

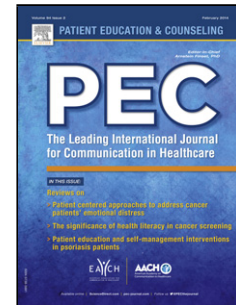
## Accepted Manuscript

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# The perils of information giving: what an accidental incident taught us about messages and roles

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## Abstract

**Introduction:** Occasionally mishaps in an investigation lead to new understandings. We report how a videotaped emotional discussion among a family after they had received information about their relative's state gave us insight into the minute sources of uncertainty that fueled their confusion.

**Methods:** Based on the themes of the family's discussion, we used a forensic approach to locate distinct sequences of interest in the video and transcript. Microanalysis of face-to-face dialogue was performed to understand the most critical sequence. The analysis was supported by questionnaire data.

**Results:** The family's disagreement about the patient's prognosis could be traced to minor differences in how the surgeon and the anesthesiologist had framed the information. In attempting to resolve apparent contradictions, the family realized they were uncertain about the physicians' roles, which amplified the emotional expressions in the discussions. Role confusion could be traced to subtle details in the surgeon's presentation of himself and the surgery.

**Conclusion:** Minor discrepancies in how health care professionals frame information combined with not exploring relatives' emotions may lead to major differences in relatives' perceptions. Doubt about health providers' roles decontextualizes information and reassurance, magnifying uncertainty.

**Practice implications:** Health providers should present themselves clearly without haste. If more than one provider is involved, joint preparation of the main messages may be necessary.

**Key words:** physician-patient communication, information giving, physician roles, teamwork, intensive care, relatives, microanalysis, PANAS, emotions, patient-reported outcomes, hospital physicians, surgery

## 1. Introduction

Following a randomized controlled trial in 2007-2008 [1] in which 71 hospital physicians and 497 patients were filmed during their consultations, the PhD student who had collected the data encouraged us to study one specific video in detail. He did not tell us why. The physician under study was a consultant anesthesiologist in an intensive care unit (ICU), and the consultation was with four close relatives of an elderly woman (hereafter the 'patient') who had been found after a serious

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