## Are physicians too busy to ask about patients' concerns?

■ Cite as: CMAJ 2018 October 9;190:E1214. doi: 10.1503/cmaj.109-5661

Posted on cmajnews.com on Sept. 18, 2018.

octors are quick to interrupt patients and don't ask questions as often as they should, according to a recent American study. Meanwhile, research from the United Kingdom suggests that patient satisfaction surveys might not expose such problems.

she explained. "Some people might want to know something specific, like, 'Is this going to affect the way I work, or my family?"

Increasing demands on physicians' time are part of the problem, Singh Ospina said. However, she found that uninter-

Dean Mitchell//Stock

Doctors listen 11 seconds before interrupting patients according to a recent study.

A 2018 American study of 112 clinical encounters found that doctors asked patients about the reason for their visit only a third of the time, and they interrupted the answer after a median of 11 seconds. Primary care doctors were the most likely to ask patients about their concerns, with 49% doing so compared to 20% of other specialists.

Lead author Dr. Naykky Singh Ospina argued that "there's no real collaboration" when doctors don't ask open-ended questions or give patients time to answer. They might miss important medical issues or what matters most to their patients,

rupted patients took a median of only six seconds to state their concerns. "They are not going to talk more than two or three minutes, and probably those two or three minutes are worth it." she said.

Communication issues are at the root of most patient complaints against doctors, according to the Canadian Medical Protective Association. Yet, patients tend not to flag these issues in satisfaction surveys. A recent UK study found that patients gave their doctors' communication skills an average score of 94.4 of out 100, well above the average score of 74.5 that doctors gave themselves. Independent clinical evalua-

tors were less impressed, giving a subset of 55 encounters an average score of 57.3.

"The trained clinical evaluator really homes in effectively on where things are not going well," said lead author Dr. Jenni Burt, a senior social scientist at the Health Care Improvement Studies Institute at the University of Cambridge. Patients, however, may be reluctant to criticize their doctors for reasons that include "needing to maintain a relationship," Burt said. Allowing patients to narrate their experiences to an interviewer, or write their responses in free text, may garner more honest feedback.

Burt's study asked patients to rank their physician's performance on a five-point scale, including "good" or "poor." Dr. Moira Stewart, a professor emeritus at the Centre for Studies in Family Medicine at Western University, noted that patients give a broader range of responses if they're asked to describe their experiences objectively. For example, a survey could ask to what extent a doctor explained a treatment, rather than asking if the explanation was good or bad.

Stewart also questioned whether clinical evaluators' assessments add much value overall. She led a study of 315 patients at the Centre for Studies in Family Medicine that found only patients' positive perceptions of care were associated with better recovery from discomfort, better emotional health two months later, and fewer diagnostic tests and referrals.

As for interrupting patients, Stewart noted that 11 seconds "can be a very long time." And the nature of the interruption matters, she said. A physician may interject to change topics, but they may also interrupt to "validate" a patient's concern or "facilitate further exploration."

Wendy Glauser, Toronto, Ont.