

Does a Good Bedside Manner Matter?

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37th Gresham Professor of Physic

14th February 2018



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NHS Trust



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**MEDICINE
HAS CHANGED**



what is a bedside manner?

kind

friendly

the way in which healthcare professionals relate to people who are ill and in their care

empathetic

empathy

more than sympathy

much more than pity

what is a bedside manner?

compassionate care

“The humane quality of understanding suffering in others and wanting to do something about it”.

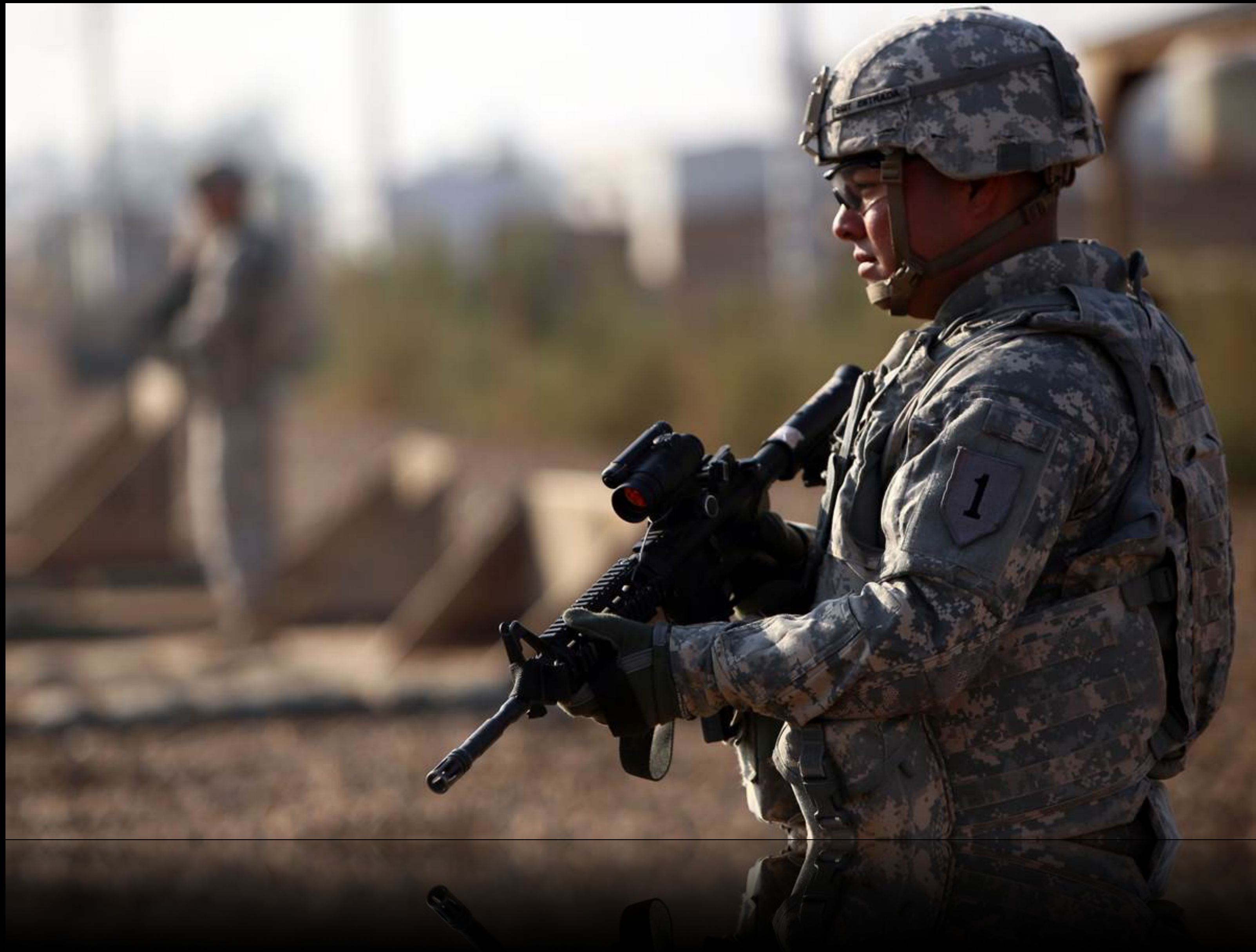
Haslam, D, 2015

**Would this standard
of care be acceptable
to me or my family?**



Anatole Broyard, (1993)
“Intoxicated by my Illness”

“ I see no reason for my doctor to love me - nor would I expect him to suffer with me. I wouldn't demand a lot of my doctor's time: **I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind** and just once, be bonded with me for a brief space, survey my soul as well as my flesh, to get at my illness, for each man is ill in his own way”



Bedside Manner for Me

Stand

Greet

Introduce

hello my name is...


Bedside Manner for Me

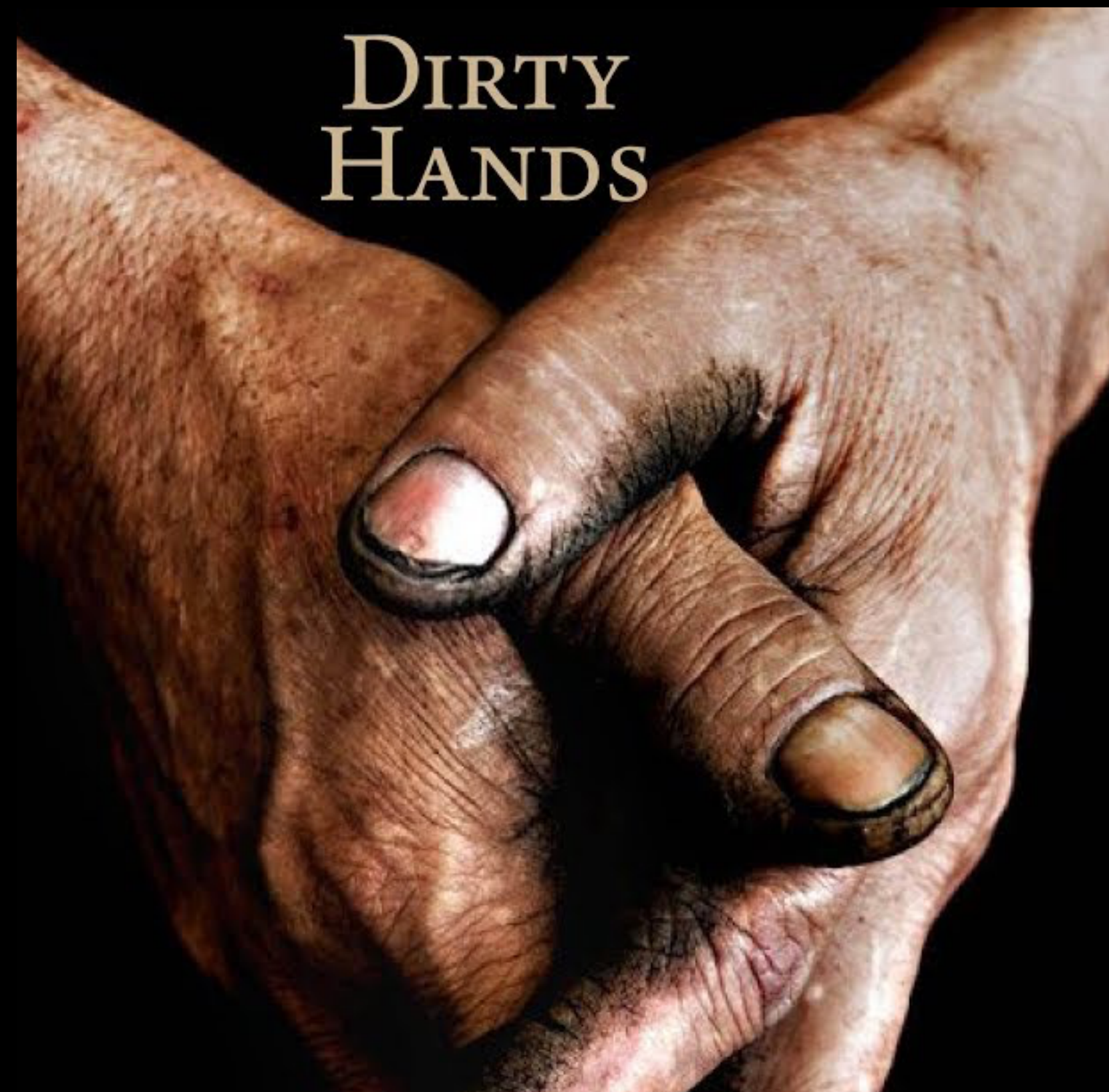


Bedside Manner for Me

CLEAN HANDS



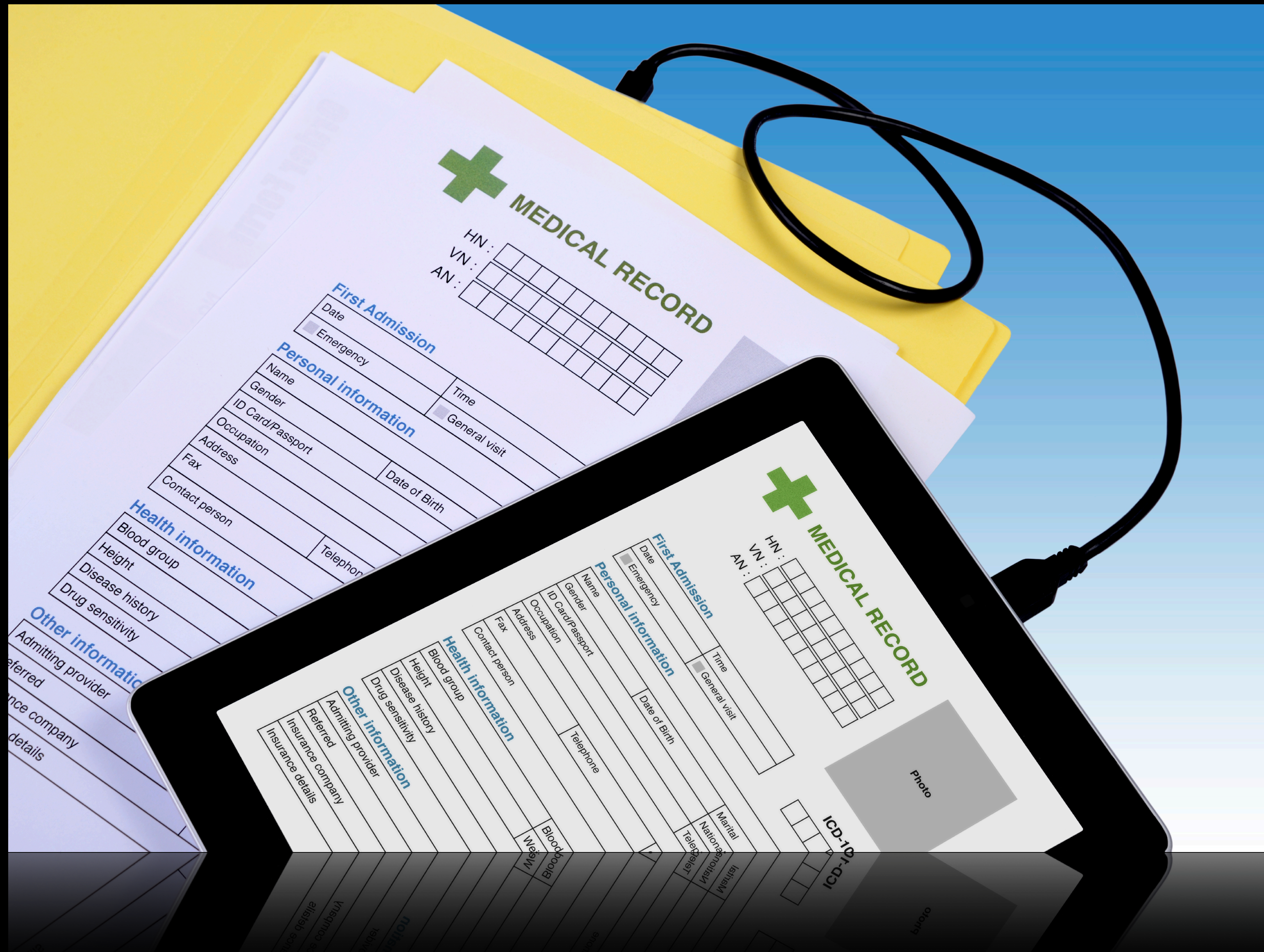
DIRTY HANDS



Bedside Manner for Me

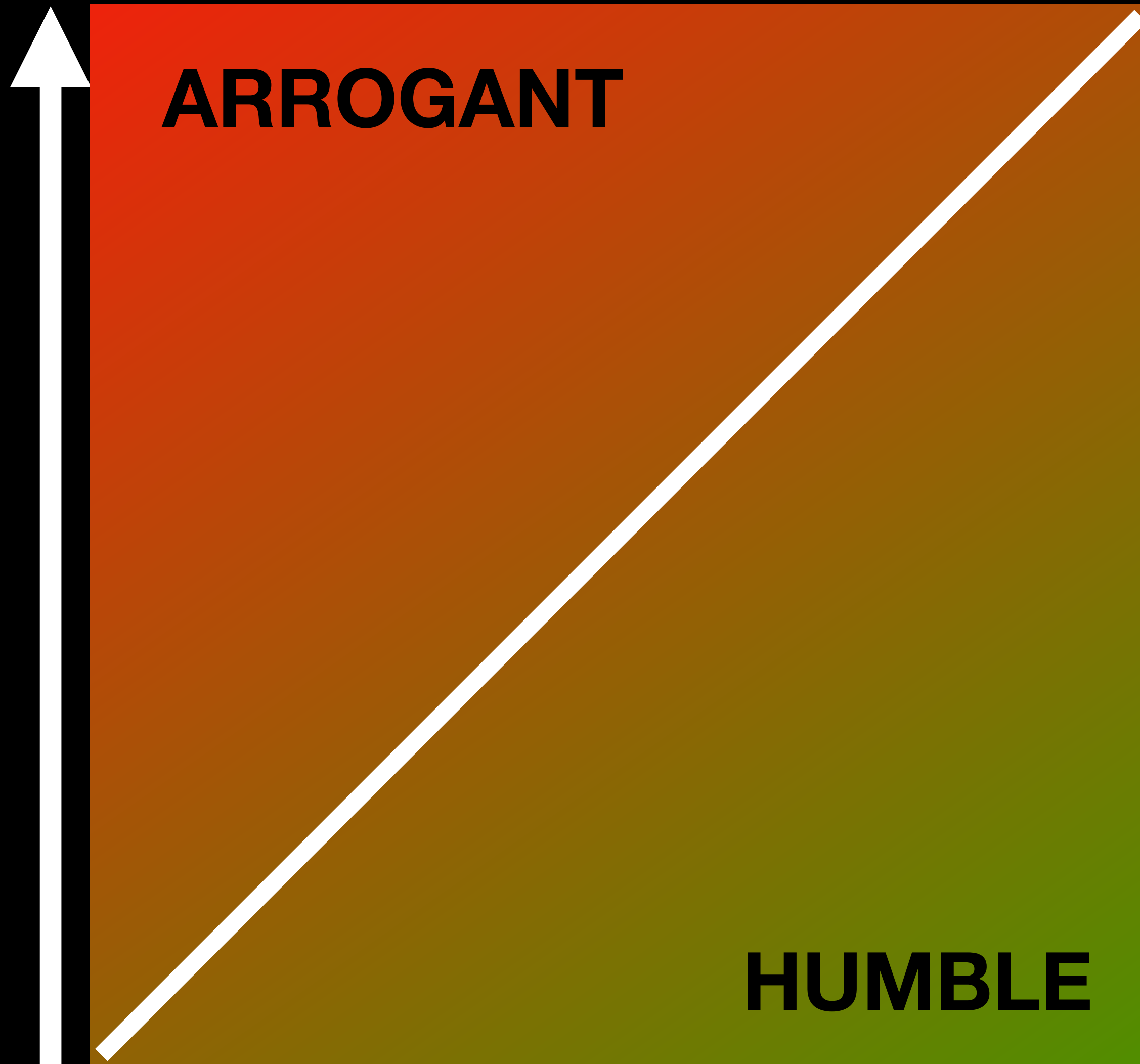


Bedside Manner for Me



Bedside Manner for Me

CONFIDENCE

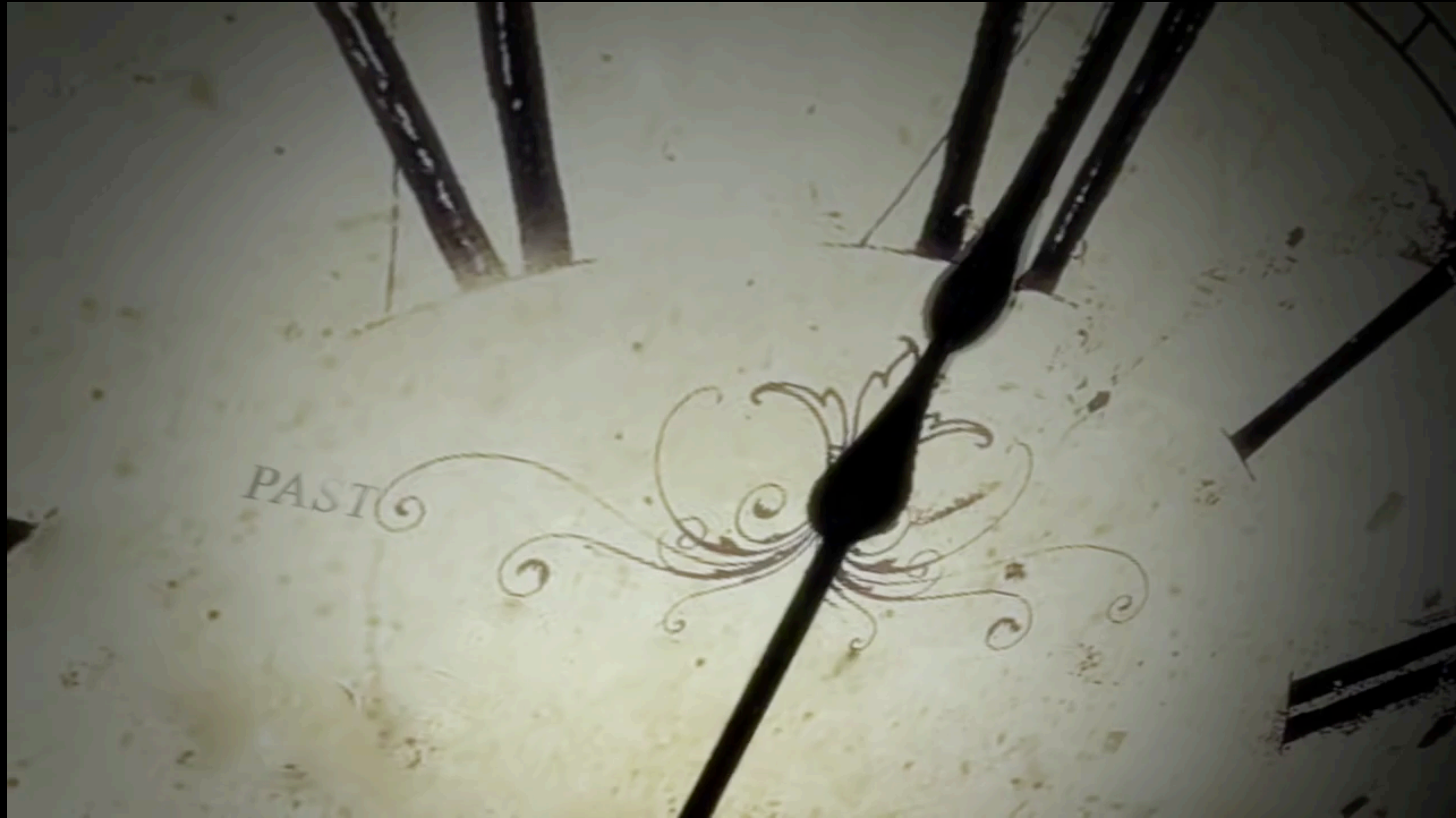


ARROGANT

HUMBLE

COMPETENCE

Bedside Manner for Me



Bedside Manner for Me



Bedside Manner for Me



compassion

understanding

thorough

Bedside Manner for Me



"Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?"

Bedside Manner for Me



**Just be honest with
me or stay away
from me.**

It's not that difficult.

Bedside Manner for Me



Bedside Manner for Me



Gentle

Bedside Manner for Me



Bedside Manner for Me

If your ^{tests} ~~initial screening evaluation~~ ^{show} ~~indicates~~ you have ^{high blood pressure} ~~hypertension~~, you will be ^{ask you} ~~asked~~ to ^{be in} ~~participate~~ in the second ^{part} ~~phase~~ of this ^{we} ~~research~~ ^{study} ~~investigation~~. ^{Our goal is} ~~The investigation~~ aims to ^{test} ~~examine~~ a new medication that may ~~prevent~~ ^{help keep some people} ~~heart~~ ~~cardiovascular~~ ^{from getting} disease.

Bedside Manner for Me

**less jargon,
fewer acronyms**

Bedside Manner for Me



**“this is
what we call”**

I am not alone

Outstanding Quality

Negative Ratings

- “Patients may like you as a person
but will judge you on
your bedside manner”*
- access
 - communication
 - personality & demeanour
 - quality of care processes
 - care continuity
 - quality of facilities
 - office staff
- communication
 - care coordination
 - inter-personal skills
 - barriers to access

“What patients want; a content analysis of key qualities that influence patient satisfaction”

Anderson, R et al (2007)

Patients valued physicians who took **time to listen**, to **work with them**, to **care about them**, to support them in managing their healthcare and who took an effort to **personalise their care.**



is it possible to be
compassionate?

10 MINUTES

Mid Staffordshire



NHS Foundation Trust

Stafford Hospital

Thirteen convicted over Devon care home abuse

7 June 2017

f t m Share



The court heard Jolyon Marshall "corrupted" other staff members

Thirteen people have been convicted after an inquiry into "organised and systemic" abuse at two care homes for adults with learning disabilities.

Shocking neglect uncovered at two care homes in Cornwall

Nov 2016

BBC Panorama footage shows nurse saying she will use morphine to 'shut up' resident at home owned by Morleigh Group



An undercover investigation has exposed shocking levels of neglect at two care homes in [Cornwall](#).

Hospital patients complain of rude staff, lack of compassion and long waits

Survey provides new criticism of NHS's quality of care



The NHS's quality of care is under fresh scrutiny after a survey of patients found one in five had experienced problems such as rude staff, a lack of compassion and long waits for treatment.

The findings from [Patient Opinion](#), an online service enabling people to comment on their care, come a week after the health service ombudsman severely criticised the poor NHS treatment of older patients.

Patient Opinion, which is partly funded by hospitals and the NHS Choices website, found that 2,537 of the 11,982 comments it received between 2005 and 2010 were negative. It analysed the 537 most critical responses to reveal the details of the worst failings of [NHS](#) care.

The main issues were:

- Staff were rude, arrogant or lazy or had a negative attitude.
- A lack of care and compassion, such as staff not doing enough to ensure the patient was comfortable.
- Staff not keeping patients well informed.
- Inadequate response to requests or complaints.
- Long waits before or between appointments, between different departments.

**how can they
not care?**

Healthcare Network
Blood, sweat and tears

My dad was a GP for 40 years. The NHS let him down when he needed it most

Anonymous doctor

Thu 18 Jan 2018 14:13 GMT



978 | 355

and we're too exhausted

to change a broken system'

As a doctor myself, I have rarely seen healthcare from the side of the patient. My trust in the system has disappeared



When my dad went into hospital I promised I would get him home. I wasn't being honest. As a senior doctor in the **NHS** looking after seriously unwell patients, I know many octogenarians with his problems who are admitted to hospital don't survive. As a GP for more than 40 years, he knew this too.

'perhaps our altruism has slowly decayed

and we're too exhausted

to change a broken system'

“compassion is not an optional extra,
but all too frequently it is seen as
being much less important than other
aspects of care”

“There are many reasons for this, but
the changing workload and system
failures clearly contribute”

Haslam, D 2015

NHS Pressures **ARE** affecting Staff

- 50% unable to meet conflicting demands
- 40% unwell due to stress in previous year
- debilitating levels of work stress 50% > general working population

impacts quality of care, error rates, ability to be compassionate, and clinical outcomes



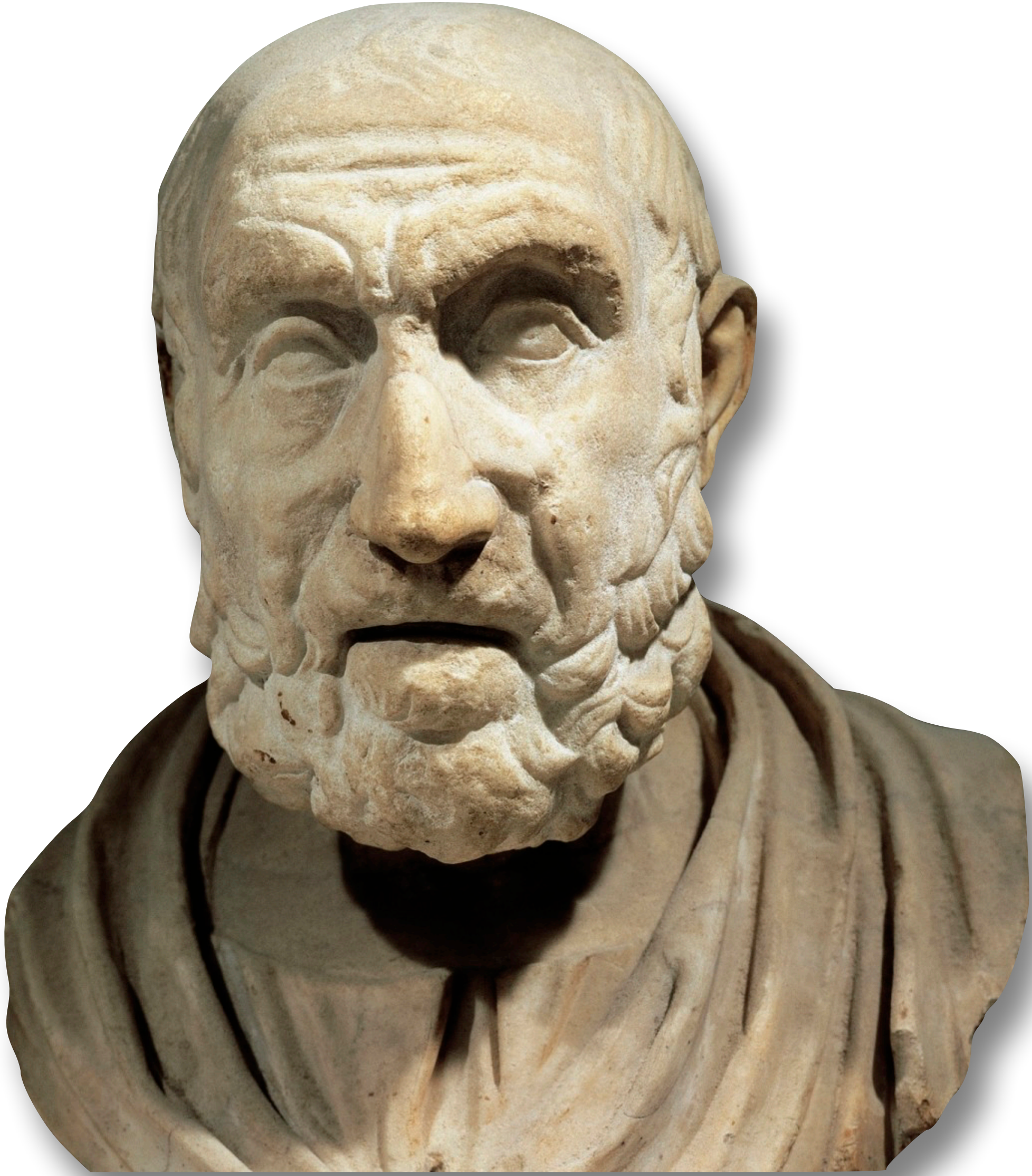
THE GOOD OLD DAYS

DYSTOPIA

ASDA MCE

“The patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician”

Hippocrates 400BC



“Sit up Doris”

Dr Kate Granger MBE

hello my name is...
😊



Doctor

is a qualification, not a name

the consultation

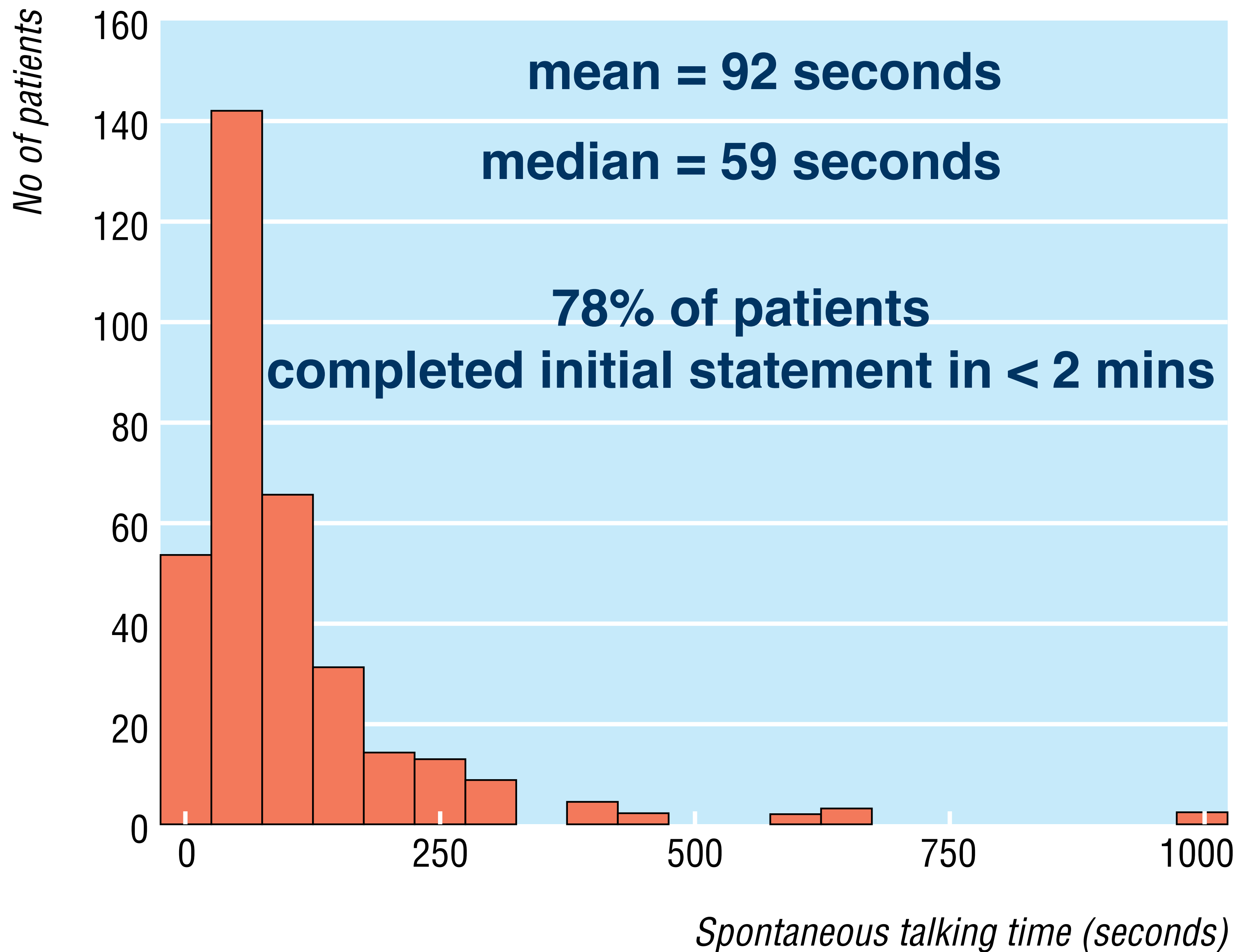
Why are you here?

open-ended questions

**“What can I help you
with today?”**



**the doctor
interrupts
in 22 seconds**



Langewitz et al, BMJ 2002;325:682-3

Spontaneous talking time of 331 patients at start of consultation in outpatient clinic

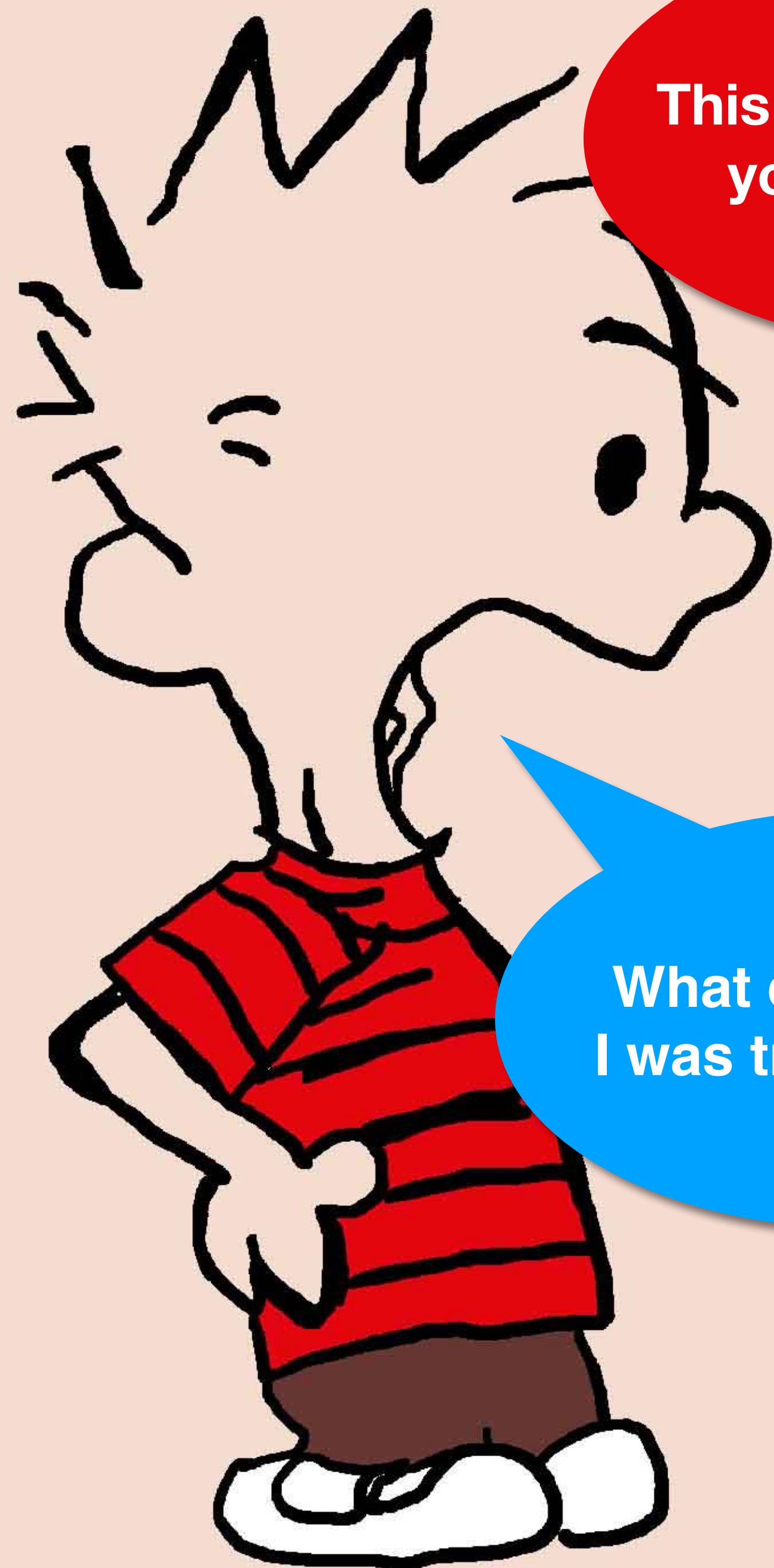


Listening

“Extracting information is too simplistic a definition of listening. It presumes that talking is a linear process, that words are a mere conduit with meaning packed inside; that the listener just needs to unpack at the other end, like opening a letter.”

**Graham Brodie, quoted in Danielle Ofri
“What Patients Say, What Doctors Hear”
2017**

**mis-communication is common
and leads to
error, complaints and litigation**



This is what I thought
you were saying

What do you think
I was trying to say?





**“With the gift of listening
comes
the gift of healing”.**

Catherine de Hueck Doherty (1896 – 1985)

Judgemental Language

the patient **FAILED** chemotherapy

the patient **REFUSED** treatment

the patient was **NON-COMPLIANT**

Danielle Ofri

“What Patients Say, What Doctors Hear”

2017

POWER



Doctor

Patient

paternalism

informed

decision

doctor-as-agent

making

Goodyear-Smith & Buetow, 2001

Power Issues in the Doctor-Patient Relationship

Misuse of Power

type of power	misuse by doctor	misuse by patient
social authority	'playing God'	using social standing to gain access to R
material resources	making decisions influenced by personal gain	failure to pay suing physician to make money
information/knowledge	withholding information to maintain superiority	withholding relevant information (e.g.denying or minimising smoking)
	continuing R when inadequate knowledge or experience	misinformation, e.g falsely claiming compliance
	controlling or punishing patient for not following advice	manipulating doctor to get particular treatment
	making decisions based on doctor's own beliefs	sabotaging doctor's attempts at diagnosis or treatment

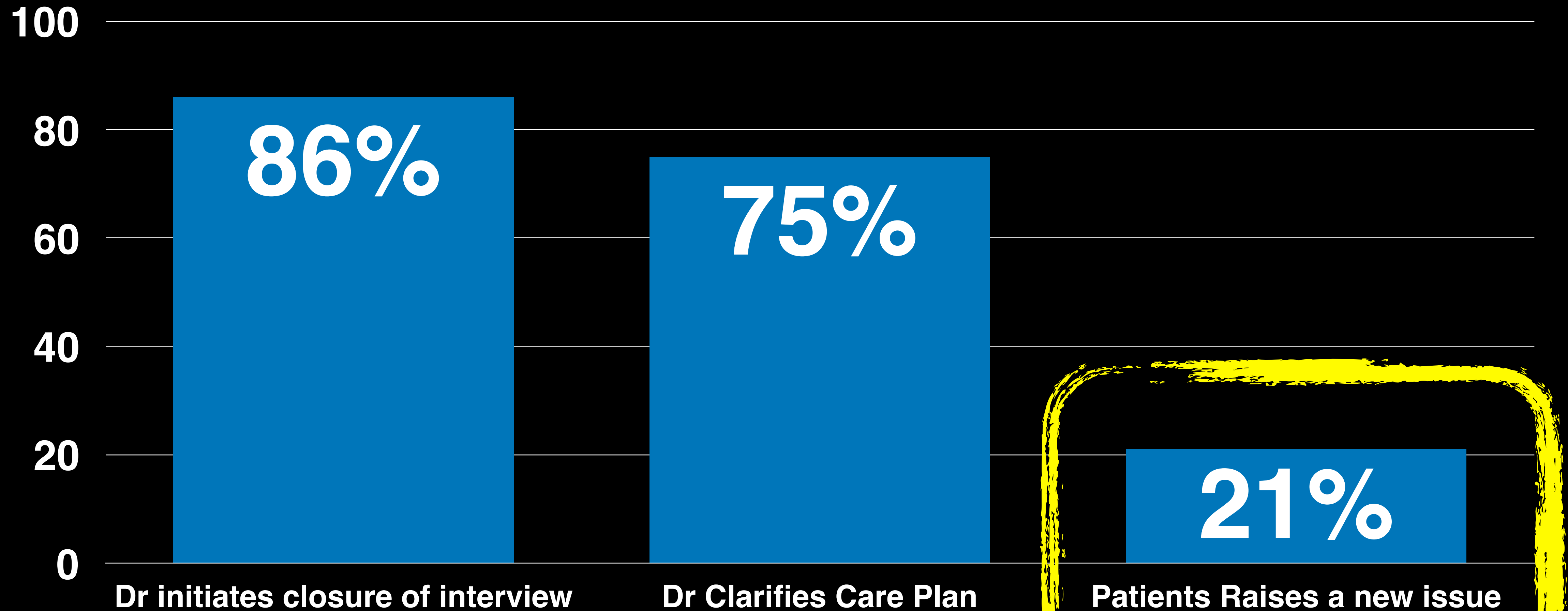
Ending The Conversation

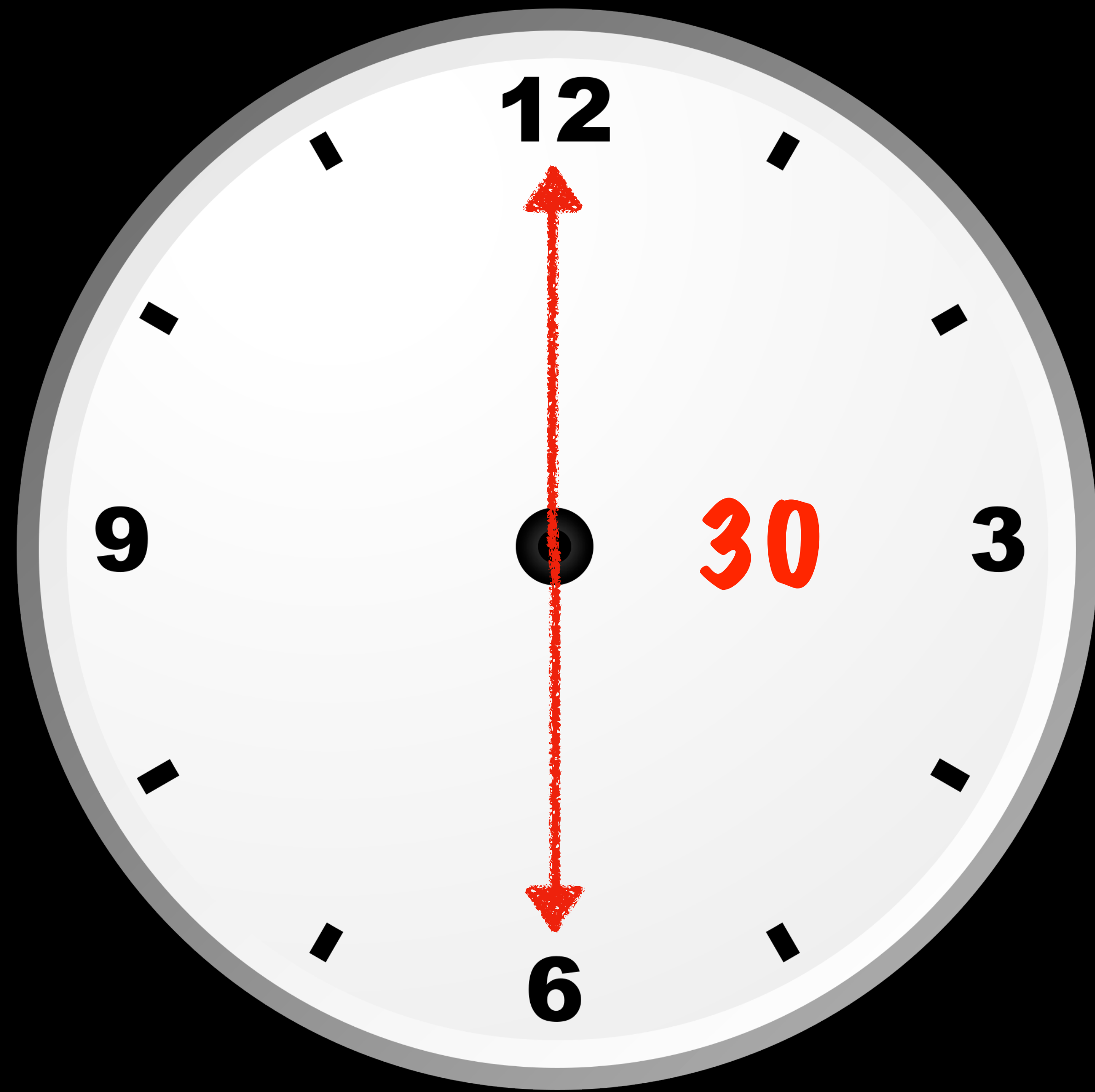
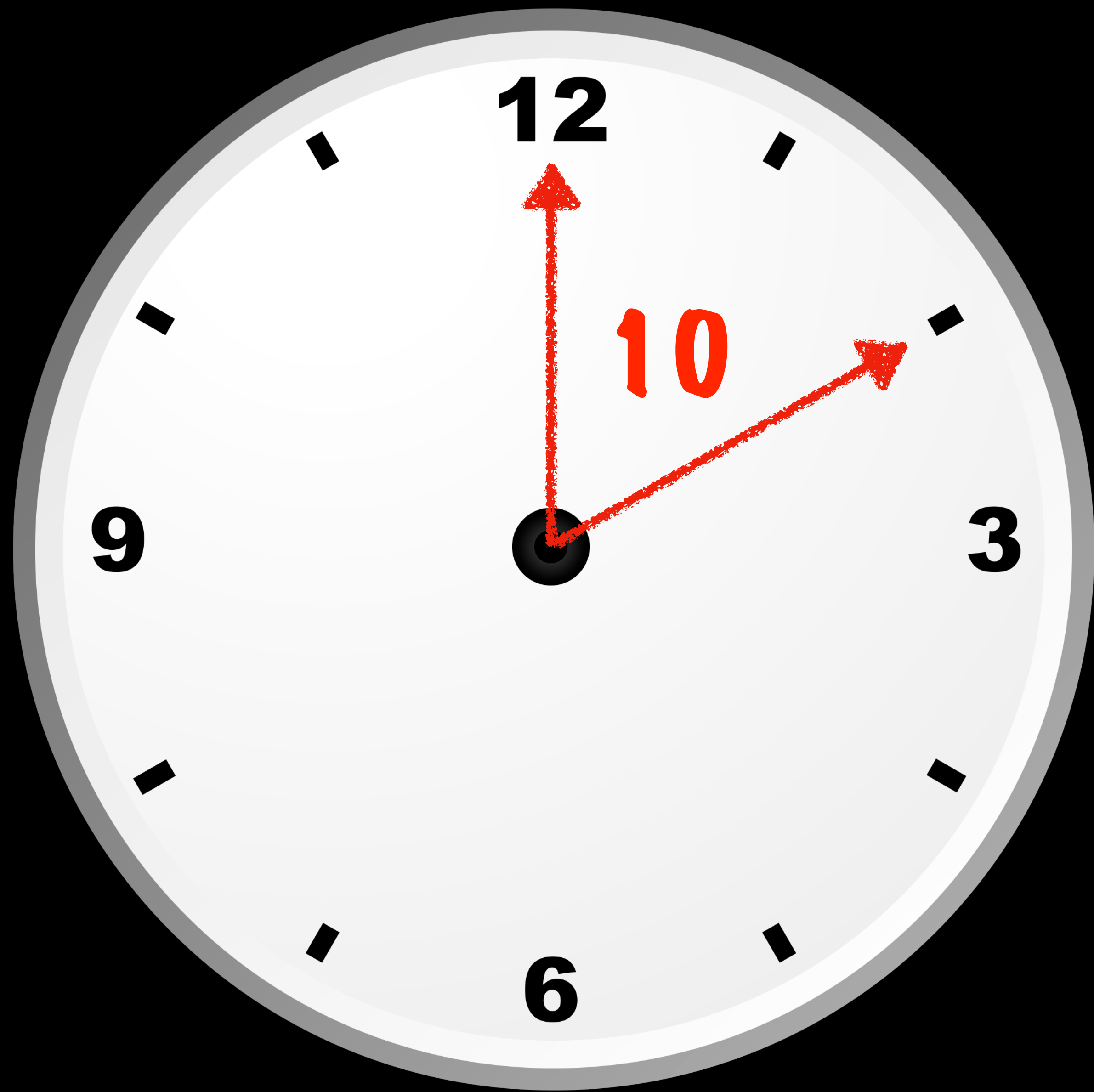
White J, Levinson W, Roter D.

“Oh, by the way...”: The closing moments of the medical visit.

J Gen Intern Med. 1994;9:24-28.

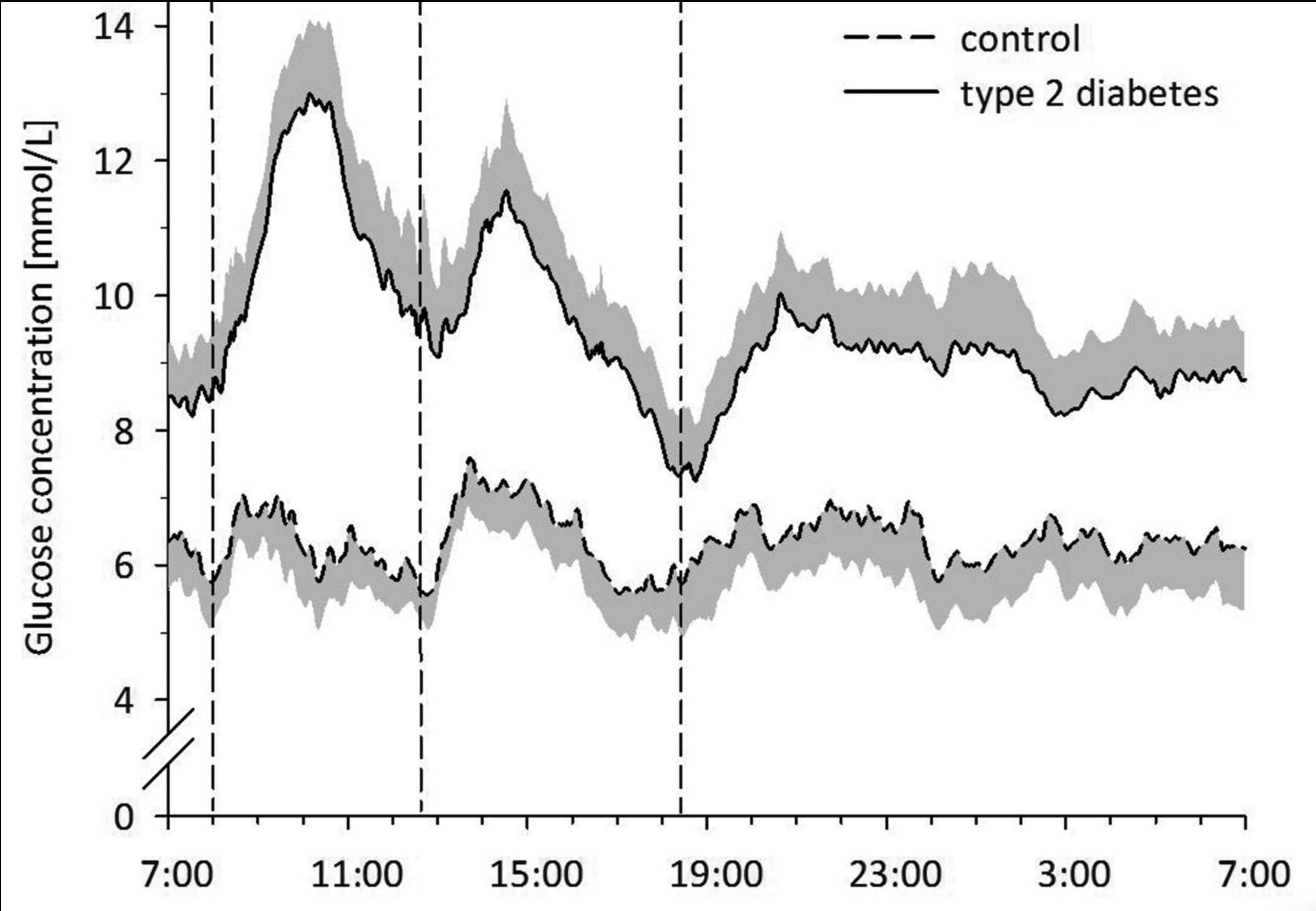
% of consultations





Treatment & Outcomes

Tighter blood glucose control



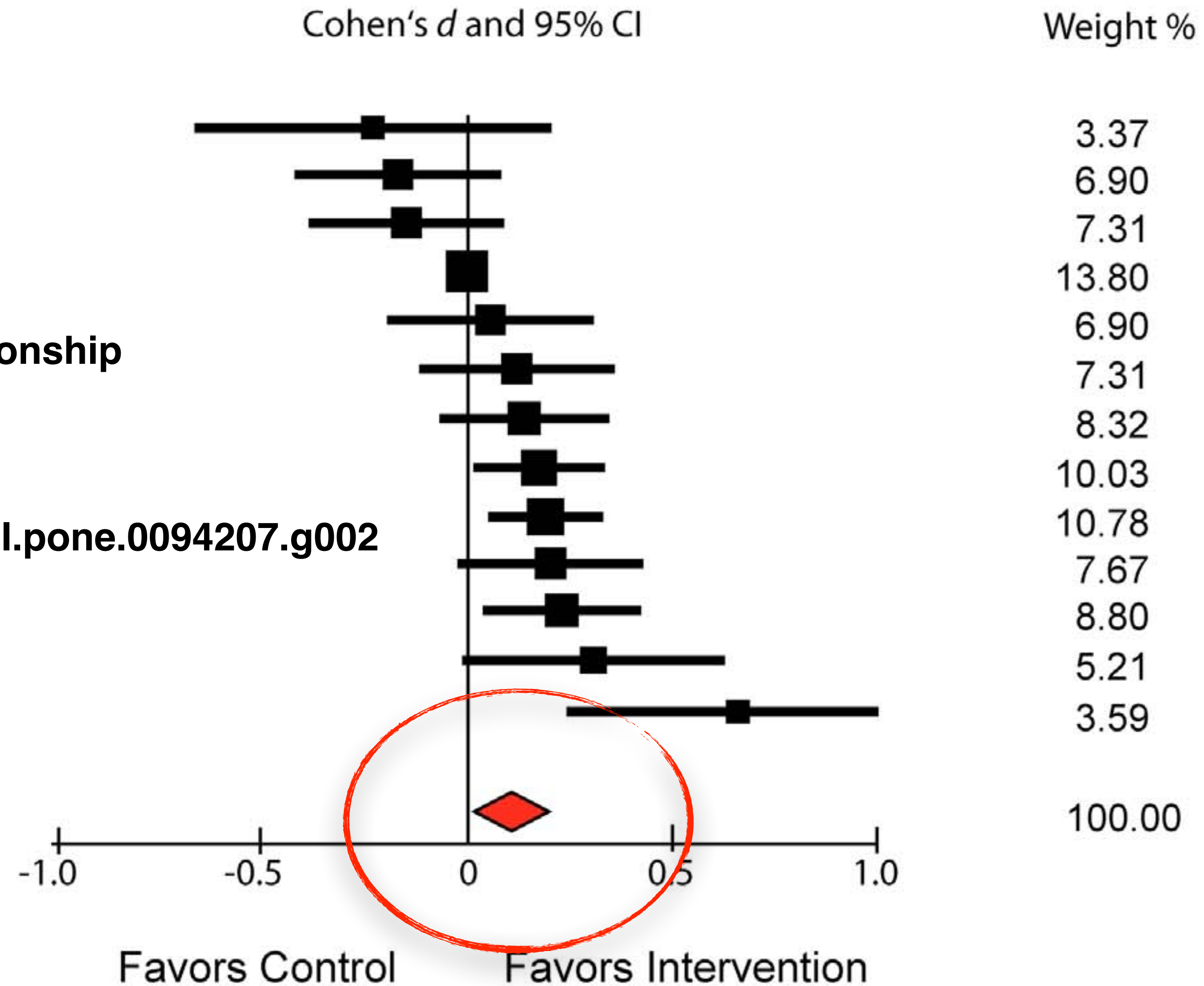
Quicker recovery



The Clinical Relationship and Healthcare Outcomes

**Forest Plot of Cohen's d for
Effect of the Patient-Clinician Relationship
on Healthcare Outcomes.**

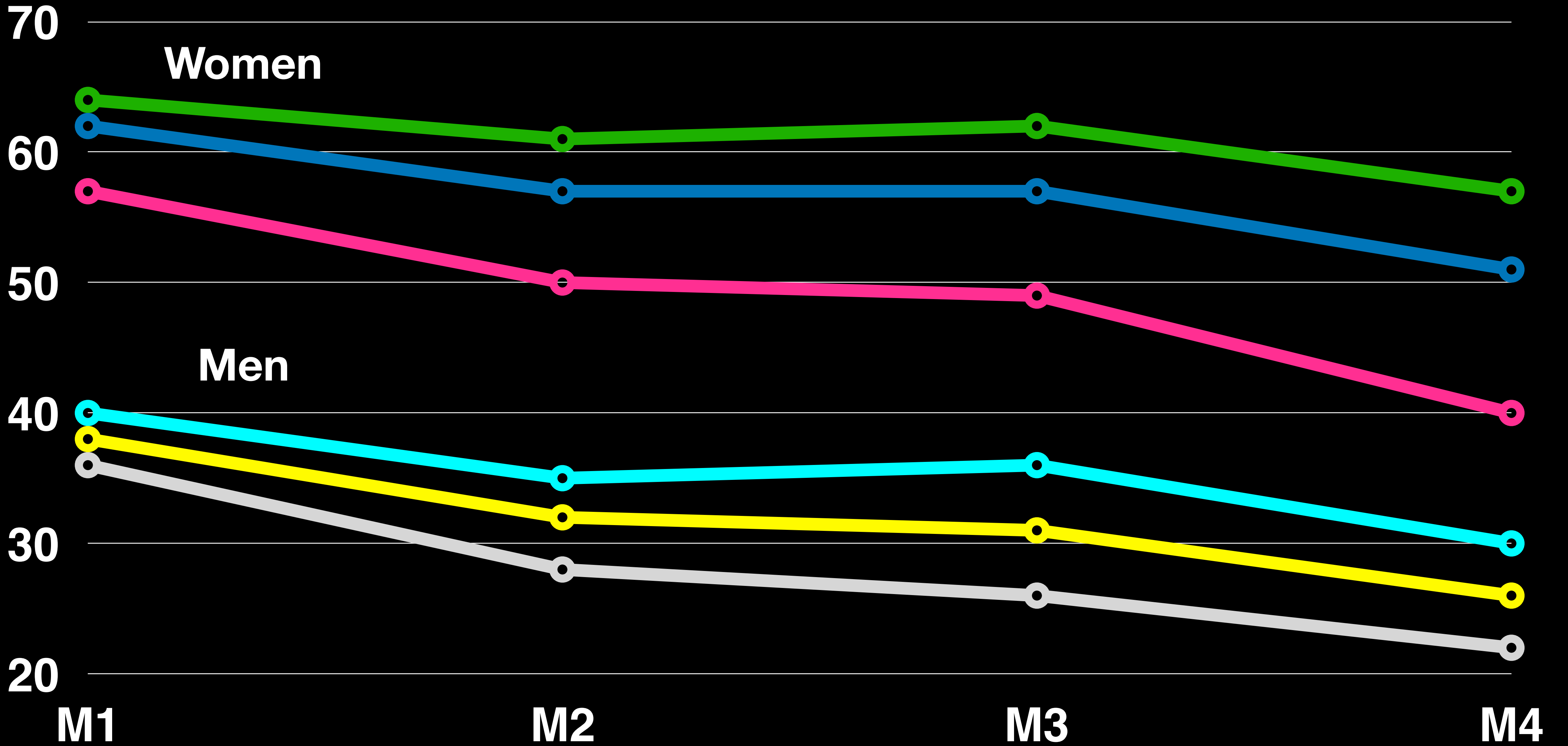
Kelley et al 2014 doi:10.1371/journal.pone.0094207.g002



**Can you teach
a good bedside manner?**

Decline in Empathy Score at Medical School

Mean Score



Newton et al, Academic Med (2008); 83: 244-249

Medical School Year

compassion fatigue







**“you need to be
a better actor!”**

About

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‘putting the humane back into them’



Carly Annable-Coop

Caring for the Staff

← → | 4 of 16 | Workshop with 3rd Year Medical Students, Barts

Performing Medicine is an award-winning programme created by theatre company [Clod Ensemble](#), which uses methods found in the arts to develop skills essential to clinical practice and healthcare.

Performing Medicine works in partnership with organisations across the UK such as Barts and The London School of Medicine and Dentistry, King’s Health Partners, and Health Education England to create courses for [medical students](#), [foundation year doctors](#) and [healthcare professionals](#).

Performing Medicine works with:

Medical Students

Foundation Year Doctors

Healthcare Professionals

General Public

Who We Are

Contact Us

Circle of Care

Good Manners

I wasn't left thinking, "What compassion."

Instead, I found myself thinking,

"What a professional," and even (unexpectedly),

"What a gentleman."

The impression he made was remarkably calming

Etiquette-Based Medicine

Etiquette-based medicine should prioritise behaviour over feeling, practice and mastery over character development.

It should put professionalism and patient satisfaction at the centre of the clinical encounter.

Etiquette-Based Medicine

the check list

- 1. Ask permission to enter the room; wait for an answer**
- 2. Introduce yourself, showing your ID badge**
- 3. Shake hands (wear gloves if needed)**
- 4. Sit down. Smile if appropriate**
- 5. Briefly explain your role in the team**
- 6. Ask the patient how he or she is feeling about being in hospital**

**people have
different needs**



BID SERVICES

The worst way to be told you have cancer.

Gwen's story



**A good bedside manner
DOES
matter**