

How to reconcile patient misconceptions, evidence-based medicine

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Imagine: You're a practicing physician, and your patient presents with the common cold. The patient demands antibiotics, but antibiotics aren't the recommended treatment for a cold. What do you do?

That was one of the scenarios that played out at a special session for medical students during the 2014 AMA Interim Meeting. The AMA Medical Student Section (MSS) Committee on Scientific Issues presented common situations physicians in training may face in practicing evidence-based medicine while also helping patients feel satisfied with their experiences.

In the case of the common cold, committee members suggested reinforcing the fact that you believe your patient is sick but offering alternative non-antibiotic treatments. Other suggestions include using the term "cold" instead of "infection" and educating patients on how over-prescribing antibiotics could be detrimental in the long-term.

"Medicine is not just about keeping patients [physically] healthy," said Christina Kratschmer, a fourth-year medical student at Albert Einstein College of Medicine and chair of the committee. "You also want to keep patients happy because mental health plays into physical health. If your patient walks out the door happy and satisfied, it's a lot better for you both."

A few other common misconceptions the session addressed—along with practical suggestions for dealing with them in a way that leads to good medical care and satisfied patients—included:

"I can stop antibiotics when I feel better."

- Ask your patient to explain why they believe their medication is necessary. Then, ensure the patient understands what the drug will do and how to take it by asking them to repeat back their instructions.
- Using electronic alerts to remind patients to take their medication also can be helpful.

- Make sure the patient understands that not finishing a course of antibiotics can lead to the evolution of drug-resistant microbes.

“Giving my daughter the vaccine for human papillomavirus will encourage promiscuity.”

- Share the latest research with the patient and her parent or guardian. For instance, a recent study compared 500 vaccinated girls with 900 girls who had not been vaccinated, finding no statistically significant difference in the occurrence of teen pregnancy or sexual transmitted diseases.
- Inform the patient and the parent that the vaccine should be given before any sexual activity to be most effective.
- Emphasize your confidence in the vaccine to make patients feel secure, and remind parents that the series requires three shots.

“The measles, mumps, rubella vaccine will give my child autism.”

- Ask about and acknowledge any concerns your patient’s parent or guardian may have.
- Make your conversation personal—some people will be swayed by facts, while others will need evidence of the horrors of vaccine-preventable disease. Tailor your conversation to each person.

What’s worked for you? Share your tips and techniques for patient communication in a comment on *AMA Wire*® or on the AMA-MSS Facebook page.