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EDITORIAL

## Communication in general practice: the Second Dutch National Study

The nature and structure of the primary care process remains to gain well deserved attention in research worldwide. The NIVEL institute for research into health care has performed, in the eighties of the last century, a large study investigating general practice in the Netherlands in its broadest sense. The nature of such practice, the working conditions of the professionals involved, and the experiences of these professionals as well as their patients were studied. By the end of the century the institute gained the opportunity to replicate its earlier study as to establish trends over the years. One important element was added to the National Study this time: an investigation of the communication that takes place in the physicians' office. This part of the study can learn us how, in the current situation, general practitioner patient communication is practiced in a very large, representative sample.

The relation of patient and physician has changed over the last decades: the prevalence of chronic diseases has increased, information about health and health care did become widely available and there is a tendency for the patient physician relation to become more egalitarian. Patient centered medicine, moreover, has become a paradigm adhered to in medicine. The report written by the NIVEL group has addressed the question whether or how these changes are reflected in daily communication in general practice [1].

The data set that has been obtained is most impressive. Of a representative sample of 142 general practitioners, 15 random consultations were coded using the RIAS system. Additionally, nonverbal behavior and patient centeredness were observed. Moreover, questionnaires were filled in by 2.784 patients before and after the consultation and by the physicians: to assess their attitudes and their views of the consultation. The role of background factors, the way patient preferences are taken into account, whether patients are involved in decision making and historical changes are described in the report issued this summer.

Largely speaking, the following conclusions can be drawn regarding background characteristics:

- that women physicians take an equal amount of time in their consultations but are still more patient centered,
- that older patients are approached in a more friendly manner but given less information and decision involvement,
- that consultations with patients from non-western ethnic populations are of equal length but more physically and less psychosocially oriented, and
- that patients with more education are asked less questions and given more information.

Also, the patient preferences for certain communication styles turned out to be mirrored indeed in the actual communication. If they preferred an affective style, the general practitioner would express more concern and empathy whereas those patients who preferred an instrumental style would be informed more extensively.

General practitioners were found to have become more democratic and patients are involved in decision making more often. However, the differences found between 1987 and 2001 are small and it is therefore difficult to establish the relevance thereof.

Finally, actual patients with high blood pressure were compared with patients in 1983: a panel judged the more recent consultations of higher quality in a biomedical sense but also in terms of doctor patient relationship building.

The results from this impressive study will certainly find their way to the international literature given the large experience of the group involved. The wealth of data will, moreover, make it possible to answer many more research questions than have been addressed so far. Especially, one hopes, that the presence of patient centered communication will be linked to patient outcomes as we lack results in this important field and results have been contradictory so far [2].

Does, to put it somewhat controversially, nothing remain to be studied after the enormous endeavor represented in the Second Dutch National Study? I would like to suggest three directions.

First, intervention studies are needed to gain further insight in the effectiveness of communication not only because these studies represent a higher level of rigor but also because these will learn us about the possibility of influencing doctor patient communication in a desirable direction.

Second, what is effective in general practice is not necessarily effective in the specialist setting. The relation between patient and medical specialist may be even more important for patients with a serious disease but, at the same time, the consultation context is quite different. It is therefore important to replicate a study like this one in the medical specialist setting.

Third, doctor patient communications would also have to be studied departing from a different theoretical perspective. In our teaching we learn students that cure and care or instrumental and affective behavior are to be intertwined for communication to be effective rather than seen as separate entities as they are in the Roter analysis system [3]. The present study obviously leans on RIAS' starting points.

Further theoretical work and contrasting hypothesis testing would help our field. Right now, however, the authors are to be complimented for their impressive work and the creation of an enormous potential for further investigation.

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