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Review Article

Fundamentals of Doctor Patient Communication – A Narrative Review

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Abstract

Doctor-patient relationship is built on positive patient experiences, driven by an individual's fundamental need to be seen, heard, and cared for. Over two millennia ago, Hippocrates advised his disciples "to cure sometimes, to relieve often, and to comfort always"—a timeless principle that remains highly relevant even in the present context. While clinical comfort is perceived subjectively, it fundamentally relies on trust and empathy. When words are insufficient, comfort can be delivered through non-verbal cues such as a warm smile, open posture, forward leaning, gentle touch, eye contact, and affirmative nodding. These subtle interactions leave lasting impressions on the patients. Ultimately, clinical communication hinges on the principle that patients do not care how much a clinician knows until they know how much that clinician cares. Even when a cure is unavailable, comfort is always achievable. This review outlines the fundamentals of communication skills essentially to be acquired by each and every healthcare professional.

Keywords: Doctor Patient Communication; Dentist Patient Communication; Communication Skills; Listening; Body Language; Empathy; Friendliness; Competence

Introduction

Communication is the process by which thoughts, feelings, ideas and information are exchanged between individuals or groups and play a vital role in both personal and professional life. Message is the essential part of communication and which will be sent by one person (sender) to another (receiver) through a common system of symbols, signs or data. A health professional should have reasonably good understanding of the pathways of communication like verbal, written, nonverbal (body language) and visual (infographics and slide presentations) [1].

It is estimated that in the professional life of a dentist or a doctor, he/she conducts approximately 20000 interviews. In an average, 2500 messages are received by an individual of which only 65 messages are remembered. Osmo A Wiio, a Finnish academic has formulated humorously a few laws on human communication which contain some truth in them:

- Communication usually fails except by chance.
- If a message can be understood in different ways, it will be understood in the most harmful manner.
- There is always somebody who knows the meaning of the message better than you.
- The more you communicate, the more difficult it is to succeed [2,3].

Any conversation between two persons involves six different versions: 1. Who you think you are 2. Who you think the other person is 3. Who you think the other person thinks you are. The three perspectives are applicable for each individual and hence the six versions of understanding. According to the mathematics of group relationships, if 5 people are conversing, 120 potential relationships develop. If the number of people increases to 7, the number of potential relationships increases to 5040. More talking and over explanation will not clarify the message rather more misunderstanding will develop. If a person feels that he has communicated fully well which indicates that the person has not considered the listener's perspective and it is almost sure that the goal is not fully achieved [4].

Prof. Albert Mehrabian, author of the classic text book on psychology- 'Silent Messages' has identified the contributory factors that develop the impact of the message into three and has measured it in percentage.

- Spoken words – the literal meaning of the words (7%)
- Tone of the voice – how the words are expressed (38%)
- Body language – facial expression, posture and gestures (55%)

If the above components are not in alignment, the spoken message will not be believed. In a clinic if the doctor is disinterested and the patient can identify that fact from the body language and patient will lose faith in the doctor. The three percentage values are combined and made into a rule like 7-38-55 rule. This rule is mainly applicable when feelings, emotions and attitudes are communicated and hence it becomes relevant in the doctor-patient communications [5].

The skills of highly effective communicators

- **Listening:** Health professionals dealing with patients should have good listening capability. Listening and hearing are not similar functions. Hearing is a passive biological function/process. But listening is active and it requires focus, concentration and cognitive effort to process, interpret and understand the meaning of what one hears. Hearing is involuntary; it happens whether you are interested in it or not. Listening requires motivation, empathy and intent. Doctors with good communication ability use techniques like questioning, restating or paraphrasing with an intent to validate what is heard.
- **Empathy:** Empathy is the ability to demonstrate respect for the other person's feelings and point of view. It builds essential trust, reduces anxiety and improves overall medical outcomes. The doctor has to practise active listening by allowing the patient to explain their symptoms and history without interruption. Eye contact should be maintained and multi-tasking (listening to patient and giving instructions to the assistant) should be avoided. Uncrossing the arms, sitting at eye level with the patient and asking open ended questions will give the patient, opportunities to explain his concerns. At the end of consultation, the doctor can summarise and verify with the patient for the correctness of understanding which will enhance the confidence level. Empathy includes three independent but interconnected dimensions: a) Emotional empathy which refers to the ability to resonate with another person's emotions which can include pain. b) Cognitive empathy is understanding another person's subjective experience from their perspective. c) Empathic concern (also known as compassion or sympathy) is recognising another person's suffering, the motivation to care for and take appropriate action to improve their wellbeing [6] (Figure 1).
- **Friendliness:** Friendliness is the quality of warmth, kindness and openness expressed by a person so that others will feel at ease and welcome. It is a proactive approach to human connection and puts people in a comfortable, approachable

state of mind. Most of the characteristics described in relation to empathy are applicable to friendliness also. Communicators assume a warm tone of sociability (Figure 2).

- **Focused and clear:** A doctor must maintain sharp mental concentration and attention to detail. Messages that are given should be brief, plain and direct. As far as possible the message should be presented without medical jargon and short forms (in non-technical language which is easily understood) [7].
- **Confidence:** Being confident means that the doctor should trust his own clinical judgement, approach diagnosis decisively and communicate it in a way that puts the patient at ease. When a doctor speaks clearly and firmly about the treatment plan, it reassures the patient that they are in capable hands. A truly confident doctor knows their scope of knowledge and is secure enough to order tests, consult specialists or honestly admit when they need to look deeper into a complex, unfamiliar case [8].
- **Enthusiastic doctor:** Show passion for their work and inspire the patients to actively cooperate with their health care. Enthusiasm and passion are contagious. Such doctors will be engaged in lifelong learning.
- **Well informed doctor:** A well-informed doctor is an evidence based clinician, stays current with the latest clinical research, treatment guidelines and medical technologies. Constantly reads journals, attends conferences and workshops. They are knowledgeable, conversant and well versed with the subject.

Figure 1: Expression of empathy.

https://www.greaterthanone.com/2023/04/26/empathy-and-compassion-in-healthcare/

Figure 2: Friendliness.

https://cliftonandmauney.com/blog/dental-care-for-kids

Doctors with good communication skills can identify patient's problems precisely and accurately. Their patients adjust better psychologically and are more satisfied with their care. Such doctors get greater job satisfaction and less work stress. Communication is an essential skill required for the health professionals and which could augment the professional skills and their efficiency.

Basics of doctor-patient communication

Training of the health professionals does not include specific instructions on communication skills. This is a serious oversight considering the fact that clinical practice centres around dealing with patients and their complaints. A number of studies have shown that doctors are not good communicators. Doctors often tended to be authoritarian and, in the past, patients accepted this behaviour because of the respect accorded to the doctors by the society. Times have changed and patients are exerting their rights to be partners in their care. It is generally observed that doctors do more talking than listening. 72% of the doctors interrupted the patient's opening statement after 23 seconds [9].

Doctors underestimate

The quantum of information patients want and overestimate how much actually they give. In a session of 20minute consultation, doctors spent about 1 minute in informing the patient but they believed that they spent 9 minutes per visit for informing the patient. Doctors who encouraged patients to talk about family and job had more satisfied patients.

Patients do have complaints

About the quality of care they get from the doctors. Many patients felt that they are not involved in the decisions about their care. No information is given to the patients about resuming normal activities after the treatment. Many patients complained that they were not given adequate explanation on the test results and they felt that doctors and assistants gave different opinions. This is due to the information overload the patients are subjected to by the doctors and other staff. Doctors must verify with each patient whether they have understood the instructions. In an oral surgery department, the patients were given specific oral instructions after dental extraction, not to consume hot food or beverages because it can initiate postoperative bleeding. A printed instruction sheet was also given to each patient. In the late night a few patients do report with bleeding and the history revealed that most of them had hot salt water gargle, thinking that the wound will heal fast. None of them bothered to read the instruction sheet. Only the most essential instructions need be printed and given to the patients. When the doctor asks the patient whether he has understood the information given, most of the patients would reply in the affirmative. Probably they are clear at that moment but when asked to recall the instructions, majority of the patients are not clear about it or rather confused. Unless the doctor specifically collects the feedback, the doctors remain unaware of the fact that the patients have misunderstood the information provided.

How to initiate conversation with the patient

Consider the first visit of the patient to the hospital. Both the doctor and the patient are strangers. The patient will be uncomfortable and anxious. The doctor should adopt an inviting body language, the components of which are as follows:

- **On seeing the patient, the doctor should greet him/her with a smile:** If the doctor is wearing a mask, the eyes and cheerful voice quality should act as a substitute for smile. Smile instantly breaks the ice, signals approachability and creates a welcoming atmosphere.
- **An open posture is always desirable:** If both the arms are closed against the chest, patient would feel that the doctor is not approachable and receptive. Patients may not speak freely. Confident doctors keep an open posture (Figure 3).
- **After both the patient and the doctor are seated in the respective chairs, the doctor should not lean back in the chair:** Instead, the doctor should turn and lean slightly forward towards the patient's side. Patient will feel that the doctor is attending.
- **With children and old aged individuals, a touch on the hand is very much reassuring (a handshake or pat on the arm):** As part of clinical examination, even otherwise the doctor has to touch the patient's body in the later stages. Prior permission is required to touch the body of the patient especially when the patient is a lady.
- **Eye contact is very essential in building a rapport with the patient:** But care has to be taken not to stare at the face. A good method is to change the gaze from left eye to the right eye and then to the mouth. The gaze can be changed every 10/15 seconds. With the eye contact, the patient would feel that the doctor is genuinely interested in treating and focused.
- Whenever the patient is answering, the doctor should acknowledge it by a subtle nod of the head. This will ensure that the doctor is tracking and understanding when the patient speaks

Figure 3: Open and closed body postures.

https://www.understandbodylanguage.com/open-vs-closed-body-language/

When the first letters of the six factors described above are put together, it forms an acronym – SOFTEN.

- **S** – Smile
- **O** – Open posture
- **F** – Forward lean
- **T** – Touch (appropriate – shaking hands)
- **E** – Eye contact
- **N** – Nod when the other person talks

When mastered, the SOFTEN technique improves personal and professional communication [10].

Conversational technique

Doctors should develop a patient centred partnership based on talking to and listening to the patient. The following are certain conversational techniques which doctors can follow:

- Posture and body language communicates much better than the spoken words. When meeting the patient, it is desirable to smile and lean forward towards the patient when the patient starts speaking.
- Elicit the patient's concerns through open ended questions and patiently listening to him/her without interrupting.
- Develop mutual trust with the patient; such patients will comply with doctor's instructions.
- One third of the doctors do not always inform the patients about abnormal test results especially it is of mild nature. Doctors are of opinion that patient need be informed about the normal results but majority of them do not follow that in practice. Presently patients are well aware of the test results whether it is normal or abnormal. Now laboratories provide test results along with the normal range values. More explanations are available with AI sources which most of the patients explore first.
- Majority of the doctors believe that the patient's narration is not fully reliable. Patient is the person who truthfully experiences the difficulties and when he gets relief, he can judge the nature of relief. Doctor is an expert who can gauge the patient but the patient is the one who is the person experiencing the disease and there is no point in belittling the firsthand experience. In a way both are experts in their own world [11,12].

Barriers to communication

Commonly identified barriers are time constraints, distractions and clinic environment. Doctors have heavy workload and rigid schedules and hence they rush through the consultations and patients may feel that they are not given adequate attention. Use of electronic health records and note taking can act as distractors and divert doctor's attention away from the patient. Lack of privacy, crowded and noisy waiting areas inhibit open and confidential conversations.

Too many technical terms, closed ended questioning related to chief complaint, perceived lack of empathy and doctor's attitude of superiority will make the patient intimidated and they may not open up in communication. Anxiety, fear, embarrassment and low medical literacy level may compel the patient to withhold information during the fact-finding sessions. Language barriers and cultural differences can also act as communication barriers.

Addressing the above communication challenges can avoid medical errors and build trust. Active listening, engaging the patient in decision making, giving training to the medical staff to enhance cultural competency (ability of an individual to understand and respect values, attitudes and beliefs) and using interpreters can help both the doctors and patients to overcome the barriers in communication [13].

Interruptions

Doctors frequently interrupt the patient's opening statement within the first few seconds. In the earlier studies it was recorded as 11 – 23 seconds. Recent studies have recorded it as 6.5 seconds. Interruptions occurred 9 times per minute. Interruptions are broadly classified into supportive (encouragements) or intrusive (redirections). Interruptions are defined as follows:

- Back channel – verbal or nonverbal interjection like 'hmm', 'yes', 'I see', 'go on' which indicates interest, understanding or sympathy. This is very supportive and encourages the patient to continue speaking without changing the subject.
- Back channel interruptions along with opening statement of the patient (supportive).
- Non back channel interruptions along with opening statement of the patient. This can be to seek more explanation for clarity (supportive).

- Floor changing interruption – Interrupting to redirect the patient's opening statement, often bypassing the patient's chief concern in favour of the doctor's immediate diagnostic priorities. This is considered as an intrusive interruption.

Studies suggest that allowing patients to complete their initial opening statements without intrusive interruptions (which takes roughly a minute or less) generally leads to higher patient satisfaction and more comprehensive data gathering.

Studies have shown that majority of the opening statements (55%) were not completed due to floor changing interruptions. Interruptions can be supportive in nature but from the patient's point of view it may carry a mild negative effect. Female consultants use more back channels than their male colleagues. Younger consultants made more interruptions than the senior consultants possibly due to higher levels of training and the gained experience [14-16].

Communication skills for the dental professionals

Dentist patient communication is a bidirectional process of transferring ideas and the expected characteristics are: clarity (easily understandable), correctness (accuracy of the message), concise (to the point or focused), completeness (includes all essential information) and cohesiveness (well organised). Patient wants certain qualities in the dentist which can foster a positive dentist-patient relationship which will last for a long time. They are friendliness, empathy, efficiency, punctuality, explaining the treatment options and alternatives and providing information on the fees and services. Technical competence alone is not sufficient for achieving patient satisfaction and treatment success; the dentist must be able to communicate clearly and professionally with patients, relatives, colleagues, and dental staff. Good communication helps in building trust, reducing fear and anxiety and improving patient compliance [17].

Dental patients often experience anxiety due to pain, fear of procedures, previous unpleasant experiences, or financial concerns. A dentist with good communication skills can alleviate these fears by listening attentively, speaking in a calm and reassuring manner, and explaining procedures in simple language (with minimum usage of jargon). Active listening is particularly important because it allows the dentist to understand the patient's chief complaint, expectations, and emotional concerns. Body language serves as a key indicator of a person's true feelings and includes elements such as tone of voice, eye gaze, facial expressions, body posture, hesitations, and laughter which can strengthen rapport and create a comfortable clinical environment. Non-verbal communication constitutes a significant portion of the overall communication process [18,19].

Diagnosis and treatment plans are to be explained clearly to the patient and it is a cardinal part of the doctor-patient communication. Nature of their disease, available treatment options, advantages and disadvantages of each procedure, possible complications, duration of the treatment and financial implications are to be specifically informed. Use of visual aids, models, radiographs, and digital images can improve the understanding of the patient. Effective communication also plays a vital role in obtaining informed consent, which is both an ethical and legal requirement in modern dental practice.

Effective communication with paediatric and geriatric patients, requires an adaptive approach to match their developmental stages or cognitive abilities. With children, use of simple language and playful mode are preferred. With elders, speech should be in slow pace with less background noise, and listening should be active and face-to-face. Communication style should be tailored to prevent fear, to improve health outcomes and to ensure dignity of patients across all ages. Similarly, communication with medically compromised patients should include patience, compassion, and careful clarification of instructions.

Interpersonal communication within the dental team is essential for efficient practice management. Mutual respect, proper delegation, and clear exchange of information among dentists, dental hygienists, assistants, and laboratory technicians improve clinical efficiency and reduce errors. In addition, professional communication helps in resolving conflicts and promoting positive workplace atmosphere.

In the era of digital dentistry and social media, communication has expanded beyond the dental office. Dentists must maintain strict professionalism while interacting through emails, websites, online consultations, and social media platforms. The role of social media in patient acquisition, retention and education has become very relevant and effective. Ethical communication and patient confidentiality should always be maintained with diligence. Photos,

names or case details of patients should not be shared without obtaining written consent.

Honesty and transparency

Patients appreciate honesty and transparency in dental care. When discussing treatment options, present the pros and cons of each choice. Address patient concerns and questions honestly, even if the news is less than ideal. Open and candid communication helps to build trust [20].

Self-evaluation of communication skills [21]

A self-evaluation helps clinicians assess their bedside manner, empathy, and clarity. Evaluating communication skills aids in building patient trust, preventing misunderstanding, and lowering malpractice risks. An effective questionnaire categorizes skills into clinical phases—before, during, and after the consultation. Use the following framework to rate your communication habits on a scale of 1 (Never) to 5 (Always).

Initiating the consultation

- Do I greet the patient warmly, using their preferred name? [ ]
- Do I introduce myself and clearly state my role? [ ]
- Do I sit down at eye level to establish a more personal, non-threatening connection? [ ]
- Do I address any visible signs of distress (e.g., anxiety, physical pain) before starting the clinical interview? [ ]

Gathering information (Active Listening)

- Do I use open-ended questions (e.g., "Tell me more about...") to allow patients to explain their symptoms? [ ]
- Do I actively listen without interrupting within the first 60 seconds? [ ]
- Do I check for non-verbal cues (e.g., body language, facial expressions) that might contradict what the patient is saying verbally? [ ]
- Do I acknowledge and validate the patient's emotional state (empathy)? [ ]

Explaining and planning (Shared Decision Making)

- Do I explain diagnoses, prognoses, and treatment options without relying heavily on complex medical jargon? [ ]
- Do I use the teach-back method (asking the patient to repeat the plan in their own words) to ensure they understand my instructions? [ ]
- Do I encourage questions and give patients time to process the information before rushing to a decision? [ ]
- Do I discuss the potential side effects and costs associated with prescribed treatments? [ ]

Closing the consultation

- Do I summarize the diagnosis and the agreed-upon treatment plan clearly? [ ]
- Do I ensure that the patient knows exactly what to do next and whom to contact if complications arise? [ ]
- Do I leave the door open for the patient to bring up any final, last-minute concerns before they leave? [ ]

Scoring and reflection

Add up your total score to evaluate your communication style:

- **60 - 75: Excellent Communicator:** You consistently foster a collaborative, patient-centered environment.
- **45 - 59: Proficient:** You manage consultations well but may be missing opportunities for deeper empathy or patient empowerment.
- **Below 45: Needs Development:** You may be relying too heavily on a transactional approach. Consider focusing on active listening and using non-medical terminology.

Discussion and Conclusions

Effective communication is a fundamental component of medical and dental practice. It enables healthcare professionals to understand patients' concerns, gather relevant information, establish accurate diagnoses, and formulate appropriate treatment plans. Beyond its diagnostic value, communication empowers patients by providing them with the knowledge necessary to make informed decisions regarding their health. When patients are treated as active partners in their care and are adequately informed about treatment options, they are more likely to adhere to recommendations and maintain long-term relationships with their healthcare providers. Improved communication has been consistently associated with greater patient satisfaction, enhanced quality of care, and a reduction in complaints and medicolegal disputes.

Patients generally expect several key qualities from their physicians and dentists, including confidence, empathy, caring, frankness, respect, effective communication skills, trustworthiness, and professional competence. Empathy allows healthcare providers to understand patients' emotions and concerns, while frank and respectful communication helps to establish trust. A competent and trustworthy clinician who communicates clearly is more likely to gain patient confidence and cooperation [22].

Communication involves both verbal and non-verbal components. Healthcare professionals should develop effective conversational skills and be aware of the impact of non-verbal behaviours such as facial expressions, eye contact, posture, and body language. Simple gestures such as smiling and maintaining an attentive posture can help patients feel comfortable and valued. Establishing mutual trust through effective communication significantly improves patient compliance and treatment outcomes [9].

An important aspect of patient-centred communication is the use of open-ended questions. Such questions encourage patients to express their concerns, expectations, and experiences in their own words, providing clinicians with valuable information that might otherwise be overlooked. In contrast to closed-ended questions that can be answered with a simple "yes" or "no," open-ended questions facilitate a more comprehensive understanding of the patient's agenda and promote meaningful dialogue [11].

Communication of diagnostic test results represents another critical responsibility of healthcare providers. Test results, whether normal or abnormal, should be communicated directly and clearly to the patients. This practice enhances patient safety, minimizes the risk of missed diagnoses, and supports shared decision-making. Although patients increasingly have access to their electronic health records, healthcare professionals play an essential role in interpreting the findings and explaining their significance in a language that patients can readily understand [23].

In contemporary healthcare, communication remains the backbone of effective interaction. Despite remarkable advances in technology and diagnostic capabilities, patients continue to value clinicians who listen attentively, demonstrate genuine concern, and treat them with dignity and respect. Providing an excellent patient experience does not necessarily require additional time or sophisticated technology; rather, it requires presence, empathy, and active listening. Ultimately, healthcare extends beyond the treatment of disease—it encompasses human connection, compassion, and respect for the individual. Therefore, communication skills should be regarded as a core clinical competency and an indispensable element of high-quality patient care.

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All the authors have read and agreed to the published version of the manuscript.

Conflict of Interest

The authors declare that they do not have any conflict of interest.

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