify one or two examples of difficult conversations that you have come across. Why do these conversations stand out to you?
- Discuss different strategies to tackle challenging conversations with patients, such as delivering bad news.
- Discuss the role of bias in the meeting with the patient Maria Vincent (Chapter 13). How can doctors' biases and judgement influence their treatment of patients?
- What can doctors and patients do to avoid negative outcomes resulting from biases and judgement?
- On page 221, Danielle Ofri writes, "I don't think doctors intend to discourage stories, but rather it is our system that makes full stories nearly impossible." Do you agree with her? Why or why not?
- Mr. Navarro did not reveal that he couldn't read until nearly a year after he became Ofri's patient. What do you think doctors can do to make patients feel more comfortable disclosing the uncomfortable aspects of their life that may contribute to their poor health?

Discuss the following passages from the book:

- Page 16. "Then there is the time crunch, or should I say the time mismatch. The patient may have waited weeks or months for this appointment and so comes with a spreadsheet of accumulated concerns. He or she is desperate to pack every last issue into these precious few moments with the doctor. The doctor, on the other hand, is running late, is under pressure to be efficient, knows there is a pack of patients growing antsy in the waiting room, and has been given more work than can possibly be accomplished in the allotted time."
- Page 196. "Listening to a patient might seem like the easiest of the many medical skills that a doctor needs to master, but in fact it is one of the hardest, especially if you want to do it well."
- Page 163. "Doctor," he said, his voice faltering, "you don't have to keep giving me those lists." He looked down at his lap for a moment. "The truth is that I can't read. Not in English, not in Spanish. Nothing at all."
- Page 200. "Bad news is usually a singular event for a patient, an ordeal of pain and shock. Being saddled with a medical event that entails bad news is horrible enough; having someone botch the delivery of that news is simply tragic."