A Study on Humanistic Care of the Liver Cirrhosis Patients Based on Medical Communication

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Abstract: It is an urgent task to give efficient communication and humanistic care to liver-cancer-prone Cirrhosis patients who are extremely painful and helpless, for there are clinical symptoms remained unquenchable, as well as a decline in treatment confidence, compliance and coordination in patients who are faced with increasingly aggravated symptoms, such as fatigue and infection. Unsatisfying are patients’ living quality and condition, each health care worker and their families should face the situation and think proactively to give patients as much humanistic care as possible.

Introduction

Medical communication includes the communication with both patients and their families. Their families are expected to encourage patients to proactively face both the sufferers of advanced cancers and complication, to grow confident towards treatments, and to tell and feedback timely the physical and psychological changes so that patients can receive better treatments.

When communicating with patients, doctors should fully take into account such aspects related to patients as disposition, age, mentality, behavior, living environment, economic condition, as well as the characteristics and behavior of their families.

The psychological conditions of both patients and their families are so important to the whole medical treatment of patients that both medical staffs and families of patients should work as team members in order to better know about what are under way with greater patience. Since patients face different health conditions and grow up in divergent environments, doctors should diversify the non-side-effect treatments, for example, putting beans to the acupuncture points of patients’ ears to reduce insomnia that most late liver cirrhosis patients suffer from. Also doctors can count on the Thymus Pentapeptide treatment to improve one’s immunity so that the patient is safe from infection.

Since the conditions of patients are complicated and changeable, both families and medical staffs should be informed of the problems so as to control diseases to the hilt. Given that there exists lots of ascites and gas in patients’ bodies, they must find it hard to digest what they have swallowed. How to increase the variety and quantity of needed food? The recipe should change weekly to meet the nourishments of the patients’ bodies. For example, vegetables such as carrots, loofah, celery,
spinach, melon, mushrooms, lilies, spinach, garlic, seaweed, shepherd's purse can be cooked in turn. Also doctors can popularize the use of the acupuncture and moxibustion as an effective measure against poor digestion.

Humanistic care is playing an increasingly important role in the modern medical care with the advance of bio-psycho-social medical model. Comfortable patient-oriented humanistic care is indispensable, which can bring significantly improvement of the living quality and treatment of patients. Medical staffs are required to communicate with patients with great respect and sincerity, to help both patients and their families get their confusions cleared up, and to address their concerns not only by acting as professionals, but also from their perspectives. Doctors with professional knowledge, unlike patients and their families, may show different attitudes towards one issue, so medical staffs need to win patients and their families’ trust and arouse their confidence by wearing in their shoes to know what exactly worries them. Medical staffs are expected to be concerned with the patients’ pain and conduct all the time.

More help and care should be given to liver-cancer-prone cirrhosis patients; each medical team should assume the responsibility. Chief physicians lead their teams to make the rounds of the wards; attending physicians lead and teach both resident physicians and interns to observe the changes of patients’ conditions; resident physicians and interns should give more cares and concerns for patients and their families. Multi-subject treatments---nutrition department providing enough nutrition, department of gastroenterology and respiratory diseases treating ascites and pleural effusion, and Chinese medicine department offering traditional remedies---will facilitate patients’ treatments by giving more professional help.

Medical staffs should inform patients’ families of more knowledge related to professional medical care. Families who attend to bedridden patients should be informed of knowledge concerning disease control and the way to adjust the patients’ lying positions. Medical care givers should address patients’ clinical problems and prevent any adverse medical events from happening. At night, especially when there are not enough medical staffs, medical care givers should properly arrange the patients’ schedules, and give patients psychological counseling. Pro-biotics and other medical treatments should be in place for those liver-cancer-prone cirrhosis patients who suffer from intestinal flora disorder.

As for patients who are less cooperative, medical care givers should patiently guide and persuade them to use the necessary medicine. Also for patients with hepatic encephalopathy, medical staffs, who are faced more challenging tasks which requires not only cares for patients’ physical conditions and emotions, but also getting rid of worries of patient’s families, should check latest treatment progress of liver-cancer-prone cirrhosis patients and have a talk with patients’ families about the favorable, suitable treatments. For patients who seek referral, medical staffs should treat them as old friends by transmitting care and console. They should step into patients’ inner world through the channel of therapeutic communication and humanistic care.

The medical communication with liver-cancer-prone cirrhosis patients consists of language and others as well. Such attention as lowering voice and tone of speaking, using pleasing words to comfort listeners in order to stir a confident emotion in them should be paid to when dealing with language communication with patients and their families. More examples: pause before adjusting the speed of speech; keep strong and powerful tone; use flat and down tone to stop being blunt, and avoid yelling. When it comes to the situation in which patients don’t understand or have no knowledge of medical routines and rules, medical care givers can ask for mutual understanding and equal exchanges by standing in their positions.

Generally speaking, liver-cancer-prone Cirrhosis patients, who are more likely to grow gloomy, need a favorable environment, which is blessed with abundant sunshine, easily-reached windows and tranquility, and a comfortable bed where most of the time they lie on. Appreciated ambience should be created and friendly words and deeds should be made to impress people with reliability and intimacy. For instance, use the word “I understand.” to show forgiveness; say “I will” to express willingness. Remember to higher the conversation to an elegant position. If one has to deny people’s opinions, he should try to rely on diverse language forms and tell personally even if the
rejection carries no malevolence. Also, one should prevent from being malicious and give comments with a sense of humor; the wrong comments he gives should be corrected at any conceivable time.

Some patients are more likely to turn impatient, so medical staffs should control both his voice and speed by a combination of other communication skills to lower the conversation and steer the sad talk to a happier one. Here, other communication skills mainly cover body contact, eyes contact, facial expression and action. When it comes to handshakes between doctors and patients, doctors should shorten the distance in between once feeling a pain in patients’ families, especially in the elderly. But mind you, an over-shorten distance will also cause resins, doctors should gently look into patients’ eyes or nod. If there is a possibility that patients’ families avoid eyes contact or directly look back into doctors’ eyes, they may show refusals. When the condition of a patient is getting worse, a doctor may observe a painful facial expression. A smile that is used to show one’s good faith can ease the tension, and a body movement, like nodding or shaking head, frowning and shaking body, can be a hint to express views and emotions. If a doctor is to explain the risks of a treatment or surgery, he should sit squarely.

It is vitally imperative for medical care givers to be listeners to liver-cancer-prone Cirrhosis patients. As for patients with advanced cancers, who fail to see efficient treatments through modern medical methods, the listeners should be patient and give sincere responses. Listening to others can show respect, so we are not expected to interrupt and make a judgment but listen carefully even if the speaker has been away from the original topic. Do not expect yourself to find out where the problem lies in; the more one talks, the happier he will be. The best console is to lend others your ears and give timely responses. Listening to others may show your concerns about them. So doctors should listen carefully without leaving out any details or puns in order to know how patients’ families care about patients, to what degree they want treatments to come, and whether they trust doctors or not. Doctors need to catch up with the talk and the key point of the problem by getting rid of distractions, and by listening carefully and responding with actions like leaning bodies. And doctors should listen to the patients with true interest, take notes and pay attention to their facial expressions through eye contact and the change in tone and voice. When the conversation is over, doctors can ask “if I didn’t make it wrong, you may mean...” or “you have made a good point here” and wait for positive responses.

There are more details to explain

The first one is a proactive response. Doctors should hold attentive listening attitudes towards patients and responds proactively with encouraging words which show that they are expected to express freely. Doctors can give appreciating words like “well” or “em” to express their sympathy; also they can repeat the patients’ words by speaking in another way to show affirmations.

The second one is sympathy. Sympathy is a kind of sincere emotion and professional quality for medical employees. It is very important for doctors and patients to undergo open resonance in which both parties experience the same feeling of pain and find out solutions together. The definition of sympathy is to think and feel from the perspective of others and feedback one’s own understandings. For example, a feedback--- “it seems that.... I would..., if I were you.” as well as a facial expression and gesture.

The third one is the skill of asking for suggestions. The main purpose of questioning is to guide the talk to the thinking mode of doctors and to know patients’ real interests, for example, by asking “how you like this?” doctors can ask closed or selective questions to guarantee the conversation direction. For example, asking “do you agree to proceed with this surgery?” instead of “what is in your mind?” for the latter may provoke numerous troubles.

The fourth one is the technique of interaction. There are great changes in patients’ emotions and understanding, so doctors should not fail to observe such changes, fathom the mental activities and make relevant adjustments during conversation---hence the name of technique of interaction. There is an example for further explanation. To those self-conceited patients who are less confident and easy-going, but expecting for quality service, doctors should pay attention to patients’ personal strength, cognition and expectation for disease. Also, the reactions towards various kinds of patients
are divided into two parts. One is referred to those patients who cannot accept the worse situation, have high expectation and are prone to dispute, doctors can observe these problems and challenges as soon as possible and make treatment-oriented adjustments. The other is for those patients that prefer low medical spending, doctors can show their consideration by saying that we know it is going to be a large spending and you families are of filial piety to send you here, but we will first made the surgery favorable for treatment.

Coherent are the communications, their content might be reversible---meaning reverse technique. For example, telling patients there is hope when they are depressed, while informing them of a risk when they feel pleased. Also telling the patients’ families both the risks en route when patients are transferred from one hospital to another and the aggravated condition to come when there is no transfer, so as to reduce disputes. One can imagine the easy and smooth as doctors’ care for patients by referring patients to as friends and family members.

Sometimes patients will show such negative emotions as worries and pains, so they have a right to feel loved, cared, and encouraged. Emotional communication must be one part of doctors’ routine work; what’s more, an intimate doctor-patient relation is the goal of communication and the requirement for the practice of emotional communication. There should be deep understandings of medical professionalism, namely, patients are families, and physician with a parental heart. The humanized service comes with the improvement of doctors’ being reliable, kind and considerate. For example, doctors should show their genuine faiths and attitudes and promise to spare no effort to help patients’ recovery. If there is a failure, doctors are expected to be forgiven.

Emotional communication detests aggressive reactions, so it calls for emotional control going before problem tackling. No one should turn a blind eye to aggressive movements. Not giving tit for tat but tolerance when the patients’ families are over active. The humanized service comes with the improvement of doctors’ being reliable, kind and considerate. For example, doctors should show their genuine faiths and attitudes give their promises to spare no effort to help patients’ recovery. If there is a failure, doctors are supposed to be forgiven. The first impression to make is to greet patients, invite them to office, and treat them with cups of tea. Create relaxing setting by respecting and remembering each and every man. Body contact is also appreciated. For example, look into his eyes when doing a hand shake. Remember that polite words are the most expected ones that angry patients wish to hear, showing a sense of respect and understanding.

The conversation to begin are mainly about the changes in disease and the expectations of patients’ families, hence the conversation may start with doctors’ self-introduction and inquiring, as well as start with a kind that doctors are the listeners, patients the tellers. Such way to start a conversation may greatly soothe patients’ tension and defense. The example could be like this. “I am Mr. Ren. As the attending physician of this elderly patient, I am here to tide over difficulties with you and make decisions together. Call me at ****** if necessary. Now I want to find out more about my patient.” The doctors should take the initiative to introduce the general knowledge of the hospital, properly rely on the local environment and proactively take advantage of themselves to provide most favorable treatment.

Conclusion

Humane care for the liver cancer patients can make medical communication easier, and communication is a must in cultivating medical humanities. Mutual understanding and trust is the very basis of effective communication, the medical staffs and patients should take a positive attitude, work together to overcome the difficulties. The ultimate goal of communication between doctors and patients and humane care is all for the patient, while good communication between doctors and patients is able to build a harmonious relationship between doctors and patients, ease the unpleasantness even the contradiction between doctors and patients.
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