The “Art” of Medicine: Communication in Primary Care

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In medicine, there are two major components observed by physicians in their practice: the “science” and the “art” of medicine. The “science” refers to the more technical knowledge, skill, and technique applied by the doctor for the patient while the “art” refers to the degree of empathy, compassion, and support provided by the physician for the patient and their family. The art of medicine is expressed through communication between the doctor and patient (as well as their family). In medicine, “communication between patients and physicians must be based on common understanding in a caring and dynamic relationship that also involves the patient’s family”[1]. It should consist of adequate respect and information given from both ends, the doctor and the patient. Communication is important to the very practice of medicine. That is why it has become “necessary to analyze how teaching of communication skills in medical schools has evolved”[1]. Medical schools require students to start their education of communication as well as sociology starting from their undergraduate studies. General medical communication in the US occurs in many ways depending on the culture and context it is set in. Intercultural communication in medicine occurs due to the intermingling of cultural identities of patients and doctors alike and how this relationship functions under the frame of national health systems. This showcases the growing importance and platform that communication is being placed on in medical practice on a broader scale.

Communication presents itself in medicine most prominently as “bedside manner”. Bedside manner refers to the approach the physician or healthcare provider takes in speaking with their patients about their condition, diagnosis, questions, and general health-based interactions. Medical science is exceptionally complicated and involves deeply technical terms. The responsibility and duty to convey this knowledge in accessible and comprehensible means for the patient falls on their doctor who may utilize this to “influence patient behavior through implied communicative messages as well as through overt medical explanations”[2]. This is managed through bedside manner and how the physician chooses to communicate this information with the patient. It is argued that bedside manner is not considered a process for doctors and patients to discuss with one another in a conversational manner. Rather, it may be believed that "by controlling and interpreting information dispensed to patients, doctors influence decisions that patients ostensibly have a right to make for themselves"[2]. This manner of communication indicates a more authoritative role (for the doctor) and a subordinate role (for the patient). While the patient still maintains their autonomy to visit the doctor and the right to not practice what they are prescribed, the doctor holds a position of command once the contact is made between the patient and attending. Since communication is then used to assist the patient through complex health issues they may be facing, the doctor has to be well versed to adequately convey information. The ability to effectively communicate becomes even more complicated in the presence of cultural differences, linguistic barriers, and unconscious biases.

Intercultural communication in medical practice in the US occurs primarily in the case of a majority-originated physician meeting with a patient of an ethnic minority background. In congruence with being granted the title of a "melting pot," the US has become a very culturally diverse country with many spoken languages and intermingling populations due to incoming immigrants. Though diversity has allowed for the growth and development of this country, it also lends to the issue of how these varying populations may communicate. Therefore, in considering doctor-patient relationships in this multicultural setting of the US, effective communication is expected to be impeded by the cultural differences between the doctor and the patient[3]. Doctors spend many years studying a certain standard of communication for their clinical practice and in the US, it is almost strictly expected to occur in English. English has become the bridge between these various cultures in order to communicate and is therefore used by health systems so institutions can be accessed by a larger group of people. When non-English speaking immigrants come to these institutions, they may be provided with other resources such as a translator with the goal of more efficient discussion between the healthcare provider and patient. However, this intermediary step to patient care allows space for more misunderstanding and a reduced personal aspect to the care. This is exemplified in the following observations: "all the questions asked by English- speaking patients received either immediate or eventual responses from the doctors, whereas for Spanish-speaking patients, more than half of the questions asked were answered by the interpreters and the doctors were not even aware"[2]. This shows that while communication is becoming more and more of a standard in medical education, there is comparatively little to no training on intercultural communication. Considering the context of the continuously more diverse country the United States is shaping to be, intercultural communication is a necessary skill to be developed by future physicians and to be adopted by large-scale systems and institutions in this nation.

Lacking skill in intercultural communication not only affects immigrant patient populations, but also racial minorities living in the United States. There is an evident dichotomy between how black and white individuals are treated in the setting of a medical institution. Black Americans face significant racial profiling and health inequities in their medical encounters compared to white Americans. It has been observed that "black patients consistently experienced poorer communication quality, information-giving, patient participation, and participatory decision-making than white patients"[4]. Racial inequalities in the US affect how healthcare is administered. If healthcare providers maintain biases and hold racist viewpoints, discrimination and reduced quality of care for racial minorities are expected to show in their practice. This prejudice is "often based on nonverbal aspects of behavior. That is, the negative prejudgement is triggered by physical appearance of behavior"[5]. The health of people of these minority backgrounds is then put into danger and can be further harmed with ignorance of health providers and their resulting lack of effort into communicating appropriately. Communication takes place here in the manner of microaggressions and lacks intercultural competence. The notion that "neither patient nor doctor acts independently of one another…..a critical difference between the two is that the behavior of the former is primarily reactive, whereas that of the latter is largely determining" becomes an even more concerning relationship when considering lack of appropriate communication and biases influencing the care provided based on

racial discrimination[2]. Insufficient communication in this particular intercultural setting is becoming more and more investigated. In order to address this, there is widespread advocacy for anti-racism and anti-discriminatory practices to become a larger portion of the training process for incoming physicians.

As changes are being made to how intercultural communication skills are regarded in medical practice and its importance is becoming more enforced, it is also important to note the future of medical communication in the context of technological advancement. In primary care, there is always the matter of how to make medicine and medical knowledge accessible and comprehensible to the general public. There are now many proposals that push towards additional online care as more and more healthcare systems and corporations believe "it is now the right time for the development of information communication strategies that bridge the divide between medicine and public health in a manner that facilitates large-scale healthcare intervention and management"[6]. This seems to be the most efficient method in addressing public health issues and emergencies remotely and from a home setting. In times of emergency, healthcare systems are often overwhelmed and have a shortage of resources. With a system of online social networking, people have the ability to attend to their needs more immediately. With health information technology, issues concerning intercultural communication are more easily addressed with an abundance of online resources that can assist in lowering linguistic and cultural barriers.

Communication is vital to healthcare systems in all countries. It provides the foundation for the care each health system offers and how medical services are conducted. Depending on the culture and context medicine is practiced in, communication can take on many forms. Intercultural competence lends to advancement of skill with intercultural communication, which would therefore better our healthcare systems and make them more fair and accessible to the diverse public. Being even more cognizant of its importance is vital to the next generation of future healthcare providers, whether it be through in-person or virtual interactions.

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