Lost in Translation

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"Listen to your patient, he is telling you the diagnosis."

These words, spoken over 100 years ago by William Osler, show the integral role that communication plays in the role of a physician. Osler is widely regarded as the father of modern medicine and known to have been a master diagnostician. In 1975 Hampton et. al. showed that 83% of diagnoses were made based on the patient history. This gave tangible validation to the words Osler spoke almost a century before and shows the invaluable role that the patient's story has in uncovering their underlying diagnosis.

Medicine, however, has dramatically changed since Hampton's findings. Gone are the days of the stethoscope being a physician's sole diagnostic tool. We live in an era where physicians have access to a seemingly endless quantity of information from X-rays, MRIs, CT & PET scans, ultrasound, laboratory tests, ECGs, pharmacogenetics, etc. In a medical world so vastly different from that of Osler's, do his words still ring true?

Current medical research responds to that question with a resounding "Yes."

The patient history holds a unique place in the medical professional's toolbelt. Unlike a lab or imaging study, the usefulness of a patient history is directly related to their ability to elicit valuable information through effective communication.

Thus, communication is at the heart of the role of health care professionals. As medicine continues its path toward a patient-centered care model, a physician's ability to understand their patients and appropriately convey information to them is becoming increasingly important.

Effective patient-physician communication, however, is no simple task. It requires the interplay of non-verbal communication, word choice, and a mutual understanding of the connotations of words, phrases, and even diseases. Most of the interpersonal communication training that medical professionals receive focuses on non-verbal communication and word choice. Leaving cultural understanding as a side note that is scarcely, if ever, mentioned. This is astonishing because research has shown time and time again that cultural humility and interpersonal communication are not separate ideas (Lekas et al., 2020; Prasad et al., 2016). Rather, they are inextricably connected concepts that lead to increased empathy and connection with patients.

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"Your blood pressure looks high again this time, Mr. Nguyen. It's high enough now that you fall into the range of hypertension. I'd like to start you on a medication to help control your hypertension. Does that sound okay with you?"

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Physicians can plan on having conversations like the one above with patients many times in their career. As of 2020, one in every two Americans over the age of 20 have hypertension. It is a common and straightforward diagnosis based on the criteria set out by the ACC/AHA. If a patient's blood pressure is over 130/80, then they have hypertension (Whelton et al., 2018). Ask any physician, PA, nurse, or medical student what it means for a patient to have hypertension, and they would say "they have a high blood pressure." Even many patients themselves understand what hypertension is. Or at least they say they do.

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"Thanks Doc, lots of people in my family have hypertension, must run in the family. I'm happy to start taking the meds if you think they'll help me feel better. Work has been really stressful lately, I really should start looking into retirement."

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Both the doctor and the patient walk away from this encounter feeling like the other understands what they were trying to say. But do they really?

A research group interviewed 117 patients with hypertension in order to gain insight into what they understood about their diagnosis (Blumhagen, 1980). The results? 72% of the patients said that hypertension was best described as "a physical illness characterized by excessive nervousness caused by untoward social stress." They went on to give accounts of how being in this hyper-tense state led to social anxiety and problems at work. To these patients, hypertension was a catch-all term for an ambiguous amalgamation of physical, emotional, and social symptoms. The patients' understanding of hypertension varied based on age, ethnicity, and socioeconomic status. The rift between the words a physician speaks and what they mean to a patient can be shocking.

The Hippocratic Oath systemized physicians' duty to "apply, for the benefit of the sick, all measures that are required." One of the most important measures for the benefit of the sick is ensuring there is open and clear communication with patients. Physicians bear the responsibility of ensuring that their patients accurately understand their medical diagnoses and treatment plans. This ethical commitment emphasizes the significance of tailoring information to the patient's level of understanding, involving them in decision-making, and addressing any concerns they may have.

In a world where we have access to limitless tests, labs, imaging, and scans, let us not forget the words of Osler. Let us properly elicit, engage with, and listen to our patients' stories. Let us work to understand where our patients are coming from. Let us respect and protect the uniqueness of the human family. Let us do all this so that when they tell us their diagnosis, their words fall on ears ready to understand, treat, and heal.

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