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Comfort Through Communication: Strengthening Physician & Patient Relationships

Dr. Buch:

When caring for patients with irritable bowel syndrome, it's not uncommon to wonder if we're doing everything we can to effectively communicate with our patients. But what we may not know is that our patients are often wondering the exact same thing. So what do we and our patients need to know to help them feel heard and valued? Welcome to *GI Insights* on ReachMD. I'm Dr. Peter Buch, and joining me in this unique patient-centered discussion is Dr. Douglas Drossman, and his patient, Ms. Johannah Ruddy. Dr. Drossman is Professor Emeritus of Medicine and Psychiatry at the University of North Carolina, and President of the Rome Foundation. Dr. Drossman, thanks very much for being with us today.

Dr. Drossman:

Well, thanks for having me.

Dr. Buch:

And not only is Ms. Johannah Ruddy one of Dr. Drossman's patients, she's also the Executive Director of the Rome Foundation. Ms. Ruddy, it's great to have you with us today.

Ms. Ruddy:

Thank you. It's lovely to be here.

Dr. Buch:

And starting with you, Ms. Ruddy. As you have the dual position as a patient and a patient advocate, what are some of your goals when communicating with your physician?

Ms. Ruddy:

Well, I think first of all when I'm communicating with my doctor, I really want to emphasize not just the duration of the symptoms and the severity of the symptoms but also the impact of them on my quality of life, my emotional wellbeing, my relationships, my work, those sorts of things. Because that may very well affect how the doctor and I choose together to treat my condition. So, you know, if it's incredibly impactful on my quality of life, I may be more open to looking at some behavioral health support, such as CBT or the use of a neuromodulator to treat the chronic pain that I might be experiencing, so I think it's important for patients to really ensure that they're not just talking to their doctor about, you know, the number of bowel movements that they're having, or the pain that they may be experiencing, but also the impact of that on their life in general.

Dr. Buch:

Would you also add that thinking about the office visit in advance is particularly important?

Ms. Ruddy:

Absolutely. Absolutely. I talk to patients and I personally also prepare for that visit ahead of time. I try to maybe jot down some things that I want to make sure I address, some questions that I might have maybe some concerns that I've been thinking about, and want to get addressed, maybe concerns about some testing that I might think I might, you know, need or might be relevant treatments, those sorts of things. I also tend to write down some things that are maybe making my symptoms worse, or that I notice might be contributing to my symptoms, maybe diet-related, maybe stress-related in my job or my life. So, I do try to do that and I encourage other patients to do the same thing, just so that they leave that clinic visit feeling like they've been able to have everything addressed. There's no lingering questions that are gonna keep them up at night and the doctor really gets a good picture and feels like he or she has

contributed and participated well with that patient-centered care.

Dr. Buch:

The other thing that I want to just add is that sometimes patients feel very intimidated in being in a doctor's office. Bringing a second pair of ears, I think, has been always pretty useful for patients, at least in the initial visit. And I just wanted you to comment a little bit about that.

Ms. Ruddy:

I completely agree. That's definitely something that I encourage. If a patient has the opportunity to bring a family member or a trusted friend with them to kind of help with that, like you said, an extra pair of ears. I do emphasize, though, to patients that, you know, your friend or family member is there strictly as a support for you and to kind of help summarize things after the visit, but not to rely on them to speak on your behalf. And I think that that's really important to identify those ground rules before you go into that visit, because I've visited a doctor very frequently as a partner and support to my grandmother, and many times she would rely on me to give the doctor, you know, symptoms, severity and more clinical information, and that really was not beneficial, and not my role. So it's important that patients recognize their role is to communicate with the doctor. Their friend or family member is there as a support, and an extra pair of ears and not to talk for them.

Dr. Buch:

Thank you. And Dr. Drossman, why are IBS and other functional bowel disorders now relabeled as "disorders of gut-brain interaction"?

Dr. Drossman:

Well, we've made that change over the last four or five years because it follows the science of neurogastroenterology. About 30 years ago, we surveyed the American Gastroenterology Association, and asked people what they meant by a functional GI disorder, and what they said, the majority of response was that they couldn't find anything. There was nothing wrong. Second was the idea that it was a psychiatric disorder, and only a few percent came up with a possible definition, which is that disorder of functioning of the GI tract. So we have this problem where the definition, functional GI, doesn't have real meaning, and could have a negative meaning. And so, over the last ten or fifteen years, with the field of neurogastroenterology growing, and our understanding of brain-gut interactions, we could add the science into this and basically explain to patients that what they have is dysregulation of the brain-gut axis, which could be related to motility, visceral hypersensitivity, the microbiome, or brain-gut dysregulation in general. And in that way, we're giving them a scientific basis of what they have, and we're also, in the process, delegitimizing it so that patients don't feel stigmatized as a result of that diagnosis.

Dr. Buch:

Thank you, and staying with you for another moment, Dr. Drossman, can you tell us some challenges that might prevent clinicians like yourself from developing a meaningful connection with your patients?

Dr. Drossman:

I think the challenges could be related to not really understanding what these disorders are. So if you are in the mindset either the patient or the doctor, of looking for some structural diagnosis, too much effort is placed on doing diagnostic studies and then when nothing's found, blowing it off in the way that I've explained. So one of the challenges is that doctors have to understand these disorders enough to know that there's a positive way to make the diagnosis, and a specific way to do treatments based on that. And patients have to be accepting of these diagnoses and the treatments that are offered. So I think that's a big challenge, because many times patients will come in with A-priority expectations, that something's being missed, more tests need to be done, or they've heard from doctors they have some other diagnosis like, I don't know, Lyme disease or mass cell disease, and they wanna be tested for it, because they read about it on the internet and that's exactly what they think they have. So they have to be open. So the challenge is really engagement, getting the doctor and the patient to be on the same page about what's going on and what's the approach toward management.

Dr. Buch:

Thank you. For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Peter Buch and today I'm speaking with Dr. Douglas Drossman, and his patient, Ms. Johannah Ruddy, about the importance of communications for our patients with disorders of the gut-brain interaction. Let's pick up our discussion back with you, Ms. Ruddy. What are some ways in which Dr. Drossman has communicated with you, where you felt valued and heard?

Ms. Ruddy:

So, several things. First of all was just his approach to looking me in the eye when we were speaking proxemic, you know, close body contact and hand gestures, nods and affirmatives gestures, soft tone of voice. But beyond those things, it was really the fact that he initially, in my initial visit, he really listened, and he asked questions that were that let me know that he was empathetic and that he was understanding what I was saying, he wasn't rushed or hurried. And all of those things, and, you know, just immediately made me feel so

much more calm and assured that our visit was gonna go well, and that we were gonna end with a result that was gonna be desirable as opposed to my previous clinical interactions. Beyond that, it was really about education. You know, he's always been so good about explaining the condition, explaining why I'm having a certain symptom and why he's making a recommendation for a treatment how that treatment might work, explaining possible side effects, and then allowing me to be a partner with him to make the final decision on what treatment options to go forth with. And so all of that has just really provided me with a lot of confidence in his skill set and his knowledge, but also to let me know that he's a partner with me in this process.

Dr. Buch:

And on the flipside, Ms. Ruddy, what should providers not do?

Ms. Ruddy:

Oh my goodness. Well I think as Dr. Drossman just said, you know, that that idea of delegitimizing these conditions as not real, or as psychological, is something that is first and foremost really important that a doctor be sure to avoid. Beyond that, I think, you know, we all know that time for providers to see patients is shorter and shorter, and so physicians many times can be or appear to be rushed in their clinic visit with their patient, and that can really be detrimental to the patient-provider partnership. If a patient feels like the doctor is rushed, they're not going to take the time to ask the questions that they may need to ask to feel confident in the treatment or the diagnosis. And so, that's gonna be really important to make sure that you're not seeming to be rushed as you're discussing with the patient what your recommendations plans are. But beyond that, I think the other thing that the doctor needs to avoid is making sure that they're not adding to any perceived stigma. As Dr. Drossman mentioned, you know, some doctors don't see DGBI's as quite as legitimate as other conditions, and it's important that they're making sure that they're not contributing to any stigma the patient might already feel about their IBS or their other DGBI diagnosis from their doctor, because the stigma coming from a doctor can be quite problematic and cause a lot of exacerbation of symptoms and unnecessary emotional distress.

Dr. Buch:

Turning to you, Dr. Drossman, in what ways does good communication improve the patient-doctor relationship?

Dr. Drossman:

Well, communication is really the pathway to the doctor-patient relationship. If it's not good, you don't have a good relationship. If it is good, you do have one. And along the way, what you're doing, basically, by effective communication is establishing that collaborative model of care, where you're improving patient satisfaction by – through good communication. You're establishing a sense of meaningfulness that you're connecting with the patient. It establishes trust. It establishes an engagement that you're working together on the same problem. The patient feels heard, and when the patient is heard, he or she can then provide more information. So when you're communicating well, patients feel more trustful, more able to talk about more things in their life, even things that might be difficult to talk about, which then gives you this whole perspective on what's going on.

Dr. Buch:

And for the final word, let's hear from you, Ms. Ruddy. What are some practical ways in which patients can foster a fruitful patient-doctor partnership?

Ms. Ruddy:

Well beyond what we've already discussed, I think one really important thing is that patients need to go in with realistic expectations and goals. I think that's important for patients with chronic illness, because for a lot of us who suffered for a long, long time before getting a diagnosis and appropriate treatment, we can go in with really high expectations and unrealistic goals that, you know, the doctor's gonna perform some sort of miracle and solve all of our problems. And with chronic illness, that just is not true most of the time. So we need to go in understanding and readjusting our expectations, so that we don't leave disappointed, and that the doctor – you know, that we recognize our role in working with the doctor to achieve small steps toward a larger goal. And I think that that's something that that I've learned and that I try to help other patients learn is that there is no magic wand or magic pill, but with appropriate communication and with good partnership with your doctor, you can achieve some really good clinical outcomes and move towards a much more satisfied and symptom-free life.

Dr. Buch:

That's great. We've heard a lot of great insights today. I want to thank you, Ms. Ruddy, for sharing your perspective and you, Dr. Drossman, for offering your expertise as well. It was great speaking with both of you today.

Dr. Drossman:

Thank you.

Ms. Ruddy:

Yes, thanks so much.

Dr. Buch:

I wanted to also recommend to my audience as a great book that both of our guests have written. It's called "Gut Feelings--Disorders of Gut-Brain Interaction and the Patient-Doctor Relationship: A Guide for Patients and Doctors." I'm recommending it to all my medical students, PA students, APR students, and patients. Tremendous insight. I'm Dr. Peter Buch. To access this episode, and others in our series, visit reachmd.com/giinsights, where you can Be Part of the Knowledge. Thanks for listening.