

Commentary

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Counselling-in-continuum-modern solution to ‘Google’ patients?

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ABSTRACT

Aim of the study was to highlight the benefits, barriers and methodology pertaining to effective patient counselling. The modern-day patient is well informed and well aware of patient rights. The need of the hour is to implement management plans jointly agreed upon based on both scientific evidence and patient preference by proper patient counselling. The process of counselling represents a well-founded intervention made of a quality interaction between the counsellor and the patient. Effective communication is advantageous for both healthcare professionals in the form of a comprehensive medico legal document, as well as for the patient as it tends to allay fear of treatment, dissipate misconceptions garnered from half-baked knowledge off the internet, cementing a bond of trust between the two. Counselling forms should carry information pertaining to the details regarding the patient’s disease, treatment options, pros and cons with aids in the form of pictures, models and videos. Ample time should be spent on the patient’s doubts, without the use of medical jargons. Barriers to effective communication include physical, psychological, administrative or time conflicts. Upliftment from the quick sands of barriers to patient communication requires the introduction of a curriculum laying emphasis on sound communication skills right from the undergraduate stage. Furthermore, internet can be used to aid counselling in the form of legit informative portals wherein patients are able to gather correct information about their disease and prognosis as is the case with online healthcare communities.

Keywords: Counselling, Medico legal, Empathy, Barriers

INTRODUCTION

Gone are the days when doctors were revered as gods with patients being blind worshippers. The modern-day patient is well informed and well aware of patient rights. The need of the hour, therefore, is to promote a partner rather than parental relation, where patients take part in chalking out their treatment plan jointly agreed upon based on both scientific evidence and patient preference. Patient counselling forms the cornerstone for the transition in this changing relationship and is a well-accepted and crucial practice since times immemorial.

The world health organization defines counselling as a well-focused process which uses interaction to help people deal with difficulties and respond in a proper way

to specific situations in order to develop new coping strategies.¹ In medical settings, the process of counselling represents a well-founded intervention made of a quality interaction between the counsellor and the patient, shaped by the capacity of the counsellor to empathize with the patient’s milieu.

The main purpose of counselling is to help the patient amplify the vision of the specific situation and formulate optimal strategies to deal with the conditions of the disease, in order to promote a better quality of life.² The consistency of the age-old adage, ‘there’s no medicine like hope’ can be exemplified by how psychiatry and patient psychology have gained immense importance in the past few years recognizing the importance of mental health as being equivalent to physical health.

How counselling helps in better patient care

“The patient will not care how much you know, until they know how much you care.” The growing instances of hospital vandalism and doctor battering are testimonial that the manner of communication holds as much importance as the matter. A staggering 75% of doctors today have faced instances of moral turpitude at the hands of patients and relatives in some form, majority of which could’ve been averted with effective counselling especially with emotionally labile kin.³

Effective communication is a win-win situation for both healthcare professionals and patients.

The recent landmark judgement by the supreme court, stating that medical services to patients, come under the purview of consumer protection act 1986, has put healthcare professionals under constant scrutiny making documentation and proper counselling assume paramount importance.⁴ In 1999, the government stated that negligence suits could be filed by patients irrespective of whether they were paying for the treatment or not. This highlights the importance of treating all patients equally irrespective of their economic or social status.

Medical documentations have been found in the epoch of papyrus in the 18th century and is an unambiguous proof that previous medical documentation have great contributions to the vaults of knowledge and provide a strong foundation to build upon with evolving needs and resources.⁵ Previous documentation serves as a comprehensive document when the patient visits another doctor for further treatment or follow up. The subsequent doctors can thus chart out an appropriate successive management plan after thoroughly understanding the previous healthcare provider’s perspective, avoiding unnecessary jousting.

Healthcare professionals must keep in mind that it is their responsibility to help patients achieve desired health outcomes which can only be attained by bridging the gap between the physician’s prescription and the patient’s perception.

Proper counselling tends to allay fear of treatment from the mind of an apprehensive patient for an informed decision and dissipate misconceptions garnered from half-baked knowledge off the internet, thereby cementing a bond of trust between the patient and the healthcare worker.

Apart from having a profound impact on disease management and decision making, fruitful interaction increases patient compliance which further carries economic repercussions. The annals of medicine have documented studies that demonstrate the positive impact of good patient compliance on global economy.⁶

Another alarming statistic depicts that nearly a quarter million people in the states succumb each year due to

lack of knowledge of adverse drug reactions which could’ve be prevented with proper counselling and patient education.⁷

Types of patients we meet while ‘counselling’

Carefree/Casual, obstinate, uneducated, net savvy, same profession-healthcare professionals, emotional, linguistic barrier, insolent, nagging and globetrotters-hunt for multiple doctor opinions.

As the old Arabic proverb goes, “He who knows not, knows not, he knows not, he is a fool shun him. He who knows not and knows he knows not; he is simple teach him. He who knows and knows not that he knows, he is asleep, awaken him. He who knows and knows that he knows, he is wise, follow him.” Each patient should be counselled depending on the category he or she falls into. For handling ‘Google’ patients, professionals must be updated with latest guidelines and be confident of their knowledge. They must be able to clarify the context in which a statement is enunciated on the internet. Patients who themselves are medical professionals should be given their due and be given literature references to satisfy them. On the other hand, uneducated patients who do not understand medical jargons should be explained about the problem from scratch with visual aids.

Important points to remember while counselling

The only thing more pious than practicing medicine is practicing medicine with a heart. Healthcare professionals should be as meticulous and involved while counselling as they are while treating patients, the key to which lies in one word-compassion.

Counselling can be both verbal, written or audio-visual depending on the situation and individual requirements.

When counselling an anxious patient or relative not all roads lead to Rome. A patient seated with his loved ones, in a calm ambience with an attentive doctor tends to endure a situation better than a patient trying to fathom medical jargons being denounced by a preoccupied doctor juggling with his cell phone in a bustling corridor. Corridor counselling should be avoided at all times.

The quantity of time spent on counselling can also be tailor made according to the situation without compromising on quality. A son losing an ailing, eighty-year-old father with multiple comorbidities would be able to come to terms with his death far better than would a father with a terminally ill eight-year-old son. The time spent on explaining the situation to the patient must be for the patient alone, ensuring adequate privacy and answering compassionately but accurately. It is pertinent to answer not only the doubts of the patient but anyone else who is important to and accompanies the patient. A minute of compassion can bring years of relief to a reassured patient.

It is also important to understand, that any work suits the man skilled for the job. An anaesthetist would be in a better position to explain complications pertaining to the effects of anaesthetic drugs than would the surgeon.

Counselling forms should carry information pertaining to the details regarding the patient's disease, treatment options, pros and cons with a lucid explanation of each alternative in the patient's vernacular language and adequate pre-operative counselling as indicated, with aids in the form of pictures, models and videos.

Further, it is vital to recognize the significance of communication as a dialogue rather than a monologue. Ample time should be spent on clearing the patient's doubts, ultimately assessing the level of their understanding by asking them to demonstrate their assimilation from time to time.

Nonverbal communication can be critically influential, especially with the paediatric age group or terminally ill patients, with such patients and their relatives requiring special attention to facial expressions, tone of voice and gestures. With experience, professionals must learn to sympathise with the patient without sounding overtly dramatic. When conveying the prognosis of a malignancy, one's tone must not be gloomy but hopeful.

While addressing the paediatric population, one must be cheerful, explaining to the child about his or her health condition with interesting examples. Even simple childhood games can convey life lessons. While snakes and ladders teach us that life comes with its ups and downs, Ludo reiterates, that no matter where you go or what you do, there's no place like home.

Pre/postop patient counselling

Pt name- **Age/Sex-** **Pt id-**
Date-

Symptoms

Investigations

Pictorial Description

Treatment plan/options

Complications

Q&A/Doubts

Sign of guardian
Doctor

Sign of

Sign of witness

Figure 1: Sample format of written counselling form.

Barriers

Barriers to effective communication include environmental, psychological, administrative or time conflicts. Such conflicts prevent effective communication from being instituted.⁸

Doctors being answerable to the management of private hospitals is an administrative and environmental barrier. Management may view the lack of money compensated for counselling as a reason not to communicate and provide counselling rooms.⁸

Negative attitude from healthcare professionals constitutes a personal barrier, stemming from a lack of confidence or inadequate knowledge. In such a scenario, the physician may be perceived as being incompetent or avaricious by the patient who is unlikely to have faith in the doctor's advice.

False assumptions regarding the level of patient's understanding and psychology or suppositions that someone else would've already counselled the patient, is a psychological barrier and can also prove as a major deterrent in this interaction.⁸

Table 1: The ABC of effective patient counselling.

Do's	Don'ts
Attentive- to the patients and their queries, counselling time exclusively devoted to them	Assumptions-Do not make false assumptions about the patient's knowledge
Ambience-Ensure privacy, keep the atmosphere professional	Aversion-Don't be averse to making caregivers a part of the interaction
Adequate- time to be devoted to the patient tailor made according to the situation	Another speciality professional should not explain complications outside domain
Adjust the tone, time, emotions according to the situation	Attitude of the doctor should not exude negativity or incompetence.
Avoid medical jargons, the patient should be counselled in the patient's language	Avaricious-Don't be avaricious, money isn't everything
Bustling corridors should be avoided during the interaction	Being rude or impatient with patients or relatives is a strict no-no
Build the trust of the patient	Berate-Don't berate the strength of teamwork
Compassion is the key	Cell phones and other distracting media should not be used while counselling
Clarify all doubts	Caste, religion, economic status of patient should not be a deterrent

Words can be powerful weapons, capable both of inflicting pain and remedying it. Unfortunately, however, communication as an art has taken a backseat in today's fast paced world where sometimes quantity tends to take precedence over quality.

An effective solution for the alleviation of this predicament is to introduce a curriculum laying emphasis on sound communication skills to sensitize young perceptive minds right from the undergraduate stage regarding this prowess and consolidate it in future years of training. Professors can share personal patient experiences and the positive impact of constructive patient interaction in classrooms for students to emulate.

Counselling is a continuous process. Pre-operative counselling without a follow up post-operative counselling is as good as no counselling at all. That is where the concept of counselling in continuum comes into play. Not sensitizing relatives with operative outcomes leads to undue confusion later.

All healthcare workers involved in the management of the patient must be on the same page. The credentials or seniority of the doctor will not matter to the patient. A junior doctor or a resident imparting incorrect information will inflict an equal damage to the patient's psyche. Team work makes the dream work.

Technology, in today's setting can indeed prove to be a double-edged sword. Instead of shunning social media and google, healthcare professionals can use it to their benefit in the form of legit informative portals, where patients are able to gather correct information about their disease and prognosis as is the case with online healthcare communities which carry documented evidence of being a major source of health information for patients.⁹ This novel idea becomes even more relevant in the setting of the COVID new normal scenario.

CONCLUSION

As the saying goes, "knowing is not enough, we must apply, willing is not enough, we must do." The roaring importance of communication has been reduced to an elephant in the room. The article aims to reiterate the importance of counselling and highlight certain specifications of how it should be done as there is lack of adequate guidelines and literature on the subject.

With these small yet vital efforts, each one of us can make a difference; there are no set paths to follow; An ingenious idea of today, may bring an inspiring change tomorrow.

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