Communicating with patients and their relatives

Effective communication with patients and colleagues alike is vital for patient safety and can improve patients’ experience of hospital. This factsheet looks at the elements of effective communication.

Privacy
In a hospital setting, the issue of privacy is one that needs special consideration. Ensuring privacy in open wards can be very difficult, especially where visitors are present and curtains are the only barrier to a conversation being overheard by people in neighbouring beds.

Where you need to discuss a sensitive issue, consider finding a private area or office.

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Where you are discussing sensitive issues or breaking bad news, try to avoid interruptions. You could, for instance, hand your bleep to a colleague for a few minutes and turn off your mobile phone.

Special needs
Special consideration also needs to be given to patients with specific communication problems. They may require special arrangements to be able to communicate effectively and you may need to set aside more time.

Patients who normally speak another language may require an interpreter, and you should consider that understanding medical terminology for these patients may be particularly difficult. While family members may offer to act as translators this is not always appropriate.

For understandable reasons, a family member might be reluctant to pass on more complex aspects of a patient’s illness to them. You should consider using a professional independent translator for key discussions, such as when discussing the risks and benefits of treatment or giving information about the prognosis of a serious illness.

People with visual or hearing problems need particularly special consideration. The hearing impaired can sometimes struggle to understand in a noisy ward.

Using a quieter office or private area can be very helpful.

People who have impaired capacity should be given all practicable assistance to understand and contribute to decisions about their care. This might require time and input from a trained advocate or a family member. Make sure you explain things in an appropriate way to children. Older children with sufficient maturity will be able to take decisions about some aspects of their medical care.

Communicating with relatives
Consultants may be required to speak to relatives of patients to update them on their family member’s progress or prognosis. This is a vital task, but there are important considerations. For example, you should do the following.

- Remember that your primary duty of confidentiality is to the patient. Often patients will appreciate you speaking to their relatives and updating them of events, but don’t assume that this is always the case.

- Seek permission from the patient to speak to their relatives, either in person or by telephone. The patient will need to know what you intend to discuss with their family before they can give informed consent.

- Make sure they are aware if this includes aspects of their medical history that are relevant to the current illness but which may be sensitive, such as, certain infectious diseases or termination of pregnancy. The basic principle is: you should only disclose confidential details about a competent adult patient if they consent for you to do so.

- Try to have discussions with family members in the presence of the patient. This will avoid confusion arising from different interpretations of what you have said. Some patients may feel angry if they believe their family has been given a different account from the one they received.
It is almost inevitable that at some time you will be asked to keep a diagnosis away from a patient by his or her relatives, where there is concern that a serious or untreatable condition might be diagnosed. Often, an explanation that a patient needs to understand their illness to engage appropriately with treatment is sufficient to address such concerns. You should be clear to relatives of your obligation to interact honestly with all your patients, although it may be justified to withhold information from patients that might cause serious harm to their mental or physical health.

If dealing with a large number of relatives, it can sometimes be helpful to agree one or two points of contact between the medical staff and the family members. This can save time and also avoid confusion where some family members may draw a different understanding from your comments.

Questions and answers

Q My elderly female patient’s son has approached me saying he is worried that his mother has cancer. He has asked me not to tell her if this is the case because, he claims, she ‘would not cope’ with the information. I have now got the biopsy results back and they confirm that the patient has indeed got cancer. What should I do?

A Although the patient’s son may have the best of intentions, he cannot decide what information his mother receives. The GMC, in paragraph 16 of Consent: patients and doctors making decisions together (2008), says you should not withhold information from patients because a friend or carer asks you to, unless you believe that giving it would cause the patient serious harm. It goes on to explain that ‘serious harm’ means more than that the patient might become upset or decide to refuse treatment.

You should speak to the son and ask for the reasons behind his comment, being mindful of the patient’s confidentiality. It may also be helpful to seek the opinion of other health professionals involved in the patient’s care, such as the nursing staff.

Unfortunately, you cannot discount the possibility that you may face a complaint – either from your patient’s son if you do disclose the diagnosis to the patient, or from the patient herself, if she feels information was wrongly withheld from her. You need to be prepared to justify any decision you make and you should carefully document all your discussions on this matter and record the reasons for your decision.

Q I was explaining a diagnosis of motor neurone disease to my patient, who had her family present for support. As I finished the discussion, the patient’s daughter took me aside and asked me how long her mother had to live. What should I do?

A As a competent adult patient’s right to confidentiality should be respected, you should not disclose this information to the daughter without her mother’s consent. You should explain to the daughter that you will need to ask the patient if she is happy for you to talk to her daughter about her illness. To give truly informed consent, the patient will need to know what information the daughter is seeking. You should consider that this delicate question may be something that the patient also wants to know the answer to and has been afraid to ask, but it may also be something she does not want spelled out to her. One option would be to ask the patient if she would prefer you to talk to her daughter alone, or to see them together.

Examples contained above are fictional but based on cases from the MDU’s files.