

Learning to Listen and Trusting Patient Resiliency

By Anthony Back, M.D.

As a young medical student and doctor, I watched oncologists as they spoke with patients in their rooms. But the conversations they had about them in the hallways were very different. In the hallways, doctors would say: “There isn’t much to do, we’re out of options.” But in the room, they’d say: “We’re going to keep doing this and we’re going to try that.” The sense of what a patient was really up against wasn’t discussed. That resulted in a set of expectations that didn’t reflect what the medical reality was.

Patients weren’t getting the really critical information that would enable them to make life decisions. Everyone was too scared to approach many of the issues about what was going on, what the prognosis was, and what the likely outcome would be. I understand that doctors are worried about upsetting people. But over the years it became clear that this resulted in a lot of unnecessary suffering.

What I discovered over time is that when approached the right way, patients are often much more resilient than doctors give them credit for being. Seeing how people responded to what they’re up against made it clear to me that there was a different way to do things.

Doctors are trained to be scientific and objective, and that they should distance themselves. It turns out that this is very bad advice when you’re trying to help someone with a serious illness, and processing the emotions of that. When patients get emotional, you have to give them a few moments, and acknowledge it explicitly. And when doctors are trained to do that, in studies patients say they feel heard; they rate the doctor higher in terms of trust; and after the visit they remember more and have better quality of life and well-being.

At VitalTalk, we teach clinicians to listen carefully, to ask the right questions, and to be more present and focused during difficult conversations. They are habits you can learn and build into your skill repertoire. With a difficult conversation, an expert listener hears more nuances. They’re able to assess the emotion of the patient. Tracking that data enables a clinician to be much more responsive in the moment. Recognizing and responding to emotion is the single biggest game-changer in having conversations about difficult issues with patients.

Clinicians have to be willing to try something new. At first it can feel very foreign to them. But the payoff is tremendously gratifying for those who learn how to communicate with patients about their values, preferences, and priorities. We’ve seen again and again providers come back and say: “Wow, I didn’t know my practice could be like this.” It’s inspiring. When health systems invest in our training, their clinicians are happier, less burned out, they make fewer errors, they perform better, and they’re more dedicated to their patients. It changes the whole atmosphere in a clinic.

And it can enable your patients to get treatments that really match their values. It’s possible for patients to live well even if they have a serious illness. A properly trained doctor can help them do that, and patients shouldn’t settle for anything less.

If you’re a clinician who isn’t acquainted with our work, you should know that there is a better way to talk to people who have a serious illness.

The guidance is out there. It’s not magic. And you don’t have to be the Dalai Lama to do it.