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Listening: Lost Art of Medicine?

By Stephen J. Busalacchi

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When you go to the doctor's office, are you getting the bum's rush? As doctors are under increased pressure to see more patients, they may be cutting one corner that is especially critical to good care: listening.

"We're doing better, but we've got quite a ways to go," says Norman Jensen, MD, president-elect of the American Academy on Communication in Health Care. Jensen, an internal medicine physician at the University of Wisconsin-Madison School of Medicine and Public Health, says patient opinion polls regarding doctors are not very encouraging.

"We appear not to care about (patients) as much as they wish we would. We don't listen to them like they wish. We don't spend enough time with them," says Dr. Jensen. What patients want is for their doctor to spend more time teaching them about their illness, their treatment and prognosis, according to Jensen.

At the beginning of the 20th Century, doctors were taught to be strong, silent types and not show much emotion. Rather, they were to be the "rocks in the storm-tossed sea," as Dr. Jensen puts it. The problem, says the doctor, is that physicians got really, really good at being strong and silent, to the detriment of their patients.

"If you're good at listening and asking the right questions, you're a pretty darn good physician," says Lu Ann Moraski, DO, a residency director at Milwaukee's Medical College of Wisconsin. "That old adage that 90% of the time the patient will walk in, tell you what's wrong and then tell you what to do about it, is completely true."

What may be surprising is that it doesn't necessarily take a lot of time for doctors or anybody else, to listen and show they care. For example, one of Dr. Jensen's patients lamented how severe pain had caused him to retire early, avoid his hobbies and depend on others to do things for him that he used to do himself.

"It took me about 30-40 seconds to let him know that I heard all that by reflecting it back, and then assessing it, saying in modern vernacular, it sounds like his life really sucks now compared to what it used to be," Dr. Jensen recounted. The patient brightened up after hearing that comment and seemed to appreciate that the doctor recognized his predicament.

But Dr. Moraski points out that communication cuts both ways. “If you can’t walk in the door and tell me what you need to tell me, then you shouldn’t be seeing me.” She says you need to find the right doctor for you.

Jensen agrees, but says the onus is on physicians to listen and draw patients out because some won’t speak much at all unless they’re encouraged to do so.

Despite the challenges, Dr. Jensen is optimistic that physicians can and will become better listeners. In his long experience teaching health communications skills, he says once doctors figure out that they can do better, they become rather enthusiastic about it.

“We all have a huge repertoire of ways of talking and communicating. Doctors can learn. We can change,” adds Jensen.

Editor’s note: Doctor Jensen becomes president of AACH on January 1, 2009.

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