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When I began teaching communication to university and college students, I often heard them say at the beginning of the course, “Communication, oh, that’s easy. I’ll get an A in this class.” As the semester progressed they became perplexed and sometimes confused by the complexity of the communication process.

By the end of the term, many students told me how much they had learned from the lectures, group work, and discussions. They proudly told me how they now used what they had learned about communication in their everyday relationships. Many of these students matured through this process of learning.

My years of teaching oral and written communications, and personal interest led me to explore varied facets of communication, especially in the area of health. My graduate thesis was titled “Communicative Patterns and Leader Behaviour of Multi-Disciplinary Health Care Teams in Association with Team Cohesion and Team Culture.” This study involved spending eight months with health-care teams in a central New York metropolitan hospital. I joined these teams three mornings a week at 5 a.m. I observed the interactions of surgeons and health-care professionals inside and outside of the operating rooms.
I also entered patient rooms with team members and observed the interactions between the doctors and patients. I noted how they responded to one another, and its importance to the overall dynamic of health care. It was this dynamic that led me to study the nature of communication between doctors and patients. However, it was not this alone that pulled me toward this topic.

In 1997, I wrote a book entitled *Unshielded: The Human Cost of the Dalkon Shield*. (The Dalkon Shield was a contraceptive device that caused women gynecological injury in the 1970s). I talked to many survivors of injury when I was researching the book, and I began to hear devastating complaints about negative responses from doctors. The perception of their experiences haunted these women. I asked them: “Did you ever tell the doctor how you felt about his or her response to you?” The reply was usually: “No, what was the point? The doctor would not listen anyway.” My ear became attuned to people in my everyday encounters who described similar experiences in the doctor-patient relationship. Certainly, not all people shared this view, but there were enough that I wondered why people did not feel comfortable asserting themselves more. I concluded that some people had genuine difficulty in communicating their feelings to their doctors.

In the course of writing a weekly newspaper column on doctor-patient relations, I found confirmation of the latter conclusion in the complaints and questions I received from readers. I also conducted focus groups with patients as well as developed and gathered additional information via surveys. By now, I was well on my way to gathering anecdotes from these people I invited to the focus groups. They, among others, taught me that people voice their complaints to anyone who will listen — except to their doctor.

With the encouragement of many people, I have written *Talk to Your Doc*. It is my hope that this book will help you express how you feel to your doctor leading you to better health care.
At one time or another, most of us have complained to someone else about feeling dissatisfied with a visit with a doctor. Much of this dissatisfaction points to long waiting times, a doctor’s rushed style, extra fees the doctor might charge, or the time it takes to get an appointment with a specialist. When I hear these complaints, I am convinced that the difficulty lies in feeling uncomfortable in expressing concerns or dissatisfaction to the doctor or any other authority figure.

Some of you may feel intimidated by the doctor and don’t want to say you don’t understand or that you’re upset about having to wait two hours, or perhaps you think that’s just the way it’s supposed to be. More serious concerns, such as waiting months to have a hip replacement or knee surgery, may well go unsaid because you think “Why rock the boat?” or “I don’t want to upset the doctor.” In essence, you might convince yourself it is not important to communicate how you feel; you’d prefer to keep the peace. Your reluctance to speak up may relate to your personality or the way you interact with others, or perhaps you feel you depend on the doctor. Cancer patients, for instance, may feel a higher degree of dependence than someone visiting the doctor for a cold. This can vary, of course, according to who you are as a person and what level of support you need and from whom. Deciding when to
speak up can be a balancing act, especially when sharing how you feel with your family or general practitioner (GP) or a specialist, such as an oncologist. (Note: The terms family practitioner or general practitioner are used interchangeably within North America, but for the purpose of this book I will use the term GP for consistency reasons.)

Any number of factors can influence your degree of sharing. For example, communication may be easier with your GP simply because you might visit the doctor more often than you see your specialist so you develop a more relaxed rapport. However, if you have chronic pain or a life-threatening condition that requires you to meet frequently with a rheumatologist, an oncologist, or a psychiatrist, you might feel just as comfortable with him or her as you do with your GP.

For the purpose of this book, we will focus on how to communicate with your GP. However, some illustrations in the chapters ahead will include interacting with other health-care professionals or a health-care team, such as specialists or nurses. Many of the communication strategies can be used with most health-care professionals. Similarly, the examples you choose will reflect your personality or personal style. In fact, this is important because you want to sound as natural as possible in your communication. I cannot emphasize enough how important it is to bring a list of your symptoms to your appointment with your doctor. This is a great reference tool to keep matters at hand succinct and clear.

For some of you, the process can be awkward, even if you are communicating positive feedback. We all want the process to be smooth when we ask questions or express concerns to the doctor, whether it is about feeling rushed or about aches and pains. You might even want to thank your doctor for his or her support or treatment.

One thing to remember is that the discomfort level decreases with practice. One way to become confident in communicating on different levels with the doctor, or anyone for that matter, is to take action. You take action by visualizing or preparing what you want to say in your mind or by writing it down. You can rehearse it with a good friend. You can say it out loud in front of a mirror. When you do this, take a deep breath, exhale slowly, and listen to the tone of your voice, your words, and your delivery style. If saying it out loud is too difficult, consider writing a note or letter. It is important to recognize the impact of your words and style on your doctor as well as understanding how the doctor’s style affects you. Once you understand this, you are in a better
position to take ownership of your decision-making powers about your health care.

Part of taking ownership of your health care is to discover and understand how our health-care system works and who can help us keep well, work toward recovery, or leave this world with dignity. Chapter 1 addresses this multileveled structure and its benefits and downfalls. In the remaining chapters, we will examine specifics of how to communicate with your doctor. Throughout the book I’ve included examples drawn from the stories I collected when I was researching the book, and wherever possible I’ve tried to capture their spoken words so you can “hear” different styles of communication and find the one that suits you best. The names are made up, but the cases are real, and the strategies are prolific. You’ll also find checklists to help you evaluate your communications skills and your relationship with your doctor. Some of the questions seem to keep popping up over and over again — that’s because as you learn more, your answers might change. Note that you can print the checklists and access the links in the Resources by using the download kit. The instructions are included at the end of this book.

Much of this book relates to communicating with the doctor, with suggestions along the way on how to understand yourself better or communicate on behalf of another on issues of health. Underlying this information is the principle that each of us has an ethical responsibility to take action on behalf of our own health care as well as to communicate pertinent information to the doctor that will assist toward your health improvement. Let’s get started!