The Development of New Communication Technologies and Patient-doctor Interaction

Kazuhiko Kotani1, Naoki Sakane2 and Youichi Kurozawa1

Key words: patient-doctor relationship, communication tool, obesity, lifestyle intervention

(DOI: 10.2169/internalmedicine.45.1698)

In lifestyle-related diseases such as obesity, it is necessary that the patient’s condition is self-managed. The establishment of this self-management partly depends on the patient-doctor relationship through their communications. The dissemination of new communication technologies such as mobile phone- and Internet-based e-mail has changed the medical care and patient-doctor interaction environments (1-3). Nowadays, e-mail communication (E-C) via mobile phone and the Internet seems considered to be one of the simplest, fastest and most efficient tools in patient-doctor communications (2). Although issues such as the presence of groups having difficulty using e-mail, network-security and validity of self-reported messages have been noted in the E-C application (4, 5), there has been little information on its adverse effects on patient-doctor interaction.

We have previously used E-C for weight-management in obese patients for self-documentation of physical conditions, daily eating habits and physical activity by at-home patients, and for feedback from doctors regarding a patient’s self-management. We detected 2 problematic cases in the patient-doctor interaction. In the first case, a 45-year-old man, who began diet restrictions, chose E-C to communicate with his doctor. E-C started smoothly, but 3 days later, when his doctor sent a message of encouragement, the patient replied in an angry tone (the message was as follows: “I got angry because of your unheartfelt encouragement”). The doctor, rather than the patient, had an acute mental stress reaction: apathy for lifestyle-education with other patients and an avoidance of e-mail use. In the second case, a 47-year-old woman chose E-C to communicate with her doctor regarding lifestyle-modification. After 1 month, E-C appeared to be working smoothly and she showed moderate weight loss. However, in the outpatient room, she expressed mental fatigue (she said “every time I sent a message, I did so from a sense of duty. I felt depressed but was hesitant to tell my doctor”).

Among most patients, E-C can prompt better patient-doctor communications. However, in these cases, difficulties, including an imbalance of patient-doctor communication, are apparent for both doctors and patients in the E-C. Because E-C is not a face-to-face communication method, detecting emotion, as expressed in faces, is not easy. Considering that routine practice is based on a face-to-face communication, E-C might not yet be powerful enough to support medical care at present. In expanding the area of communication technologies within medical care, the accumulation and analyses of various adverse effects on patient-doctor interaction will help make E-C a more powerful tool, leading to a stronger patient-doctor relationship.

Supported in part by a grant-in-aid from the Foundation for the Development of the Community, Japan

References


© 2006 The Japanese Society of Internal Medicine
http://www.naika.or.jp/imindex.html

1 Division of Health Administration and Promotion, Faculty of Medicine, Tottori University, Yonago and 2 Department of Preventive Medicine, Clinical Research Institute for Endocrine and Metabolic Disease, National Hospital Organization Kyoto Medical Center, Kyoto
Received for publication December 19, 2005; Accepted for publication December 28, 2005
Correspondence to Kazuhiko Kotani, Division of Health Administration and Promotion, Faculty of Medicine, Tottori University, 86 Nishi-cho, Yonago 683-8503

349