

Patient Communication: How we say things is just as important as what we say

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Mr. W. presented with a longstanding history of low back pain with occasional leg symptoms. Although his back symptoms were dominant he reported that his leg symptoms caused him concern as they can occur unexpectedly but rarely. He has seen numerous practitioners throughout his life and indicated that he has been told on several occasions that he has a 'bad back', the 'back of a 90-year-old' or that 'you will eventually require surgery'. He began to feel disillusioned, that nothing would get rid of his pain and that he will be stuck with this the rest of his life. As such, he stopped many of his favourite

daily activities as he thought they were making him worse. "After all my back is shot and I want to avoid surgery," he remarked. Sound familiar? Although many healthcare practitioners have the best of intentions and do not intend to cause the patient any anxiety, many patients can misinterpret our messaging around mechanical back pain.

Patient communication is one of the most difficult skills to master in healthcare. We need to be honest yet gentle, direct yet compassionate, serious yet not alarmist. Most importantly, to succeed long term, we need to engage, motivate, and empower our patients, no matter what the condition. We are all in the business of human behaviour change and at times the right message is what ensures appropriate lifestyle modifications to help improve patient outcomes.

Let's revisit the above scenario. How can we better convey our message?

Instead of 'You have the back of a 90-year-old', consider you have put some miles on your spine and it may give you some pain, but with some help you'll be able to manage your symptoms.

Instead of 'You have a bad back', consider describing it as 'a recurring yet manageable condition' that with the management program will likely improve.' This helps eliminate the fear that they will be 'crippled' with this forever and provides them with an opportunity to engage in the rehabilitative and self-management process.

Instead of 'You will eventually require surgery', consider this: 90% of low back related symptoms are managed conservatively and recurrence of symptoms is normal. Informing patients of this is important as it shows them that low back pain is a human condition and normalizes recurrences. Follow up with the more work you do to keep your back moving and strong, the less often it comes back, and the less severe the flares.

Instead of 'Your back is shot', consider using an analogy or asking them a question like "do they think a car is shot if the tire goes flat?" You can follow up by saying that you realize it takes work to change the tire, but it seems like a waste to discard the car just because the tire is flat.

Most importantly, reassure your patients that despite their condition and the co-morbidities that can come with it (risk of chronic pain, depression etc.) they are part of a team prepared to provide support, challenge ideas and limits, and help them self-manage the condition.

In addition to appropriate messaging, determining a patient's desire for change is an important part of our job. Utilizing motivational interviewing tools and techniques can help engage. Other tools like simple Cognitive Behavioural Therapy techniques can help the patient identify and modify maladaptive thoughts that can hinder the self-management process.

