

CONFERENCE ON PATIENT AND FAMILY EMPOWERMENT FOR BETTER PATIENT SAFETY

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Workshop 2: Patient-professional
communication as a critical safety factor

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“ A STRONG PATIENTS' VOICE TO
DRIVE BETTER HEALTH IN EUROPE ”

1- Are there situations where patient-professional communication is particularly critical to ensure safety?

Maybe the question should be, "Are there any situations where patient-professional communication is NOT critical?"

- ✓ Decisions - treatment/treatment changes/QoL (benefits/risks/suitability – shared decision making). Acute and chronic conditions, as well as multiple conditions and polypharmacy.
- ✓ Handovers (one doc to another, paediatric to adult care etc.)
- ✓ The patient “knows” something is wrong (an invisible problem). Maybe it is outside the professional’s speciality (or the box). Can the HCP be sure there is “nothing wrong”?

2 - What are the current barriers to effective patient-professional communication?

- ✓ Historical/traditional/cultural. “Why is it so hard to talk to God?” The attitude on both sides. Professionals (and society) don’t see the patient as competent. Patients can fear talking openly. For example, about an alternative treatment (which may be interacting with a current treatment...) or side-effects they are experiencing.
- ✓ Time & resources – The pressures are there, but are they sometimes an excuse?
- ✓ Financial & legal threats (risks for the professionals) – Patients don’t have the full picture – If not “discussed” and the patient is not a partner (or the PO), there is a missed opportunity in terms of change (lobbying).

Recommendations:

- Multi-stakeholder collaboration to put communication strategies in place – the tools exist and can be learned.
- PO organised education in university settings on the importance of communication and its benefits (+ peer education).
- Perhaps it would be possible for doctors to obtain credits by participating in collaborative education initiatives with POs?
- Initiatives to encourage the “What matters to you?” approach from HCPs.

In short: making it part of the everyday “structure” of doctor training.

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