Letter to Journal Editor

[Name of the Student]

[Name of the Institution]

# Letter to Journal Editor

*Prof James Giordano*

*Editor-in-Chief*

*Philosophy, Ethics, and Humanities in Medicine*

*Springer Nature*

*December 27, 2019*

Dear Sir,

With reference to the journal article “The Role of Culture/Ethnicity in Communicating with Cancer Patients about Mental Health Distress and Suicidality”, I would like to emphasize the need for promoting communication skills in Health Care Professionals (HCPs) so that the patients can avail standard healthcare benefits in the treatment of diseases. The article mentioned above discusses the involvement of culture in facilitating or hindering communication between physicians and patients. The research was conducted in the context of cancer patients to communicate with them openly about mental health distress and suicidality. Cross-cultural influences were studied how they affect the communication of these topics between health care professionals and patients. The study concluded that the need for training HCPs to communicate effectively in cross-cultural contexts to ensure satisfactory counseling of cancer patients is undeniable. I am writing to you this letter to insist on urge researchers conduct extensive studies on the role of culture in facilitating or hindering communication between healthcare professionals and patients to communicate openly on the necessary details involved in their cases. This awareness will ensure the development of training programs for the health care professionals that inculcate in them certain essential attitudes and skills to remove communication gaps.

Health care professionals must show empathy towards patients, especially those who have been diagnosed with serious health disorders. They must understand the condition and distress that the patients are suffering from, and strive for facilitating the patients to the utmost to ensure the best possible treatment. The patients with severe diseases often acquire mental health distress and suicidal tendencies more frequently than other patients. The health care professionals must feel this difference of severity in clinical situations when dealing with different patients. To this end, barriers of communication between HCPs and patients should be eliminated. In identifying thoughts and tendencies of patients suffering from severe diseases, certain barriers exist that must be removed, including lack of sufficient screening tools, lack of time, discomfort in discussing with patients about their illnesses due to cultural restraints or associated taboos, incapability to understand patients’ views or tendencies due to communication gaps, and other factors (Granek, Nakash, Ariad, Shapira, & Ben-David, 2019).

The communication gaps increase between HCPs and patients due to cultural differences that prohibit them to talk openly on particular issues of health. Certain religious factors are also involved in making this communication ineffective. For instance, Judaism and Islam prohibits suicide and, therefore, patients observing these religions would definitely hesitate to discuss their inner thoughts with health care professionals. This will make it difficult for the HCPs to identify the risks of suicide and degree of distress among such patients. This situation calls for adequate training of the HCPs for developing cross-cultural competency as well as cross-cultural humility (Granek, et. al, 2019). Cross-cultural competence will prepare them to deal with patients' diversity, whereas cross-cultural humility will create in them a respect for other cultures, increased empathy toward patients’ varying backgrounds, and long-term capability to endure difficulties of dealing with cultural disparities.

Commitment to profession and sincerity towards the patients must be the basic guiding principles of every medical professional. They are bound by their professional ethics to provide necessary information and have patience in replying to the patients’ queries. Belittling the patients or keeping them ignorant of the facts can increase their distress and negative tendencies (“Barriers for the Doctor and The Patient,” 2019). This indicates the non-professional behavior of health care professionals. The only thing that can mend this way of practice is to promote awareness by publishing relevant literature more frequently and urging the medical institutions to arrange training sessions for the practitioner to enable them to treat patients fairly and competently, overcoming their personal shortcomings and weaknesses. Another aspect of insufficient communication between doctor and patient is the unjustifiable behavior of patients during their examination by the doctor. Mostly, patients ask irrelevant questions and consciously or unconsciously elongate the dialogue to unnecessary limit. They often irritate the practitioner such that he or she is compelled to treat them strictly. The illuminating literature published in authoritative journals will create awareness in the practitioners how to handle such situations and the training sessions organized for them will instill in them the required practical skills to cope with the patients’ irrational mannerism.

The doctor and patient relationship is supposed to be active from both sides. The doctors are supposed to provide the patients with sufficient information related to their cases, and the patients are expected to talk openly and take an almost decisive position in their clinical condition to ensure fairness of treatment. However, in a comprehensive study conducted by involving 327 medical practitioners and 764 patients with different diseases (mostly severe), it was disclosed that patients do not tend to make decisions in clinical situations, out of the uncertainty about their health condition, lack of necessary information, and distress suffered due to the illness (Mira, Guilabert, Pérez-Jover, & Lorenzo, 2014). This implies that doctors mostly do not inform patients of the essential details of their health conditions with clarification. Patients are not left with enough confidence to understand their health disorder precisely besides knowing the possible implications of the acquired disorder. It is urgently needed that responsible publishers undertake the responsibility of creating awareness in doctors and patients to increase the involvement of patients in clinical safety.

Doctor-patient communication is at the core of treatment procedures carried out at medical institutions. It is necessary for the doctors to have precise communication with patients. However, studies have reported that many doctors demonstrate over-confidence in dealing with patients and assume mistakenly that they understand patients’ problems clearly and that the communication held between them and their patients has been efficient. In a study conducted with orthopedic surgeons, 75 percent of the surgeons reported that they had communicated with their patients up to the satisfactory level. However, 21 percent only of the patients in those cases reported that they had satisfactory communication with their doctors. Further, many surveys show that patients in most clinical situations demand better communication with their consultants (Ha & Longnecker, 2010).

Communication between physicians and patients is a constant requirement of the medical profession, and to ensure effective communication, the physicians must continue to strive for improving their skills in this regard. The physician-patient encounter if not happened appropriately can cause several health care disparities. Therefore, health care professionals have to observe certain practices to ensure the improvement of communication. The physicians should make themselves accustomed to deal with patients of different cultures. They should presume that people despite having standard education often lack the understanding of medical terms due to the specific origins of these terms (Misra-Hebert & Isaacson, 2012). Hence, physicians should use simple language when communicating with the patients by avoiding medical jargon.

It is the need of the hour that publishers understand their responsibility towards increasing awareness among physicians to get sufficient training so that the barriers could be removed from their communication with patients. Cultural and language barriers create great hindrance in providing standard treatment to patients. Medical institutions should arrange training sessions for practitioners to enable them to make effective communication in cross-cultural settings.

Sincerely,

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References

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