Preface

Tomato Tomahto

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Editor

Modern medicine is complicated. In the early 1800s, doctors placed a shingle above their office entrance. In a single examination room, the physician would sit, communicate, and heal. In the twenty-first century, those shingles are bright hospital lights, Web site banners, building directories near the elevator, and perhaps, still, shingles. Eventually, the patient finds us, or we find them. We sit. We communicate. We heal. Which parts of traditional healthcare communication are timeless? Which parts are new? This unique issue of Medical Clinics of North America shares evidence-based approaches to healthcare communication. Allow these authors to help make modern patient interactions better for the patient and care team.

Unprecedented. COVID-19 is a novel disease. In many ways the COVID-19 pandemic is unprecedented for the global population and modern medical field. Most front-line clinicians have had the unprecedented task of performing the diagnostic interview, delivering bad news, and establishing goals of care while speaking through personal protective equipment and with patients’ loved ones remotely via video conference. To a previously healthy patient, a new cancer diagnosis is unprecedented. The scans, the procedures, the infusions—uncharted territory, wrought with uncertainty. Precedent tells us that novelty and challenges in medicine are commonplace.

High value. High-value care benefits the patient and minimizes financial cost and harm. With innovative diagnostics and therapies, as well as the globalization of healthcare, patients want the best care, and we want what is best for them and the system. Sometimes we are on the same page and sometimes we are not. As part of informed consent, providers must assess if the chosen care plan aligns with a patient’s value system. What are the patient’s values?

Personalized medicine. Genetics has a role in guiding the prevention, diagnosis, and treatment of some diseases. Science is at the core of personalized medicine. In healthcare communication, the phrase “personalized medicine” parallels “person-centered language.” In the words of Norman Cousins, “It is the physician’s respect
for the human soul that determines the worth of his science.”¹ Are we speaking effectively to patients of other cultures or gender identity? How do we talk to patients when we’ve made a mistake? Science is not perfect, and science is fluid. We as clinicians can improve our communication skills.

Provider. Approximately one in five inpatients can name the physician in charge of their care; most inpatients cannot. Provider teams include licensed physicians, trainees, students, and advanced practice providers. Are we going to refer to ourselves as doctors? Clinicians? Physicians? Providers? How can we help patients if they don’t even know who we are?

This unique issue brings together a breadth of experts in healthcare communication, a field that expands beyond physicians. The authors insight into the practice of modern medicine is of paramount significance. They have volunteered their time at a time when time is sacred. I appreciate their dedication and contributions.

Thank you also to my family for their support as this project ripened. You enrich my growth as a physician, even if tomatoes are no longer your favorite.

While our profession is challenged, communication is our stronghold. I hope this information resonates with your medical practice and teaches you something new. We are lifelong learners, after all.

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REFERENCES