

February 2013

# Communication Matters

## Welcome!

Welcome to the inaugural issue of *Communication Matters*, IHC's semi-monthly exploration of issues, questions, research, policies and solutions.

We welcome your feedback and suggestions for future topics.

Warm regards,

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Chief Executive Officer

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## Truth-telling in healthcare

### **Our moms were right: honesty *is* the best policy!**

Openness and honesty are fundamental to sound relationships in all spheres of life, from the kindergarten playground to the family to the workplace to healthcare.

The Charter on Medical Professionalism, endorsed by ACCME and dozens of professional healthcare groups around the world, has articulated the importance of physician honesty with patients to support informed healthcare decision-making. A key principle of the Charter is patient autonomy, which demands honest discussion of factors contributing to patients' prognoses and treatment options. The Charter further outlines physicians' responsibility to promptly inform patients of any medical errors.



A 2009 study of physicians' attitudes and behavior, reported in the Feb. 2012 issue of [Health Affairs](#), found significant self-reported deviation from a policy of total honesty. Only slightly more than two-thirds of respondents (65.9%) completely agreed that physicians should "disclose all significant medical errors to affected patients." And one-fifth of respondents (19.9%) had not fully disclosed a mistake to a patient because they were afraid of a malpractice suit. Lead author Lisa Iezzoni and her colleagues note that the survey data "raise concerns that some patients might not receive complete and accurate information from their physicians, and doubts about whether patient-centered care is broadly possible without more widespread physician endorsement of the core communication principles of openness and honesty with patients."

The study authors acknowledge that their survey was not designed to capture the nuances of reasons and rationalizations for physicians' breaching or bending the rules around honesty and full disclosure. There is substantial food for thought and discussion about the pressures and tensions that providers face to fulfill their responsibilities. The authors discuss physicians' fear of malpractice claims and cite other findings in the literature that full disclosure of medical errors does, in fact, decrease the likelihood of malpractice lawsuits. A 2011 video presentation hosted by QuantiaMD presents suggestions for how clinicians should address "legally risky" patients, i.e., those who have brought suit in the past. The overarching message, described in the Feb. 4, 2013 issue of [amednews](#), is that being open and communicative can help to prevent lawsuits and build stronger relationships with patients. Among the recommendations are to: build trust, be transparent, encourage inquiries and -often most difficult-say you're sorry as appropriate when something has gone wrong.

A host of factors support a policy of honesty and forthrightness: patients' growing expectations, explicit professional standards, compelling evidence of lower malpractice risk (and our moms' exhortations). Navigating difficult conversations where there is complexity, ambiguity, a bad outcome and/or error demands strong communication skills.

## IHC programs and services

IHC provides innovative educational programs and services to enhance clinician's communication skills. Our 1.5-day program, [Managing Communication after Unanticipated Medical Outcomes](#), provides foundational knowledge, communication models and skills for disclosure and transparency in healthcare. Hospitals, medical practices, specialty societies, HMOs, governmental agencies and malpractice insurance carriers have benefitted from IHC communication programs. This program offers opportunity to practice disclosure conversations through simulation sessions and discuss institutional policies and procedures so that participants understand the expectations unique to their own organizations.



The Institute for Healthcare Communication is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Institute for Healthcare Communication takes responsibility for the content, quality, and scientific integrity of this CME activity. [Managing Communication after Unanticipated Medical Outcomes](#) is designated by the Institute for Healthcare Communication as a continuing medical education activity meeting the criteria for up to 11.25 hours in Category 1 of the Physician's Recognition Award of the American Medical Association and nursing continuing education credits. For further information or to schedule a program at your organization, please contact:

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