

---

## Women and Their Health Care Providers: A Matter of Communication

### Improving Communication Between Women and Health Care Providers

THE HONORABLE PAUL G. ROGERS

Mr. Rogers is the Chairman of the National Council on Patient Information and Education, Washington, DC. The article was based on his presentation at the National Conference on Women's Health, held in Bethesda, MD, June 17-18, 1986.

---

**A**S CHAIRMAN OF THE National Council on Patient Information and Education (NCPPIE), I can report that we have given a great deal of attention to communications between the consumer and the health care provider on prescription medicines, and a lot of those same procedures apply throughout the health field. What we have found is a fundamental resource for enhancing communications. That resource is one that we all have or can develop. It is one's attitudes and actions with the first contact with one's doctor. That first encounter will determine to a great extent what is going to happen.

Women need to incorporate fully into their thoughts and actions a sense of their rights as patients. They have a right to know, and they have a need to know, about all aspects of their health care. In fact, the Public Health Service Task Force on Women's Health Issues reported that fundamental changes in the health care system and significant improvement in the individual's health status no longer come from technological breakthroughs, but from interpersonal changes, such as the way people participate in their own health care, and that is what we are talking about.

Some women (as well as men) need to make some behavioral breakthroughs that will enhance communication, and the first step is to maintain a strong sense of one's rights as a patient. Everyone should maintain that sense of a patient's basic right—a right to express one's own opinion, to be treated with respect, and to be taken seriously. A patient should be respected for his or her time priorities, too. A patient should be able to make a request without

### Synopsis .....

*A wide range of resources are available to enhance the communication and education of women. The patient's attitude should connote a sense of rights as a patient and allow for the request of information from the health care provider without discomfort. Women should take the initiative in selecting their physicians and pharmacists, with recognition that a comfortable dialogue can be initiated and is essential to good health care.*

*Self-education on a particular health condition before visiting the physician allows the patient to formulate questions to ask the physician.*

having to apologize. By questioning, we try to obtain information from the provider. One pays for the provider's services and certainly is entitled to receive information that affects one's health and well being. That is the first breakthrough.

There is a great gap in communication just on prescription medicines alone. FDA and NCPPIE devised a five-question survey. FDA sent the survey to everyone who received a Social Security check, about 40 million people. The responses are available from NCPPIE.

One can look up a little information—go to the library or contact voluntary health organizations that publish information on various diseases. There are two or three books that are excellent resources. One is "Take Care of Yourself: A Consumer's Guide to Medicine," by Drs. Donald Vickery and James Fries. It describes a decision-tree process to determine when you should seek health care. There are also "The People's Book on Medical Tests," the "Physician's Desk Reference," the "USP Dispensing Information Advice for Patients," and the "Compendium of Patient Information."

In conclusion, let me say that it is not easy to communicate because we are still afraid to ask questions of the doctor. We need to change that. It is changing, but one of the most important things to do to improve the health of women in this country is to stand up for patients' rights. You are entitled to health information. Do not be afraid to ask questions. You know enough about your health that you can ask the necessary and proper questions.

The second behavioral breakthrough is taking the

initiative in selecting your physician, pharmacist, or other health professional, in addition to checking out competency, costs, and other details. Women need to utilize that first visit to evaluate the provider's communications skills. Is the doctor going to be open with you, answer your questions, start a dialogue, be willing to communicate? Good communications at the beginning of the patient-provider relationship determine whether there is going to be the proper environment for communication and, as a result, better health outcomes.

The third bit of advice is that it would be well, before you visit your doctor, to have some knowledge, as much as you can assimilate, about your own health condition and a history of health patterns. It is important to keep your health records. Reading about the condition you have, before you go to see your health provider, will enable you to start a knowledgeable discussion. This should be helpful to the doctor who then brings his or her own health expertise into action.

Studies have shown that health care providers tend to seriously underestimate their patient's knowledge of health care and their ability to assimilate what information the health provider might give. One study reported that providers who underestimate a patient's knowledge tended to have more limited discussions. Some doctors did not think that the patient could understand detailed information.

At NCPIE, we have looked at some of the studies that the Food and Drug Administration (FDA) has conducted. How many people do you think ask questions about their prescription medicine when they go to see their doctor or pharmacist? About 5-6 percent. Yet 70 percent of the consumers said they were not getting the information they wanted from their health care providers. Why do you suppose that the health care provider was not giving information to the patients? Because the patients were not asking any questions, and the doctors assumed that the patients had all the answers they wanted because of the lack of questions.

---

## Women and Their Health Care Providers: A Matter of Communication

### The Physician-Patient Relationship

BARBARA ROSS-LEE, DO

Dr. Ross-Lee is Chair of the Department of Family Medicine, Michigan State University, East Lansing, MI. The article was

based on her presentation at the National Conference on Women's Health, held in Bethesda, MD, June 17-18, 1986.

#### Synopsis .....

*There is a direct connection between the doctor-patient relationship and the quality of care. An increase in female and minority physicians leads to a corresponding increase in physician perspective, which allows for improved identification with the patient's feelings. Preconceived thoughts are difficult to overcome, and the physician must recognize all barriers to effective communication.*

---

**T**HE SPECIAL HEALTH NEEDS of women *a priori* are related to gender, anatomy, physiology, and psychology over time. This idea is very simplistic but realistically it is impacted by health care—by the health care deliverer and the delivery system. The physicians or physician extenders are “the gatekeepers.” Hence, communication at that level between the patient and the physician is essential.

The doctor-patient relationship has been proved many times to be directly related to the quality of care. Effectiveness of communication between the

two parties enhances problem-solving, diagnosis, and treatment. Hence, the effectiveness is related to the quality of care. The determinants of the effectiveness are the attitudes and expectations of both the physician and the patient. There are rapid social changes taking place, characterized by the changing role of women in society and the changing modes of health care delivery.

Both the physician and the female patient bring personal expectations and attitudes based on their cultural and social backgrounds. The status of