

# Five reasons it can be hard to talk to your doctor—and four ways to do it better

5 November 2019, by Gillian Rutherford



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If you've ever left your doctor's office with unanswered questions that you felt too rushed or embarrassed to ask, you're not alone, according to University of Alberta endocrinologist Rose Yeung.

Miscommunication, or under communication, happens regularly between patients and their doctors, nurses, dietitians and even naturopaths, said Yeung, who presented a talk entitled "Co-creating Care to Improve Medicine" at the U of A's recent Alumni Weekend.

Yeung said shared decision-making between patients and their health-care providers lead to the best outcomes.

"Shared decision-making recognizes that the health-care professional has training and access to [scientific evidence](#) and [clinical experience](#), and the patient has their own set of experiences, including education, lived experience with a [medical condition](#), social and cultural context," said Yeung.

"The patient and the professional are supposed to deliberate and come up with an acceptable

treatment plan together."

Yeung said better communication is critical to ensuring [medical breakthroughs](#) benefit all patients, but she identified a number of barriers.

**Lack of time:** This is the most common problem cited, Yeung said. "We're expected to make decisions really quickly and eliciting all of that context takes time."

**Conflicting beliefs in the internet age:** "People are rightfully questioning recommendations and are bringing up a lot of differing information that doctors have to reconcile and explain," she said.

**Unclear language:** Medical jargon can be hard to translate into plain language, and even simple terms can have different meanings. For example, when doctors take a medical history, they may write that the patient denies using alcohol or recreational drugs. "In lay language, when you deny something, you might be lying about it," explained Yeung. "There's a negative connotation around the word denial, whereas in medicine, it's objective."

**The prescriptive nature of medicine:** "The traditional teaching is that you should just do what the doctor tells you," said Yeung. "Medicine needs to evolve to understand that patients are very active agents in their own health care and that we need to work together."

**People aren't 100 percent rational:** "People do not always make decisions based only on objective, evidence-based information, but may also be influenced by emotions, illness and other factors as well," explained Yeung.

Yeung, who is also an adjunct professor in the School of Public Health, a member of the Alberta Diabetes Institute and medical director of the Physician Learning Program at the U of A, consulted with patients to improve the information

available on a [website about pregnancy and diabetes](#) and is now working with patients who have malfunctioning adrenal glands to create communications tools for them, including an information card for when they wind up in hospital emergency departments.

Yeung said responsibility for shared decision-making lies with both patients and health-care professionals.

"People need training around medical literacy, on how to communicate with their health-care team," she said. "And while it's true that the health-care professionals have their own biases, they're not mind readers."

Here are Yeung's top four tips for getting the most out of a medical appointment:

- Think of questions ahead of time and write down the answers while you are there.
- Ask the doctor to explain your condition, provide written instructions, teach you how to measure improvements and involve your family when appropriate.
- Ask for a followup visit, even if it's just to stay on track or have more time to discuss a problem.
- If you're not feeling like you can communicate well, let your health-care professional know so they can address your concerns.

Provided by University of Alberta

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