Communication breakdown between physicians and IBS sufferers: what is the conundrum and how to overcome it?

T Jayaraman[1], RK Wong[2], DA Drossman[3], YY Lee[4]

Box 1 Example of 'ineffective' physician–patient communication

Doctor: (looking down at his notes) Morning, what can I do for you?

Patient: Recently, I got another flare up of the disease, irritable bowel syndrome that you diagnosed the last time…the diarrhoea and stomach pain, after my holidays…(pause)…

Dr: (interrupting) Was it made worse by food?

Pt: Yes, I guess so.

Dr: (leaning forward) Did you have fever? Or vomiting?

Pt: Uh, no vomiting, and well, the fever wasn't bad…but, doctor, I'm really worried about this.

Dr: Hmm…let me schedule you for some blood work and maybe another X-ray. At the moment, there is nothing to worry about.

Pt: But what do I have? I read on the internet about irritable bowel syndrome. Is this really what I have and not some cancers?

Dr: Most people aren't sure if IBS is a real medical condition. If the blood work and X-ray are negative, I'd like to put you on an antidepressant to make you feel more comfortable.

Pt: (looking confused) I'm not depressed. I just can't deal with the diarrhoea and pain…

Dr: (interrupting) I didn't say you were depressed. It can help the symptoms. Let's see what the tests show.

Comments: There are several observations to address here. There was no eye contact when the doctor greeted the patient and asked closed questions impeding the flow of conversation. The doctor interrupted the patient twice while the patient was attempting to talk. The patient was not given a chance to tell the story properly, and the communication was passive. Towards the end of the conversation it was difficult to follow the flow of the conversation. Then the discussion was closed by the doctor by offering to do further tests. When the patient raised a concern about the diagnosis and whether it was IBS or cancer, the doctor did not address this concern. Furthermore, the doctor seemed to disregard the validity of the diagnosis, focusing more on doing more tests to exclude other conditions. Finally, the doctor indicated an interest on starting the patient on an antidepressant if the tests were negative but gave no explanation as to why. The doctor's comment led the patient to infer that the medicine was being used for depression, which the patient did not think he had.

[1]Gastroenterology Unit, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia; [2]Department of Medicine, National University of Singapore, Singapore; [3]Center for Education and Practice of Biopsychosocial Care, Drossman Gastroenterology, Chapel Hill, NC and Center of Functional GI and Motility Disorders, University of North Carolina, Chapel Hill, NC, USA; [4]Department of Medicine, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

Box 2 Example of 'effective' physician–patient communication

Doctor: (looking at patient, concerned) Good morning, what can I do for you?

Patient: Recently, I got another flare up of the disease, irritable bowel syndrome that you diagnosed the last time…the diarrhoea and stomach pain, after my holidays…(pause)…I…err…

Dr: Yes?

Pt: Actually, I was about to start my new position as the floor supervisor, and…and then all this happened.

Dr: Oh, I see…(pause)

Pt: I started getting diarrhoea, then the cramps came on right here (points to lower abdomen), and it got worse after eating. I felt really unwell. I felt warm but didn't take my temperature. So I knew it was getting worse again, so I came in to see you. I'm really getting worried about this.

Dr: Hmmm…how so?

Pt: Well, it's really starting to cut into things. I'm afraid to do any sports or go out to eat, and I'm worried about my job. I'm irritable and don't think I'm doing a good job at home. But my wife is really terrific. Then you know I got this promotion, but what am I going to do if I can't do the job because of this?

Dr: I can see how much this is really affecting your life.

Pt: That's right; sometimes I don't think anyone understands. Doctor, what do I have? I've been reading on the internet about irritable bowel syndrome but I thought mine is more like some cancers.

Dr: Yes, it's hard when it seems that no one really understands what you're going through. You know, there is a lot of discussion about irritable bowel syndrome. You are not alone with this, and medical researchers worldwide are working to understand the causes and find treatments. I can see from your records that you have had a full medical evaluation on a couple of occasions, and since the symptoms haven't changed I believe you do have IBS and not cancer. So I'd really like for us to focus more on ways to manage your symptoms.

Pt: That sounds good, so what do you want to do?

Dr: Well, the first thing is that I want to work together with you on this. There is no magic pill, but I have several ideas that we can discuss that may help you get back to the life you want. I can see that these symptoms are so bad that they also affect your emotional wellbeing, your family relationships, and your quality of life. So, while we are working on getting some relief for the symptoms, I want you to also see a colleague of mine, a psychologist who will work with you to develop coping strategies and help you find ways get back to a more normal lifestyle. I also would like you to put you on a certain type of antidepressants that can help reduce some of the pain and discomfort you are experiencing. They act on nerve pathways from the brain to your gut to help block pain signals, and they often can be used in lower dosages than are used for depression.

Pt: So, it's not because I'm depressed?

Dr: Well, medicines have different effects. Aspirin can relieve pain and also prevent a heart attack. Certain antidepressants are also used to treat a variety of painful conditions like body pain, irritable bowel, and even pain from diabetes. Also, if all of this is making you feel depressed, it can help for that as well.

Pt: Okay. I'll give it a try. Thank you, doctor.

Comments: In the above conversation, the content and messages had more clinical content and were more effective in building the physician–patient relationship. The doctor is clearly fully engaged in helping the patient. The doctor listens actively, and gives the patient the opportunity to tell his story. The doctor responds to the patient's comments and concerns. Validating statements such as 'I can see how much this is really affecting your life' are used, and the patient is reassuringly informed that he is not alone in his experience; this allows the patient talk more about the impact of the illness and open up about the stress of getting a promotion. Then the doctor validates the illness, and the conversation moves toward working collaboratively with the patient on the treatment. Finally, the recommendation for the psychologist and antidepressant is addressed in a fashion that will be understandable and relevant to the patient's interests and needs.