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Review

Physician–patient–companion communication and decision-making: A systematic review of triadic medical consultations

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ABSTRACT

Objective: To systematically review quantitative and qualitative studies exploring physician–adult patient–adult companion (triadic) communication and/or decision-making within all medical encounters.

Methods: Studies were identified via database searches and reference lists. One author assessed eligibility of studies, verified by two co-authors. Data were extracted by one author and cross-checked for accuracy. Two authors assessed the quality of included articles using standardized criteria.

Results: Of the 8409 titles identified, 52 studies were included. Summary statements and tables were developed for each of five identified themes. Results indicated companions regularly attended consultations, were frequently perceived as helpful, and assumed a variety of roles. However, their involvement often raised challenges. Patients with increased need were more often accompanied. Some companion behaviours were felt to be more helpful (e.g. informational support) and less helpful (e.g. dominating/demanding behaviours), and preferences for involvement varied widely.

Conclusion: Triadic communication in medical encounters can be helpful but challenging. Based on analysis of included studies, preliminary strategies for health professionals are proposed.

Practice implications: Preliminary strategies for health professionals include (i) encourage/involve companions, (ii) highlight helpful companion behaviours, (iii) clarify and agree upon role preferences of patient/companions. Future studies should develop and evaluate specific strategies for optimizing triadic consultations.

1. Background

Literature on medical communication has primarily focused on physician–patient relations, leaving the influence of companions (e.g. spouses, family members, friends) relatively unexplored. Despite this, a diverse, albeit disjointed, literature base has begun to highlight the important role companions play during medical consultations.

Companions often accompany patients into the consultation, provide emotional, informational, or practical support [1], and participate in medical decision-making [2]. Companions can change the dynamics of the consultation, influence the patient's relationship with the physician, and increase the complexity of the encounter [3]. To date, there has been little translation of research findings into guidance for physicians regarding how best to conduct consultations when a companion is present. A limited number of preliminary articles have suggested practical strategies; however these remain untested [4–6].

Further, there has been little synthesis of information in this area, potentially due to: diverse disciplines investigating the topic (e.g. medicine, linguistics, sociology, psychology), the range of consultations under investigation (e.g. geriatrics, oncology, diabetes, primary care) and the wide variation in terminologies used to describe the topic area (e.g. carer, companion, family, relative, third-person, kin). The need for such synthesis is reflected in the recent publication, by Wolff and Roter [7] of their meta-analytic review of provider–patient–companion consultations. Wolff and Roter [7] provided an overview of some of the characteristics and impacts of patient accompaniment. As Wolff and Roter [7]

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conducted a meta-analysis, they were restricted to include only quantitative studies ($n = 17$), and limited the meta analysis to routine medical visits. Therefore a wealth of relevant qualitative and quantitative studies remain unexamined.

Qualitative studies can provide depth of information and increased understanding of attitudes and behaviours. Since there are a number of relevant qualitative studies in this area, the current review aimed to take a broader perspective on the triadic literature. In addition, our broader inclusion criteria enabled discussion of several areas unexplored by Wolff and Roter, including: (i) the roles of companions, (ii) the attitudes of each party towards companion involvement, and (iii) preferences towards, and dynamics of, triadic medical decision-making. The current review provides a more exhaustive and detailed analysis of the doctor–patient–companion literature base, with inclusion of 52 quantitative and qualitative studies across a range of illness types (primary care, oncology, diabetes, cardiovascular disease) and severities (routine visit, newly diagnosed, seriously ill, end-of-life).

The aim of the systematic review is to assess available studies that examine the nature of triadic (physician–adult patient–adult companion) communication and decision-making within all medical encounters. The scope of this review is restricted to studies describing cognitively competent adult patients with adult companions (e.g. spouse, family member, friend).

2. Methods

2.1. Search strategy

A search of relevant databases (i.e. PsycINFO, MEDLINE, CINAHL, EMBASE, SCOPUS, Sociological Abstracts, Proquest Social Science Journals) was conducted. Search results were limited to articles published from 1950 to July 2011. Due to the varied nature of keywords in this field, a comprehensive list of search terms was developed (see Box 1). The returned search results were screened for irrelevant articles, review papers, and duplicates. An eligibility checklist was developed (see Box 2) to guide the selection of appropriate studies. Decisions regarding inclusion/exclusion were first made by one author (RLP) and then verified by two co-authors (IJ and PB). Reference lists of included articles, and any studies which have cited these, were searched for relevant articles.

Box 1. Database search terms

(Triad* or companion or relative or famil* or third person or family involvement or carer or caregiver or husband or wife or spouse or accompan* or significant other*)
AND
(Consultation or medical encounter or medical visit or medical setting or physician or doctor)
AND
(Illness or disease or chronic or cancer or heart or diabetes or general practi* or oncolog*)
AND
(Communicat* or decision* or decision making or collaborat* or coalition)
NOT
(Pediatric* or Alzheimer* or dementia)

2.2. Data extraction

Both inductive and deductive data extraction techniques were utilized. All studies were initially analysed inductively to determine broad themes describing the literature base. Specifically, one author (RLP) assessed each study and recorded the main aims and findings. Similar findings were grouped according to topic area and a preliminary list of themes was developed. Three authors (RLP, PB and IJ) engaged in iterative discussions about organization of findings, after which the final five themes were decided. Deductive data extraction techniques were subsequently used to re-examine each study and extract data using a standard format (design, method, sample, measures, results and summary). Data were extracted by one author (SB) and cross checked for accuracy by another author (RLP).

2.3. Quality assessment

The quality of included studies was based on the standardized Qualsyst assessment tool [8]. Qualsyst consists of two separate scoring systems to evaluate study quality; a quantitative scale and a qualitative scale (see Boxes 3 and 4). This assessment tool was selected because it included an extensive manual for quality scoring with definitions and detailed instructions. One author (SB)

Box 2. Eligibility Criteria (*with exclusion criteria*)

Types of studies:	Quantitative or qualitative (primary and secondary analyses of data sets) studies including: – Interviews/focus groups – Surveys – Consultation audit-studies (audio- or video-taped consultations, consultation observation) *Exclusion: Review papers, editorials, commentary/discussion papers, papers published in languages other than English, papers not available in full text*
Types of participants:	Triadic communication/decision-making must have included one of the following participants: – Adult patients (>18 years) *Exclusion: Studies where patients not able to fully engage in the consultation* (e.g. *patients with dementia, minors, unconscious patients)* – Adult companions involved in the consultation (including spouse, family members, friends) *Exclusion: Studies where the companion had a unique responsibility* (e.g. *paid caregiver, proxy)* – Physicians *Exclusion: Studies which only examined triadic communication with a nurse, or allied health professional* (e.g. *psychologist)*
Types of settings:	Any type of medical setting (including but not limited to: oncology, general practice, geriatrics, rehabilitation, diabetes)
Types of communication:	Any form of physician–patient–companion communication and/or decision-making *Exclusion: Studies which examined communication between only two members of the triad* (e.g. *patient–companion communication outside of the consultation)*