Encouraging Patients to Ask Questions
How to Overcome “White-Coat Silence”

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The traditional paternalistic dynamic between patient and physician, though diminishing over time, looms as another barrier to patients asking questions. An asymmetry of power is inherent to the patient-physician relationship, not just because of differences in knowledge and experience but also because patients perceive that physicians can easily alter the level of service they provide. The Internet has allowed patients to be better informed, but the power gap remains.

Even if patients know what questions to ask and fear no consequences, they may be unable to interpret the answers, especially when medical jargon is used. A patient’s silence after a clinical discussion may be interpreted by a physician as understanding, thereby evoking a false sense of both achievement and relief that more discussion is not required. In reality, the patient may be thinking, “I have no idea what you are talking about” but is too embarrassed to say so.

Barriers From the Physician Perspective

Encouraging patients to ask questions, providing adequate answers, and ensuring comprehension requires time—a fixed resource that is already in short supply for many physicians. Recognizing this barrier, the AHRQ campaign suggests that patients prioritize their questions during each visit. Nevertheless, busy clinicians are unlikely to embrace an activity that requires a substantial time commitment unless the market for their service demands it.

In addition, certain questions will be new territory for some physicians and may provoke anxiety, particularly if they feel their competence is challenged or if they are embarrassed by the answer. The Joint Commission campaign recommends that patients “ask their doctors about the training and expertise that qualify them to treat their illnesses,” while AHRQ recommends asking “How many times have you done this procedure?” Questions like these are common in other industries: architects are asked what other buildings they have designed, and job applicants are asked about their education and work experience. But currently, physicians may interpret such questions as a threat to their ability and authority.

For physicians to effectively answer questions about volume and outcomes, they need access to, and the capability of interpreting, recent data about their (or their institutions’) performance. Currently, the response to a question such as “Which...
hospital is best for my needs?” (an AHRQ-recommended question) is more likely to be based on familiarity, preference, reputation, and admitting privileges than on data. Moreover, even with good data in hand, many physicians are ill equipped to answer questions about probability and risk reduction.

Solutions

Some of these barriers may have straightforward solutions. For example, use of the teach-back method, in which physicians ask patients to repeat key points of a discussion, could help ensure patient comprehension. This strategy also would allow physicians to adapt teaching methods to various levels of patient literacy (especially for vulnerable populations and for patients whose language differs from that of their physician). Educational programs, in medical school and beyond, could better prepare physicians to respond to potentially uncomfortable questions. In addition, an expansion of publicly reported quality data, such as the Centers for Medicare & Medicaid Services’ Physician Compare and Hospital Compare websites, could provide physicians with the data necessary to answer some patient questions, although physicians will need direction and encouragement to use them.

Team-based models of care, such as the Patient-Centered Medical Home, and payment reform could create efficiencies in the delivery of care that would allow physicians more time for synchronous, face-to-face discussions with patients of issues about which they have the most knowledge—a task for which they have what economists call a “comparative advantage” (ie, a service they can perform more proficiently than others).

However, the broader issue with patient engagement is not just how to improve the question-and-answer session, but how to fix the patient experience. What can be done to help patients feel comfortable enough in a physician’s office or hospital that they will ask questions? Or, better yet, is it possible to create systems whereby their questions are answered automatically? For instance, patients who are scheduled for surgery should be able to review a standardized, user-friendly dashboard of information, including probabilities, descriptions of outcomes, and frequently asked questions. In most industries, consumer experience is paramount. Encouraging patients to ask questions is a start but needs to be part of a more fundamental reengineering of health care toward a patient-centered experience in which white coats provoke more open dialogue and less apprehensive silence.

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