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Review

Elements of effective communication—Rediscoveries from homeopathy

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ABSTRACT

Objective: Patients are increasingly attracted to homeopathy despite the unproven effectiveness of homeopathic remedies. Clinical benefit of homeopathy may be due to communication. This review aims to identify and assess effective communication patterns in homeopathy.
Methods: Narrative review and synthesis of published communication patterns, patient narratives and the author's professional experience as a homeopathic practitioner.
Results: In the biomedical model, where the focus is on disease, communication is physician-centered with early redirection of patients' concerns, and associated with reduced compliance, increasing risk of malpractice claims and low professional fulfillment. The biopsychosocial and the developing integrative medicine models are based on biomedicine but aim to include the whole person. Patient-centeredness is a behavior that elicits, respects and incorporates patients' wishes, allows active patient participation and is related to improved outcomes. The homeopathic model is based on holism and comprehension of the totality of the patient and uses patient-centered communication with a high degree of physician co-operation, empathy, hopefulness, enablement and narrative competence, all of which can improve outcomes.
Conclusion: Both biopsychosocial and homeopathic models rely on patient-centered communication. Regardless of conceptual differences, they overlap in their common respect for the totality and individuality of the patient. The study of the homeopathic model shows that respect for the whole person is a basic requirement to entrench patient-centeredness more firmly in medicine.
Practice implications: Medical education should include values such as individual coping strategies, the benefits of a sound and healthy life-style and the necessity of hope and enablement. Health care should be redesigned to honor physicians who practice these values.

1. Introduction

Homeopathy is a 200 years old discipline that is being practiced throughout the world. Despite lack of efficacy in controlled clinical trials [1–3], homeopathy is popular and even undergoing a revival in industrialized countries [4]. According to a 1999 survey, over 6 million Americans had used homeopathy in the preceding 12 months [5]. In UK, a survey of National Health Service (NHS) general practitioners found that approximately 7% provided homeopathic treatment and another 17% provided access to homeopathic treatment [6].

The initial acceptance and rapid spread of homeopathy in the early 19th century can in part be explained by the comparatively brutal and ineffective methods of contemporary medicine which relied mostly on high-dose cathartics and blood-letting [7]. For instance, during the European cholera epidemics of 1830/31 and 1854, more homeopathically than conventionally treated patients in the same community survived [8].

It is however more difficult to discern why patients still turn to homeopathy with the high degree of satisfaction consistently reported across a broad range of diseases [9–11] when they have the choice of today's potent arsenal of therapeutics with increasing endorsement of evidence-based medicine by professional medical associations. Notwithstanding the controversies about *specific* effects of homeopathic medicines, proponents as well as critics of homeopathy trace its success to the relationship between doctor and patient [12]. The homeopathic consultation may in itself be a therapeutic intervention and responsible for some of the *unspecific* clinical improvements observed [13]. It is well established that effective physician–patient communication can improve emotional health, symptom resolution, functional and physiological status and pain control [14,15], compliance [16], reduces frequency of malpractice claims [17,18] and diagnostic testing [19]. Furthermore, humanistic interactions with patients are fulfilling experiences that

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reconfirm doctors' commitment to medicine [20], while ineffective communication skills contribute to lack of job satisfaction and burnout among physicians [21].

Indeed, homeopathy has been suggested as "a perfect example for patient-centered medicine" [12] and homeopaths have been judged to follow patient-centered styles of interaction more successfully than general practitioners (GPs) [22]. Patient-centeredness, however, is in itself an elusive concept, being regarded as a central component of high-quality health care [23] but without clear understanding of what it is [24]. Not surprisingly, studies exploring the relationship between patient-centered communication and outcome in primary care have ambiguous results [25].

Therefore, this review intends to study the homeopathic model where patient-centered communication plays a pivotal role against the background of current communication models. This may allow a deeper understanding of the active ingredients essential for patient-centered communication in clinical practice.

2. Methods

The author is a GP who worked as homeopathic practitioner. During this time, she observed that improved outcomes were often associated with the considerable satisfaction patients derived from the homeopathic consultation. Together with the observation that patients increasingly utilize homeopathic services, this led to the hypothesis that the consultation itself may contain some effective elements of communication and that homeopathy as a system predisposes to good communication.

In the first part, this article synthesizes the literature on medical communication patterns and patient-centeredness research. A literature research was undertaken in PubMed by medical subject headings as well as by hand-search of medical journals, books and cross-references for articles not identified over the Medline. The next part of the article describes homeopathy, its underlying principles and the homeopathic consultation. Because there is far less research on homeopathic than on conventional consultations, this part is based largely on published patient narratives and the professional experience of the author as an accredited "homeopathic physician" [12]. Finally, the findings are discussed.

3. Results

3.1. Biomedical model

The biomedical model is based on the understanding of illness as a localizable dysfunction of the body. It features biomedical issues, physician control of interview topics, dominance of close-ended questions, physician-determined diagnosis and treatment plan, expected patient compliance, an assumption of patient passivity and an imbalance of power between physician and patient [26]. It is an approach in which "disease can be viewed independently from the person who is suffering from it, and from his or her social context" [27] and remains deeply entrenched in contemporary medical practice and teaching.

In 1997, an analysis of communication in primary care showed that two-third of the visits fell into biomedical categories, characterized by physician-dominated talk and narrowly focussed questions, minimal psychosocial exchange and low patient and physician satisfaction [28]. Biomedical communication also features interruption and early redirection of patients' concerns. In 1984, only 23% of general practitioners allowed their patients to finish their first concern. On average, patients were interrupted after 18 s [29]. Follow-up studies showed little change: in 1999, mean uninterrupted time was 23 s and 72% of physicians prevented completion of the patient's opening statement [30]. In 2005, mean time before interruption had dropped again to 16.5 s [31]. In a recent study in an oncology setting, physicians exercised considerable verbal dominance in more than half the visits [32].

The recent introduction of managed care and the need for a more evidence-based approach further increase time pressures on physicians and erode their autonomy [33,34]. A cross-sectional study comparing doctor–patient communication with hypertension patients in general practice in 1986 and 2002 showed that communication had become more physician-centered, task-oriented and "businesslike" and patients were overall even less active than before [35].

It is commonly believed that "biomedical" means "scientific" and that biomedical care is associated with the delivery of scientific medicine. This implies that other forms of communication are associated with less evidence-based medical practice. Surprisingly however, this pattern existed before the development of biomedicine. In 1810, a contemporary medical interview was described as follows: "The old school physician gave himself very little trouble... He would not listen to any minute detail of all the circumstances of his case by the patient; indeed, he frequently cut him short in his relation of his sufferings, in order that he might not be delayed in the rapid writing of his prescription" (Organon §104) [36]. Obviously, such a pattern was common practice already 200 years ago when medical treatment was neither effective nor protocolized. The term "biomedical" is therefore misleading and may even constitute a barrier to change. Rather this pattern should be called "physician-centered". It is often used to establish medical expertise and exercise medical authority.

3.2. Biopsychosocial model

In 1977, George Engel proposed integrating psychological and social dimensions into the prevailing biomedical models of disease to provide an integrated worldview for patient care, medical research and teaching [37]. This "biopsychosocial" approach accounts for the fact that many problems physicians encounter in primary care also involve lifestyle, social, or spiritual factors [27]. In the biopyschosocial model, the medical interview plays a pivotal role as a diagnostic and therapeutic instrument. Engel pointed out the necessity to include verbal reporting as legitimate data [38]. However, despite widespread acceptance and considerable influence on medical education and research, routine implementation into contemporary practice is still elusive [39]. In 1997, audiotape analyses from primary care practices showed that the biopsychosocial communication pattern was favored by only 3 out of 39 physicians while 16 preferred the biomedical patterns [28]. In recent years, the evidence supporting the biopsychosocial model has increased considerably [40]. Patient-centered care may be considered a key element of the biopsychosocial approach and it has gained momentum as patient-centered methods have entered the mainstream [41].

3.3. Patient-centeredness research

"Patient-centered" medicine puts the patient's needs foremost but continues to include disease issues. Patient-centered communication is a behavior that elicits, respects and incorporates patients' wishes and allows active patient participation [24]. It describes the quality of interpersonal aspects of care, such as being given sufficient information and time, being respected as individual, being involved in decision-making as well as humaneness of the doctor and mutual trust [42]. Female physicians generally engage in more patient-centered communication than their male counterparts [43].

Patients' agendas may differ substantially from physicians' agendas. While physicians want to effectively elicit information relevant to biomedical issues, patients' agendas include not only