

FROM THE LITERATURE

## IN THE NEWS

### Could I just finish, please?

In 1984, Howard Beckman and Richard Frankel conducted a fairly crude study that has since frequently been cited by communication skills specialists (Beckman & Frankel, 1984). They analysed 74 office visits to a primary care internal medicine practice, and found that in only 17 of those (23%) the patient had the opportunity to complete his or her opening statement of concern. In 51 (69%) of the visits the physician interrupted the patient's statement and directed questions towards a specific concern; in only 1 of these 51 visits was the patient afforded the opportunity to complete the opening statement. In 6 (8%) return visits, no solicitation whatever was made. The often-quoted key message of this study is that "physicians interrupt their patients after a mean interval of 18 seconds into the opening statement".

In 1999, the original first author repeated the study with a more elegant design, with family physicians. The authors had in the meantime replaced the word 'interruption' with 'redirection', in order to do more justice to what actually happened. Now, patients' initial statements of concern were completed in 74 of 199 interviews (28%). Physicians redirected the patients' opening statements after a mean of 23 seconds. Patients allowed to complete their statement of concern used only 6 seconds more on average than those who were redirected before completion of concerns. Once redirected, the descriptions were rarely completed (Marvel *et al.*, 1999).

In the British Medical Journal of 28 September 2002 a study was reported that reached the newspapers' headlines at least in The Netherlands. It was actually a nice addition to the studies mentioned above. The Swiss team of Wolf Langewitz, at an outpatient clinic of the department of internal medicine, asked doctors to activate a stopwatch surreptitiously at the start of the communication with the patient, and to press it again when patients indicated that they wanted the doctor to take the lead. Doctors had been trained for 1 hour in basic elements of active listening. They were told not to ask questions during the initial phase of the consultation, but were advised to interrupt if a patient talked for more than 5 minutes. Spontaneous talking time of 335 patients was thus recorded, while seen by 14 doctors. The mean spontaneous talking time was just over a minute-and-a-half. It took 258 patients (78%) 2 minutes to finish their opening statement. In all cases the doctors felt the

patients were giving important information and should not be interrupted. Only 'age' had a significant influence on spontaneous talking time: older doctors allowed more time. This study was conducted in a tertiary referral centre that is characterized by a selection of difficult patients with complex histories (Langewitz *et al.*, 2002).

It is tempting to conclude that 15 years of communication skills training has resulted in a net increase of uninterrupted speaking time for patients of 5 seconds. If that rate of 5 s per year was projected, 80% of the patients would be allowed to finish their opening statements by 2018.

Beckman's group acknowledge that doctors' time is limited and it may not always be desirable or necessary to solicit an exhaustive list of patients' concerns rigidly at the opening of the interview. Patients may defer emotionally laden topics until the trustworthiness of the doctors is better known or until the doctors bring up the topic themselves. However, as has been demonstrated by research by Roter *et al.* (1995), experienced doctors do not need more time when they conduct a patient-centered consultation. The setting of an agenda is a teachable and learnable skill. In view of its benefits the teaching of these communication skills deserves emphasis and reinforcement.

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