Patients’ presentations of concerns during closing

It has often been observed that patients present new concerns during the closing of the medical interview (hence the expressions ‘doorknob concerns’, and ‘by the ways’). Given what is known about the structure of institutional encounters such as medical interviews, it is perhaps not surprising that the closing phase offers opportunities for patients to express concerns for which they may not have found the place earlier in the consultation. This may be because of constraints of other tasks and activities, such as gathering information and physical examination, which tend to be led through the doctor’s questions or actions. It may be because the closing offers reflective space and time for considering other, often unanticipated questions, problems and concerns from the patient’s perspective. Or it may be that the patient has been hesitant to mention an issue of concern to them, in case it is not viewed by the doctor as medically legitimate or relevant; but is prompted to do so in the closing, perhaps in response to a cue from the doctor such as “Anything else?”

The following suggestions are based on a review of selected research literature on how and where patients present their concerns in medical interviews. These points may be useful to keep in mind when managing your consultations with patients: to help you involve the patient meaningfully in identifying and discussing problems and concerns, and to allow you to make most effective use of the communication skills and strategies at your disposal to care for your patients and to address their concerns.

Ask the patient prior to the closing phase if they have other concerns (White et al 1994; White et al 1997)

Recognise other opportunities in the consultation for new or unanticipated topics to arise. For example, when moving from history-taking and gathering information to the examination phase, patients may be encouraged to offer additional information or ask questions that indicate other concerns.

Using “some” rather than “any” when inviting the patient to talk about their concerns may allow more concerns to be identified (Heritage et al 2007)

Asking the patient “Do you have some other concerns that you’d like to address today?” has been shown by Heritage et al to be more likely to lead to the patient mentioning further concerns; whereas asking “Do you have any other concerns...” is a question design that favours a “No” response.

Begin the closing with awareness that new, potentially urgent concerns may be raised at this point (White et al 1994; White et al 1997).

One way to anticipate and accommodate new concerns in closing is to signpost the closing in such a way that the patient is encouraged and invited to begin to think about any further concerns they might have before the closing is in progress.

References:
