

# Encouraging Patients to Ask Questions

## How to Overcome “White-Coat Silence”

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**T**HE FOCUS OF AN ONGOING EFFORT IN HEALTH CARE quality improvement is to encourage patients to ask questions during their care. In September 2011, the Agency for Healthcare Research and Quality (AHRQ) launched the Questions Are the Answer campaign (TABLE) and has used \$20 million of donated marketing outreach toward building patient engagement through asking questions (Farah Englert, AHRQ, November 15, 2012, written communication). In 2002, the Joint Commission created Speak Up, an initiative that promotes patient involvement in care and emphasizes the importance of asking questions (Table).

Encouraging patients to ask questions makes sense; it has the potential to enable shared decision making between patients and physicians. As a result, patient adherence may improve, patient satisfaction may increase, and patients may be more likely to receive care that is in accordance with their values and preferences.<sup>1</sup> While patient engagement is unproven and potentially inappropriate as a safety net for catching medical errors,<sup>2</sup> it may be a valuable tool for facilitating communication that empowers patients.

But the barriers that prevent patients and physicians from meaningful question-and-answer exchanges are substantial. Simply encouraging patients to ask questions and providing examples are not enough. This Viewpoint describes these barriers and presents suggestions for how they may be overcome.

### Barriers From the Patient Perspective

Interacting with the health care system can be understandably unsettling for any patient—even for physicians who become patients. The strange surroundings, unfamiliar faces, long waits, and feelings of anxiety, intimidation, pain, and vulnerability all contribute to a phenomenon that can be labeled “white-coat silence”—a reluctance to vocalize questions to physicians. (This term is analogous to “white-coat hypertension,” a phenomenon in which patients have a transient elevation in blood pressure when a physician is present.) The AHRQ and Joint Commission campaigns try to help patients overcome this barrier by suggesting questions patients can bring to their appointments. Yet, even with these suggestions in mind, patients may still remain silent out of fear of being labeled difficult if their questions foster resentment or take up too much of the physician’s time.<sup>3</sup>

**For editorial comment see p 2384.**

The traditional paternalistic dynamic between patient and physician, though diminishing over time, looms as another barrier to patients asking questions. An asymmetry of power is inherent to the patient-physician relationship, not just because of differences in knowledge and experience but also because patients perceive that physicians can easily alter the level of service they provide.<sup>4</sup> The Internet has allowed patients to be better informed, but the power gap remains.

Even if patients know what questions to ask and fear no consequences, they may be unable to interpret the answers, especially when medical jargon is used. A patient’s silence after a clinical discussion may be interpreted by a physician as understanding, thereby evoking a false sense of both achievement and relief that more discussion is not required. In reality, the patient may be thinking, “I have no idea what you are talking about” but is too embarrassed to say so.

### Barriers From the Physician Perspective

Encouraging patients to ask questions, providing adequate answers, and ensuring comprehension requires time—a fixed resource that is already in short supply for many physicians. Recognizing this barrier, the AHRQ campaign suggests that patients prioritize their questions during each visit. Nevertheless, busy clinicians are unlikely to embrace an activity that requires a substantial time commitment unless the market for their service demands it.<sup>5</sup>

In addition, certain questions will be new territory for some physicians and may provoke anxiety, particularly if they feel their competence is challenged or if they are embarrassed by the answer. The Joint Commission campaign recommends that patients “ask their doctors about the training and expertise that qualify them to treat their illnesses,” while AHRQ recommends asking “How many times have you done this procedure?” Questions like these are common in other industries: architects are asked what other buildings they have designed, and job applicants are asked about their education and work experience. But currently, physicians may interpret such questions as a threat to their ability and authority.<sup>6</sup>

For physicians to effectively answer questions about volume and outcomes, they need access to, and the capability of interpreting, recent data about their (or their institutions’) performance. Currently, the response to a question such as “Which

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**Table.** Campaigns to Encourage Patients to Ask Questions

	Campaign	
	Questions Are the Answer	Speak Up
Organization	Agency for Healthcare Research and Quality	The Joint Commission
Most recent update	September 2012	May 2013
Website	<a href="http://www.ahrq.gov/questions/">http://www.ahrq.gov/questions/</a>	<a href="http://www.jointcommission.org/speakup.aspx">http://www.jointcommission.org/speakup.aspx</a>
Key content	10 questions to ask your doctor Your doctor wants your questions. Your health depends on good communication. . .quality health care is a team effort.	Speak up if you have questions or concerns. Pay attention to the care you get. Educate yourself about your illness. Ask a family member or friend to be your advocate. Know what medicines you take and why. Use a hospital, clinic, or surgery center that has been carefully checked out. Participate in all decisions about your treatment.
Features	Question Builder allows patients to build a printable, personalized list of questions prior to an appointment by selecting questions from a menu. Testimonial videos from patients and physicians, as well as brochures and posters encourage patients to ask questions. The glossary is a resource to help patients make sense of the terms doctors use.	Animated videos encourage patients of all ages, in various health care settings, to ask questions and to get involved in their care. Brochures advise patients what questions to consider in 21 different health care situations. Posters address issues such as preventing errors and infections, and tell patients what they should know about conditions.

hospital is best for my needs?" (an AHRQ-recommended question) is more likely to be based on familiarity, preference, reputation, and admitting privileges than on data.<sup>7</sup> Moreover, even with good data in hand, many physicians are ill equipped to answer questions about probability and risk reduction.<sup>8</sup>

## Solutions

Some of these barriers may have straightforward solutions. For example, use of the teach-back method, in which physicians ask patients to repeat key points of a discussion, could help ensure patient comprehension. This strategy also would allow physicians to adapt teaching methods to various levels of patient literacy (especially for vulnerable populations and for patients whose language differs from that of their physician).<sup>9</sup> Educational programs, in medical school and beyond, could better prepare physicians to respond to potentially uncomfortable questions. In addition, an expansion of publicly reported quality data, such as the Centers for Medicare & Medicaid Services' Physician Compare and Hospital Compare websites, could provide physicians with the data necessary to answer some patient questions, although physicians will need direction and encouragement to use them.<sup>7</sup> Physicians could also receive training in communicating probabilities and risk reduction to their patients and technological support (eg, personalized patient decision supports) for these discussions.

Team-based models of care, such as the Patient-Centered Medical Home, and payment reform could create efficiencies in the delivery of care that would allow physicians more time for synchronous, face-to-face discussions with patients of issues about which they have the most knowledge—a task for which they have what economists call a “comparative advantage” (ie, a service they can perform more proficiently than others).

However, the broader issue with patient engagement is not just how to improve the question-and-answer session, but how to fix the patient experience. What can be done to help patients feel comfortable enough in a physician's office or hospital that they will ask questions? Or, better yet, is it possible to create

systems whereby their questions are answered automatically? For instance, patients who are scheduled for surgery should be able to review a standardized, user-friendly dashboard of information, including probabilities, descriptions of outcomes, and frequently asked questions. In most industries, consumer experience is paramount. Encouraging patients to ask questions is a start but needs to be part of a more fundamental reengineering of health care toward a patient-centered experience in which white coats provoke more open dialogue and less apprehensive silence.

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