

Section II

Resources Emphasizing Communication Skills

Because accurate communication is essential for all stages of medical care, from diagnosis to discharge planning and beyond, the importance of respectful communication permeates all strategies to provide culturally effective health care. Physician communication has been examined as a diagnostic and treatment tool for the past 20 years, and improved communication skills have been shown to facilitate quality medical care within the managed care setting and cut the risk of malpractice suits.

Adverse outcomes of inadequate physician-patient communication are exacerbated when patients' backgrounds and expectations differ from those of the physician, providing compelling medical and financial arguments for requiring "cultural competence" of all health care staff. But current medical education and care delivery systems present multiple barriers to the provision of culturally effective care. Moreover, there is now a perceived crisis in the area of physician-patient communication in general, as noted in medical publications (*AMNews*, May 11, 1998) and in the public press (*Chicago Tribune* interview with Nancy Dickey, MD, May 31, 1998). The effects of inadequate communication are readily apparent in such crucial areas as organ donation, with the rate of donors changing very little in spite of increased legislation in recent years.

Poor literacy is one of the areas receiving widespread attention as a barrier to communication and hence to effective care. "The AMA's Environment," a February 1999, report from the AMA Council on Long-Range Planning and Development, points out that, "Poor literacy is a national crisis. One quarter of the adult population, 40 to 44 million Americans, is functionally illiterate. Another 50 million have only marginal literacy skills, meaning almost half our adult population has basic deficiencies in reading, computational skills, or English." The February 10, 1999, issue of the *Journal of the American Medical Association* reports that low health literacy is a major cause of rehospitalization and other unnecessary and expensive

complications among the elderly, the group that uses medical services most often; the decline in health literacy occurs regardless of education level.

As indicated in the following pages, efforts are under way to improve physician-patient communication. Physicians and behavioral scientists regularly offer undergraduate, graduate, and continuing physician professional development courses in patient-centered care and the physician-patient relationship that focus on respectful communication. In some medical specialties, especially those with mental health and primary care components, accredited residencies are required to have a specific curriculum in behavioral and psychosocial medicine, and some curricula include specific units of instruction on communicating with special populations. Professional associations and accrediting bodies are beginning to discuss revising accreditation standards to reflect the communication skills needed to care for patients from diverse cultural backgrounds in a variety of health care settings.

The following information is provided to assist physicians in their efforts to break down the multiple barriers to respectful communication and to provide the best possible care to each individual patient.

Section Contents

A. Organizations

- American Medical Association
- Other Organizations

B. Publications

- Books
- Journal Articles and Book Chapters

A. Organizations

American Medical Association

Policies

E-5.05	<i>Confidentiality</i>
E-8.18	<i>Informing Families of a Patient's Death</i>
E-9.12	<i>Physician-Patient Relationship: Respect for Law and Human Rights</i>
H-85.979	<i>Informing Families of a Patient's Death: Guidelines for the Involvement of Medical Students</i>
H-160.931	<i>Health Literacy</i>
H-140.948	<i>Medical Futility in End-of-Life Care</i>
H-140.953	<i>Patient Responsibilities</i>
H-140.975	<i>Fundamental Elements of the Patient-Physician Relationship</i>
H-140.990	<i>Ethical Considerations in Health Care</i>
H-210.986	<i>Physicians and Family Caregivers – A Model for Partnership</i>
H-295.950	<i>Patient Physician Communication</i>
H-295.975	<i>Educating Competent and Caring Health Professionals</i>
H-350.987	<i>Hispanic Health in the United States</i>
H-350.996	<i>Health Care of the American Indian</i>

Selected Reports

Adolescents as Victims of Family Violence <i>JAMA</i> , October 20, 1993; 1850-1856
Alcoholism and Alcohol Abuse Among Women LN Blum, NH Nielsen, JA Riggs <i>Journal of Women's Health</i> , September 1998; 7:861-871
Alcoholism in the Elderly <i>JAMA</i> , March 13, 1996; 275:797-801
Confidential Health Services for Adolescents <i>JAMA</i> , March 17, 1993; 269:1420-1424
Decisions Near the End-of-Life <i>JAMA</i> , April 22-29, 1992; 267(16):2229-33
Educating Physicians in Home Health Care <i>JAMA</i> , February 13, 1991; 265:769-771
Encouraging Medical Student Education on Alternative Health Care Practices Council on Medical Education Report 2, I-97
Enhancing the Cultural Competence of Physicians Council on Medical Education Report 5-A-98
Gender Discrimination in the Medical Profession <i>Women's Health Issues</i> , Spring 1994; 4(1):1-11
Gender Disparities in Clinical Decision Making <i>JAMA</i> , July 24-31, 1991; 266(4):559-62
Good Care of the Dying Patient <i>JAMA</i> , February 14, 1996; 275:474-478

Health Care Needs of Gay Men and Lesbians in the United States

JAMA May 1, 1996; 275:1354-1359

Health Literacy

JAMA, February 10, 1999; 281:552-557

Council on Scientific Affairs, Ad Hoc Committee on Health Literacy June, 1998

IN CSA Report 1-A-98 the AMA called on medical schools, residency programs, and CME courses to teach doctors to deal more effectively with patients who have poor literacy skills. The AMA also encouraged the US Department of Education to include questions about health and problems communicating with health care workers on its National Adult Literacy Survey of 2002.

The report described the complex array of communications difficulties resulting from inadequate health literacy. Preliminary studies indicate that inadequate health literacy may increase the risk of hospitalization.

Hispanic Health in the United States

JAMA, January 1, 1991; 265:248-252

Medical Education and Training in Women's Health

Considered at the 1999 Annual Meeting
(Available upon request)

Medical Futility in End-of-Life Care

JAMA, March 10, 1999; 281(10):937-41

Physicians and Family Caregivers: a Model for Partnership

JAMA, March 10, 1993; 269:1282-1284

Racial and Ethnic Disparities in Health Care

Board of Trustees Report 50-I-95

Violence Against Women

JAMA, June 17, 1992; 267:3184-3189

Publications

See complete text of AMNews articles in Section X.

Culturally Effective Communication

AMNews, Feb 22, 1999

Different Doctors Make Decisions in Different Ways

M Moran

AMNews, Feb 8 1999

Mistaking Medicine

DL Shelton

AMNews, September 21, 1998

Patients' Lack of Literacy May Contribute to Billions of Dollars in Higher Hospital Costs

Charles Marwick

JAMA, 1997; Vol 278, pp 971-972

Physician-Patient Communication Skills for Improving Patient Relations

Christine Hinz

American Medical Association, Anticipated

Publication date: Fall 1999

Based on interviews with key medical experts, this book covers:

- Effective medical interviewing
- Differing communication styles of men and women
- Communication strategies with various personality types, including the so-called "difficult" patient
- How doctors can understand their own reactions
- Recognizing the mentally ill patient
- Overcoming cultural barriers
- Breaking bad news to the patient and family
- Understanding family dynamics and other lifestyle situations
- Improving treatment outcomes with good communication and listening skills
- Ethics in communications

Other Organizations

American Academy on Physician and Patient (AAPP)

A 500-member physician organization that collaborates with the Bayer Institute to provide interpersonal training for health care professionals.

AT&T Language Line Services

Building 2
1 Lower Ragsdale Dr
Monterrey, CA 93940
800 752-0093

Offers over-the-phone translator services 7 days a week, 24 hours a day, in 140 languages for a per-minute fee. Subscription/volume rates available.

Bayer Institute for Health Care Communication

400 Morgan Lane
Westhaven, CT 06516
800 800-5907
<http://bayerinstitute.com>

Offers workshops stressing the importance of interpersonal skills for which physicians can receive continuing medical education credits. Listening is presented as a means of enhancing the accuracy of diagnosis and treatment.

Center for Health Care Strategies (CHCS)

353 Nassau St
Princeton, NJ 08540

CHCS and Pfizer sponsored a national conference (June 3, 1997, Washington, DC) addressing the importance for patients to be functionally literate in order to navigate the health care system. Illiterate patients were found to be at greater risk of misunderstanding their diagnosis, prescriptions, and self-care instructions.

Center for Multicultural Health (CMH)

105 14th Ave, Ste 2C
Seattle, WA 98122
206 461-6910

The CMH program provides interpreters in over 30 languages to increase access to community health center services for individuals with limited English proficiency.

Center for the Study of Adult Literacy

Georgia State University
University Plaza
Atlanta, GA 30303-3083
404 651-2405

The widely used *Short Test of Functional Health Literacy in Adults* was co-developed by Joanne R. Nurss, former director of Georgia State University's Center for the Study of Adult Literacy.

Cross Cultural Health Care Program

1200 12th Ave S
Seattle, WA 98144d
<http://www.xculture.org>

Has bilingual medical glossaries, guides for interpreters, articles on interpreting, and videos including, *Communicating Effectively Through an Interpreter*.

Health and Literacy Compendium

<http://hub1.worlded.org/health/comp/index.html>

An annotated bibliography of print and Web-based health materials for limited-literacy adults.

Henry J Kaiser Family Foundation

2400 Sand Hill Road
Menlo, CA 94025
650 854-9400
800 656-4533
<http://www.kff.org>

Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities
Publication # 1362

Language Barriers to Health Care
Papers from the Henry J Kaiser Foundation Forum
Journal of Health Care for the Poor and Underserved, Vol. 9 (Suppl), 1998

Topics include:

- The Pervading Role of Language on Health
- Improving Access for Limited English-Speaking Consumers: A Review of Strategies in Health Care Setting
- Legal Protection To Ensure Linguistically Appropriate Health Care

Langua Tutor

30150 Telegraph Rd, Ste 385
Bingham Farms, MI 48025
248 645-6663
translat@languatutor.com
<http://www.languatutor.com>

Offers telephone and on-site interpreter services and document translation in 25 languages.

Language Interpreter Services and Translations (LIST)

Department of Social and Health Services (DSHS)
Box 45820
Olympia, WA 98504-5820
360 902-8117

In 1991, DSHS initiated an effort to certify medical and social service interpreters and translators; LIST was created to develop and oversee the testing process.

Massachusetts Medical Interpreter Association in conjunction with Education Development Center

750 Washington St
NEMC Box 271
Boston, MA 02111-1845
Education Development Center
800 225-4276

This project developed comprehensive medical interpreter standards of practice based on a content analysis of interpreter skills and work responsibilities. Resource for interpreters around the country, guidelines for assessing the quality and qualifications of interpreters, publications, videos, training.

Meharry Medical College Institute on Health Care for the Poor and Underserved

1005 Dr DB Todd Jr Blvd
Nashville, TN 37208
615 327-6204

The *Journal of Health Care for the Poor and Underserved* published four times a year by the Institute on Health Care for the Poor and Underserved at Meharry Medical College. Papers from the Henry J Kaiser Foundation Forum: Language Barriers to Health were presented in the *Language Barriers to Health Care* issue (Vol 9 Suppl, 1998).

Minnesota Department of Health

717 Delaware St SE
Minneapolis, MN 55440
651 215-5800
<http://www.health.state.mn.us>

Offers a variety of multilingual videotapes available on loan or for purchase in the following broad categories: general health, women's health, infant and child health, and nutrition. Titles include *Hmong Family Planning; A Visit to the Doctor* and *A Visit to the Hospital* (Cambodian, Hmong, Loatian, Vietnamese and Spanish versions); *A Beautiful Future* (Vietnamese); *Before It's Too Late, Vaccinate* (Spanish); and *Choosing Cambodian Food Wisely*.

National Patient Safety Foundation (NPSF)

515 N State St
Chicago, IL 60610
312 464-4848
312 464-4154
E-mail: npsf@ama-assn.org
<http://www.npsf.org>

Founded in 1997, the National Patient Safety Foundation (NPSF) is an independent, nonprofit research and education organization dedicated to the measurable improvement of patient safety in

the delivery of health care. Through the NPSF, health care clinicians, institutional providers, health product manufacturers, researchers, legal advisors, patient/consumer advocates, regulators, and policy makers are working together to make health care safer for patients.

The NPSF Communications Program will explore ways to raise awareness of the influence of cultural competence on patient safety. Activities toward this goal will include an article in the NPSF quarterly newsletter, *Focus on Patient Safety*. NPSF staff are also recommending that cultural competence be addressed at NPSF regional forums, which bring together community and health care leaders for candid discussions of patient safety. Local planners of the Wisconsin regional forum, for example, are considering the topic for a breakout session.

In addition to the NPSF quarterly newsletter, *Focus on Patient Safety*, other resources include the *News Brief*, a semimonthly glance at patient safety activities occurring nationwide; the NPSF Clearinghouse, a repository of information on patient safety and related topics; and the NPSF Web site, an online resource for patient safety literature, activities, and related Web sites.

New York University School of Medicine

New York Task Force on Immigration Health
Division of Primary Care
550 First Ave
New York, NY 10016

The Task Force has several publications on interpreting, including:

Access Through Medical Interpreter and Language Services: Research and Recommendations, 1997

An Introduction to Medical Interpretation: A Trainer's Manual, 1997

Pacific Interpreters

1020 SW Taylor, Ste 280
Portland, OR 97205
800 223-8899
503 223-8899
information@pacinterp.com
<http://www.pacinterp.com>

Offers fee-for-service telephone and videoconference interpreting as well as document translation services in more than 100 languages and translators trained in clinical terminology. Telephone service available 24 hours a day, seven days a week. On-site interpreters available in Pacific Northwest area.

Resources for Cross Cultural Health Care

Julia Puebla Fortier, Director
8915 Sudbury Rd
Silver Spring, MD 20901
301 588-6051
<http://www.diversityrx.org>

National network of individuals and organizations in ethnic communities and health care organized to offer technical assistance and information on linguistic and cultural competence in health care. Focuses on medical interpretation program design and training, policy analysis and development, research, and community advocacy. Has an Interpreter Associations section in its DiversityRx website. (See additional information in Section IV.)

B. Publications

Books

Caring for Patients from Different Cultures: Case Studies from American Hospitals

GA Galanti

University of Pennsylvania Press, 1997

Includes 172 case studies of actual conflicts and misunderstandings. Illustrates how conflicts may result in inferior medical care.

Communicating with Medical Patients

M Stewart, D Roter, eds.

London: Sage, 1989

Culture and the Clinical Encounter: An Intercultural Sensitizer for the Health Professions

RC Gropper

Intercultural Press, 1996

Reviews 44 critical incidents in which cultural differences played a part in the breakdown of health professional/client communication. The incidents include coverage of 23 cultural and ethnic groups. The reader is asked to choose from four possible explanations; answers and discussion are provided in a separate section of the book.

Developing Intercultural Communication Skills

V Ricard

Krieger Publishing Co, 1993

Aims to identify human responses to commonality and diversity; identify and develop

intercultural communication and interaction skills in valuing, observing, listening, thinking, speaking, and gesturing; recognize the influence of human values on the interaction process; and use a practical, flexible framework for ongoing learning and personal development in the area of intercultural communication and interaction.

Directing Health Messages Towards African Americans: Attitudes Toward Health Care and the Mass Media

JL Sylvester

Garland Publishing, 1998

Explores diversity and similarities between white and African-American populations, with specific information on how health messages can be effectively communicated to African Americans. Includes chapters on communication theories and crafting an effective health campaign.

Educating Doctors: Crisis in Medical Education, Research and Practice

S Wolf

Transaction Publishers, 1997

Critiques the current status of medical education, with specific emphasis on lack of doctor-patient discussions and proper medical history taking. Has extensive bibliography.

An Examination of the Long-Term Effects of Psychosocial Teaching on the Practice of Medicine [Thesis]

J Lyles

East Lansing, MI: Michigan State University, 1996

An Introduction to Spanish for Health Care Workers

RO Chase, CB Medina de Chase
Yale University Press, 1998

Focuses on vocabulary and grammar, including colloquial terms and slang used by Spanish-speaking patients. Provides informative cultural notes on Hispanic values and customs.

The Medical Interview: Clinical Care, Education, and Research

M Lipkin, S Putman, A Lazare, eds.
New York: Springer-Verlag, 1995

The Medical Interview: A Three Function Approach

SA Cohen-Cole
Mosby-Year Book, 1991

Medicine and the Family: A Feminist Perspective

L Candib
New York: Basic Books Publishers, 1995

The Patient's Story: Integrated Patient-Doctor Interviewing

RC Smith
Boston: Lippincott-Raven, 1996

The Physician's Guide to Better Communication

BF Sharf
Scott, Foresman and Company, 1984

Practical guide for the improvement of communication skills to enhance the physician-patient relationships, as well as relationships with other health care professionals.

Teaching Supplement for the Patient's Story: Integrated Patient-Doctor Interviewing

RC Smith
East Lansing, MI: Michigan State University, 1996

Who Has Seen a Blood Sugar? Reflections on Medical Education

F Davidoff
Philadelphia: American College of Physicians, 1996

Journals, Journal Articles, and Book Chapters

Are Patients of Women Physicians Screened More Aggressively? A Prospective Study of Physician Gender and Screening

MW Kreuter, VJ Strecher, R Harris, SC Kobrin, CS Skinner
J Gen Intern Med, 1995; 10:119-125

Bad News: Delivery, Dialogue, and Dilemmas

TE Quill, P Townsend
Arch Intern Med, 1991; 151:463-468

Becoming a Doctor: Critical-Incident Reports from Third-Year Medical Students

W Branch, RJ Pels, RS Lawrence, R Arky
N Engl J Med, 1993; 329:1130-1132

Calibrating the Physician: Personal Awareness and Effective Patient Care

DH Novack, AL Suchman, W Clark, RM Epstein, E Najberg, C Kaplan
Working Group on Promoting Physician Personal Awareness
American Academy on Physician and Patient
JAMA, 1997; 278:502-509

Describes how each physician needs “insight into how one’s life experience and emotional makeup affect one’s interactions with patients, families and other professionals.” “Support groups, Balint groups, and discussions of meaningful experiences” are recommended for physicians to assess how their various “cultural” manifestations can interfere with delivering patient-centered care.

Includes 141 references covering cultural competence issues relating to the physician-patient relationship and patient-centered care.

Changes in Student’s Attitudes Following a Course on Death and Dying: A Controlled Comparison

J Kaye, E Gracely, G Loscalzo
J Cancer Educ, 1994; 9:77-81

Communication Through Interpreters in Health Care: Ethical Dilemmas Arising from Differences in Class, Culture, Language and Power

JM Kaufert, RW Putsch
J Clin Ethics, 1997; 8:71-87

Contributions of the History, Physical Examination, and Laboratory Investigation in Making Medical Diagnoses

MC Peterson, JH Holbrook, D Von Hales, NL Smith, LV Staker
West J Med, 1992; 156:163-165

A Controlled Trial To Improve Care for Seriously Ill Hospitalized Patients: The Study To Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT)

SUPPORT Principal Investigators
JAMA, 1995; 274:1591-1598

Cross-Cultural Communication in the Physician’s Office

JD Mull
West J Med, 1993; 159:609-613

Cross-Cultural Communication: The Special Case of Interpreters in Health Care

Robert Putsch III
JAMA, 1985; 254:3344-3348

Cultural Diversity Meets End-of-Life Decision-Making

B Jennings
Hospitals and Health Networks, September 20, 1994, p 72

Dealing with Patients from Other Cultures

Robert W Putsch III, Marlie Joyce
In *Clinical Methods*, 3rd edition.
HK Walker, WD Hall, JW Hurst, eds.
Boston: Butterworth - Heinemann, 1990, pp 1050-1065

The Difficult Patient: Prevalence, Psychopathology, and Functional Impairment

SR Hahn, K Kroenke, RL Spitzer, et al
J Gen Intern Med, 1996; 11:1-8

The Efficacy of Intensive Biopsychosocial Teaching Programs for Residents: A Review of the Literature and Guidelines for Teaching

RC Smith, AA Marshall, SA Cohen-Cole
J Gen Intern Med, 1994; 9:390-396

The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

KA Schulman, JA Berlin, W Harless, et al
N Engl J Med, Feb 25, 1999; 340(8):618-626

The study found that “the race and sex of a patient independently influence how physicians manage chest pain.” The authors suggest that this is due to “bias on the part of the physicians [which may] represent overt prejudice on the part of physicians or, more likely, could be the result of subconscious perceptions.” The negative outcomes from such perceptions could be reduced as a result of a more culturally competent physician workforce and a medical profession that better reflects a diverse population.

The Effectiveness of Intensive Training for Residents in Interviewing: A Randomized, Controlled Study

RC Smith, JS Lyles, J Mettler, BE Stoffelmayr, LF Van Egeren, AA Marshall, et al
Ann Intern Med, 1998; 128:118-126

The 76 references guide readers to resources that emphasize “patient-centered” interviewing skills.

The Effects of Two Continuing Medical Education Programs on Communication Skills of Practicing Primary Care Physicians

W Levinson, D Roter
J Gen Intern Med, 1993; 8:318-324

Empowerment Techniques: From Doctor-Centered (Balint Approach) to Patient-Centered Discussion Groups

PB Luban
Patient Educ Counseling, 1995; 26:257-263

Ethnicity and Attitudes Towards Patient Autonomy

LJ Blackhall, et al
JAMA, 1995; 274:820-825

Evaluating a Faculty Development Course on Medical Interviewing

GH Gordon, K Rost
In: *The Medical Interview: Clinical Care, Education and Research*
M Lipkin Jr, SM Putnam, A Lazare, eds.
New York: Springer-Verlag NY, 1995:436-447

An Evaluation of Residency Training in Interviewing Skills and the Psychosocial Domain of Medical Practice

DL Roter, KA Cole, DE Kern, LR Barker, M Grayson
J Gen Intern Med, 1990; 5:347-354

Gender in Medicine: The Views of First and Fifth Year Medical Students

D Field, A Lennox
Med Educ, 1996; 30:246-252

Health and Literacy Compendium

<http://hub1.worlded.org/health/comp/index.html>

An annotated bibliography of print and web-based health materials for use with limited-literacy adults.

The Health Care Experience of Patients with Low Literacy

DW Baker, RM Parker, MV Williams, K Pitkin, NS Parikh, W Coates, M Imara
Arch Fam Med, 1996; 5:329-334

Patients with low literacy harbor a deep sense of shame, which is reinforced by hospital staff who become frustrated or angry when someone cannot complete a form or read instructions. Seeking medical care is intimidating for patients with low literacy because they cannot understand signs and registration forms. Many patients recounted medication errors resulting from their inability to read labels.

Health Literacy Among Medicare Enrollees in a Managed Care Organization

Julie Gazmararian, et al
JAMA, February 10, 1999, Vol 281, No 6, pp 545-551

Researchers at the Prudential Center for Health Care Research (Atlanta), along with physicians from Emory University and Case Western Reserve School of Medicine, used the *Short Test of Functional Health Literacy in Adults* to survey 3,260 Medicare patients enrolled in the Prudential HMO. Results showed that even literate people may have low literacy in a health care setting because there is so much medical jargon. They found that the decline in literacy at advancing age occurs regardless of education. Patients with low health literacy and chronic diseases, such as diabetes, asthma, or hypertension, have less knowledge of their disease and its treatment and fewer correct self-management skills than literate patients. These factors may explain why patients with inadequate functional health literacy are more

likely to be hospitalized than those with adequate health literacy. Some patients could not read basic items commonly found in the health care setting, such as prescription bottles and appointment slips.

The Heart of Darkness: The Impact of Perceived Mistakes on Physicians

JF Christensen, W Levinson, PM Dunn
J Gen Med, 1992; 7:424-431

How Do Patients Want Physicians To Handle Mistakes? A Survey of Internal Medicine Patients in an Academic Setting

AB Witman, DM Park, SB Hardin
Arch Intern Med, 1996; 156:2565-2569

The Illness Narratives: Suffering, Healing, and the Human Condition

A Kleinman
New York: Basic Books, 1988

Incorporating Multiculturalism Into a Doctor-Patient Course

AR Gupta, TP Duffy, MC Johnson
Academic Medicine, 1997; 72:428.

The Influence of Gender on Physician Practice Style

KD Bertakis, LC Helms, EJ Callahan, et al
Med Care, 1995; 33:407-416

Informed Consent, Cultural Sensitivity and Respect for Persons

LO Gostin
JAMA, 1995; 274:844-845

Language in Cross-Cultural Care

Robert W Putsch, Marlie Joyce
In *Clinical Methods*, 3rd edition
HK Walker, WD Hall, JW Hurst, eds.
Boston: Butterworth - Heinemann, 1990

The Language of Medical Case Histories

William J. Donnelly

Ann Intern Med, 1997; 127:1045-1048

Case histories are “formative institutions that shape as well as reflect the thought, the talk, and the actions of trainees and their teachers,” according to William Donnelly, who urges that the patient’s personal situation or perspective be made an integral part of the written record. Donnelly examines seven “language maladies” that recur in writing case histories (and offers useful remedies for them):

1. “Introducing the sick person solely as a biological specimen, . . . [which] paves the way for a case history that describes the patient’s sickness primarily, or even exclusively, in terms of disordered biology.”
2. “Translating the patient’s ‘chief complaint’ into biomedical language . . . [, which] banishes the voice of the patient from the one place specifically reserved for it even in disease-oriented case histories.”
3. “Using rhetorical devices that . . . enhance the credibility of physicians and laboratory data and cast doubt on the reliability of the patient’s testimony. In these histories, the patient ‘says,’ ‘reports,’ ‘states,’ ‘claims,’ or ‘denies.’”
4. “Converting the patient’s story of illness, his or her human experience of being sick, disabled, or simply worried, into a history of present illness focused solely on the onset and course of biological dysfunction.”
5. “Categorizing what the patient says as ‘subjective’ and what the physician learns from physical examination and laboratory studies as ‘objective.’ ”
6. “Pathologizing the patient’s thoughts or feelings (for example, by calling a poor understanding of a medical condition ‘denial’ or labeling mere sadness ‘depression’).”
7. “Failing to elicit and record important changes in the patient’s perspective,”

especially at the end of life, when “failing to determine the medical goals and preferences of a seriously ill patient in a timely, proactive manner can result in unwanted interventions.”

Donnelly believes that “the dubious language practices used in conventional 20th-century medical case histories harm students and practitioners of medicine as well as patients.” He advocates an “accurate understanding of the probabilistic, observer-mediated nature of all clinical knowledge” and advises physicians to work with patients “as partners, not adversaries, . . . to attend adequately to patients’ suffering.”

Managing Personal and Professional Boundaries: How To Make the Physician’s Own Issue a Resource in Patient Care

SH McDaniel, TL Campbell, B Seaburn

Fam Syst Med, 1989; 7:1-12

The Medical Interview and Psychosocial Aspects of Medicine: Block Curricula for Residents

PR Williamson, RC Smith, DE Kern, M Lipkin, LR Baker, RB Hoppe, et al

J Gen Intern Med, 1992; 7:235-242

Medical Interviewing and Interpersonal Skills Teaching in US Medical Schools. Progress, Problems, and Promise

DH Novack, G Volk, DA Drossman, M Lipkin

JAMA, 1993; 269:2101-2105

Medical Interviewing: The Crucial Skill That Gets Short Shrift

F Davidoff

In *Who Has Seen a Blood Sugar? Reflections on Medical Education*

Philadelphia: American College of Physicians, 1996, pp 76-80

Medical Records, Medical Education, and Patient Care: The Problem-Oriented Medical Record as a Basic Tool

LL Weed

Cleveland, OH: Press of Case Western Univ, 1969

Methodology in Cross-Cultural Care

RW Putsch and M Joyce
In *Clinical Methods*, 3rd edition
HK Walker, WD Hall, JW Hurst, eds.
Boston: Butterworth-Heinemann, 1990

A Model of Empathic Communication in the Medical Interview

AL SuchmanL, K Markakis, HB Beckman, et al
JAMA, 1997; 277:678-682

The Narrative Road To Empathy

R Charon
In *Empathy and the Practice of Medicine: Beyond Pills and the Scalpel*
New Haven, Conn: Yale University Press,
1993:147-159

One America in the 21st Century: Forging a New Future

The President's Initiative on Race
Advisory Board to the President
September 1998

Complete text available at:
<http://www.whitehouse.gov/Initiatives/OneAmerica/cevent.html>

Reflects the results of a 15-month effort by seven board members, chaired by John Hope Franklin, to discover the role race plays in civil rights enforcement, education, poverty, employment, housing, stereotyping, the administration of justice, health care, and immigration. The 121-page report contains a section on "Cultural Competency of Providers," which addresses structural inequities and provider discrimination, as well as other causes of racial disparities in health care access.

The recommendations to reduce these disparities include strategies similar to those espoused by the AMA:

- Continue advocating for broad-based expansions in health insurance coverage.
- Continue advocacy of increased health care access for underserved groups.

- Continue pushing for full funding of the race and ethnic health disparities initiative.
- Increase funding for existing programs targeted to underserved and minority populations.
- Enhance financial and regulatory mechanisms to promote culturally competent care.
- Emphasize importance of cultural competence to institutions training health care providers. HHS should strongly encourage medical training institutions and accrediting associations to require that students receive some training in cultural competency.

Patient-Centered Medicine: A Professional Evolution

C Laine, F Davidoff
JAMA, 1996; 275:152-156

Patient-Centered Medicine: Transforming the Clinical Method

M Stewart, JB Brown, WW Weston,
IR McWhinney, et al
Thousand Oaks, CA: Sage, 1995

Patient-Centered Clinical Interviewing

JH Levenstein, JB Brown, WW Weston, EC McCracken, I McWhinney
In *Communicating with Medical Patients*, M Stewart, D Roter, eds.
London: Sage, 1989, pp 107-120

Patient Preferences for Communication with Physicians about End-of-Life Decisions

JC Hofmann, NS Wenger, RB Davis, et al
Ann Intern Med, 1997; 127:1-12

Patients' Lack of Literacy May Contribute to Billions of Dollars in Higher Hospital Costs

Charles Marwick
JAMA, Vol 278, pp 971-972

Patients' Perspectives on Dying and on the Care of Dying Patients

TR McCormick, BJ Conley
West J Med, 1995; 163:236-243

Physician-Patient Communication. The Relationship With Malpractice Claims Among Primary Care Physicians and Surgeons

W Levinson, DL Roter, JP Mullooly, VT Dull, RM Frankel
JAMA, 1997; 277:553-559

Physicians' Emotional Reactions to Patients: Recognizing and Managing Countertransference

AA Marshall, RC Smith
Am J Gastroenterol, 1995; 90:4-8

Preventive Care For Women: Does the Sex of the Physician Matter?

N Lurie, J Slater, P McGovern, et al
N Engl J Med, 1993; 329:478-482

Providing Culturally Competent Care: Is There a Role for Health Promoters?

JE Poss
Nurs Outlook, 1999; 47:30-36

Relationship of Functional Health Literacy to Patients' Knowledge of Their Chronic Disease: A Study of Patients with Hypertension and Diabetes

MV Williams, DW Baker, RM Parker, et al
Arch Intern Med, 1998; 158: 166-172

The Role of the Medical Interview in the Physician's Search for Meaning

AL Suchman, WT Branch, DA Matthews
In *The Medical Interview: Clinical Care, Education, and Research*, M Lipkin, SM Putnam, A Lazare, eds.
New York: Springer-Verlag NY; 1995, pp 368-375

Righting the Medical Record: Transforming Chronicle into Story

WJ Donnelly
JAMA, 1988; 260:823-825

Sex Differences in Patients' and Physicians' Communication During Primary Care Visits

D Roter, M Lipkin, A Korsgaard
Med Care, 1991; 29:1083-1093

A Strategy for Improving Patient Satisfaction by the Intensive Training of Residents in Psychosocial Medicine: A Controlled, Randomized Study

RC Smith, JS Lyles, JA Mettler, AA Marshall, LF Van Egeren, BE Stoffelmayr, et al
Acad Med, 1995; 70:729-732

Taking Suffering Seriously: A New Role for the Medical Case History

WJ Donnelly
Acad Med, 1996; 71:730-737

Talking With Patients: Is It Different When They Are Dying?

L Coulombe
Can Fam Physician, 1995; 41:423-437

Teaching Cultural Aspects of Health: A Vital Part of Communication

PS Gill, D Adshead
Med Teacher, 1996; 18:61-64

Temporary Matters: the Ethical Consequences of Transient Social Relationships in Medical Training

Dimitri Christakis, Chris Feudtner
JAMA, Vol 278, No 9, pp 739-43

Use and Management of Physicians' Feelings During the Interview

RC Smith
In *The Medical Interview: Clinical Care, Education, and Research*, M Lipkin, SM Putnam, A Lazare, eds.
New York: Springer-Verlag, 1995, pp 104-109

**Using a Family Systems Approach
in a Balint-Style Group: An Innovative
Course for Continuing Medical Education**

RJ Botelho, SH McDaniel, JE Jones
Fam Med, 1990; 22:293-295

**Videotaped Interviewing of Non-English
Speakers: Training for Medical Students
With Volunteer Clients**

D Farnill, J Todisco, SC Hayes, D Bartlett
Med Educ, 1997; 31:87-93

**When We Talk About American Ethnic
Groups, What Do We Mean?**

Jean Phinney
American Psychologist, 1996, vol 51, no 9,
918-927

**Why Do Patients of Female Physicians
Have Higher Rates of Breast and Cervical
Cancer Screening?**

N Lurie, KL Margolis, PG McGovern, PJ Mink,
JS Slater
J Gen Intern Med, 1997; 12:34-43

**Working with Linguistically and Culturally
Different Children: Innovative Clinical
and Educational Approaches**

Sharon-Ann Gopaul-McNicol, Tania Thomas
Presswood, 1998

Reflecting 10 years of cross-cultural practice and research with children of various linguistic and cultural backgrounds, this volume offers an eclectic approach to assessment, treatment, teaching, consultation, and research with culturally diverse children. Includes information on the values and beliefs inherent in the child's cultural upbringing and on using culturally sensitive intervention strategies.

**Writing at the Margin: Discourse Between
Anthropology and Medicine**

A Kleinman
Berkeley, CA: Univ of California Press, 1995

