

Role of Counselling in Medical Practice

Krishna Mukherjee,

Department of Obstetrics & Gynaecology, M.L.N. Medical College, Allahabad.



Krishna Mukherjee

The practice of medicine requires many skills. In addition to medical knowledge, the doctor should develop interpersonal & communication skills that promote patient doctor interaction and trust. Counseling is a vital, though often poorly performed, component of medical practice, that helps the entire treatment process. The patient doctor relationship is based on communication that must be conducted in an open, honest & careful manner, so the patients situation & problems can be accurately understood & effective solution can be determined. At its most basic, counseling is a conversation which includes the giving of information.

Key to good counselling

A Good Counsellor :

- Understands & respects the patient's rights.
- Earns the patients trust.
- Understands the benefits & limitation of treatment.
- Understands the cultural and emotional factors that affect a patient's decision.

- Encourages the patient to ask questions.
- Uses a nonjudgmental approach, which shows patients respect & kindness.
- Presents information in an unbiased, patient sensitive manner.
- Recognises when she/he can't sufficiently help a patient & refers the patient to someone who can.
- Understands the effect of nonverbal communication.
- He is a good listener, empathetic, honest & genuine.

The Counsellor Uses:

- Understandable language.
- Appropriate body language.
- A collaborative approach.
- Open dialogue & eye contact.
- Appropriate emotional content.
- Humor & warmth.

The Counsellor is not:

- Confrontational
- Combative
- Condescending
- Overbearing
- Judgmental

The traditional role of physician has been paternalistic with the physician being expected to deliver direct commands & specific guidance in all matters. Patients are now demanding more balanced communication with their physicians & though they do not in most cases command an understanding of medicine, they do expect to be treated with appropriate deference, respect for their intellect, and more equal stature with their physician. Studies suggest that when patients are heard, understood and who are more vocal & more inquisitive, then their health improves. Good counselling & communication is essential for maintenance of a relationship between patients & physician that fosters ongoing care. Patients who are comfortable with their

physician may be more likely to raise issues or concur or convey information about potential health risk. When patients are ill, they feel vulnerable, physically & psychologically exposed & powerless, because the physician has power by virtue of knowledge & status, and this relationship can be intimidating. Therefore it is essential that a physician be aware of this disparity, so the balance of "power" does not shift too far away from the patient. Kaplan identified the three characteristics that are associated with better health care outcomes:

- Empathetic physician & more patient's control of interview.
- Expressions of emotions by both patient & physician.
- Provision of information by physician in response to patient's inquiries.

These findings related to control of diastolic blood pressure & reduction of hemoglobin A1c in patients with diabetes. The best responses were achieved when an empathetic physician provided as much information & clarification as possible, responded to patient's questions openly & honestly expressed a full range of emotions including humor & when the relationship was not entirely dominated by the physician, it is obviously inappropriate to prescribe hormone replacement therapy with a statement of simply "just take one of these pills every night before you go to bed" without a discussion of the risk & benefit of taking.

Gather Counselling Approach

The GATHER system is one method used to organise the elements of counselling process (Gallen, et al. 1987; Lettenmaier and Gallen 1987). This acronym is designed to help staff remember important points in an effective counselling session.

GATHER Means

- G - greet the patient
- A - Ask for information (about age, marital status, illness)
- T - Tell her about family planning
- H - Help her select the method
- E - explain how to use method
- R - Return visit refer.

Many patients lack accurate information about their illness.

Lack of full understanding of an illness can produce dissatisfaction with medical care, increased anxiety, distress, coping difficulties, noncompliance with treatment & poor treatment response. Poor patient understanding stems from poor counselling, lack of consultation time & patient anxiety. For example, if clinical findings or confirmatory testing strongly suggest a serious condition, example malignancy, the gravity & urgency of this situation must be conveyed in a manner that does not unduly alarm or frighten the individual. Honest answers should be provided to any specific questions.

Although good counselling is part & parcel of any medical management, its role is more in the following fields.

1. Family Planning

Experience suggests good thorough counselling improves user satisfaction & increases the successful use of any contraceptive method (Darnay et al 1990). Family planning programs should assist people in the practice of informed, free choice by providing unbiased information, education & counselling, as well as an adequate range of contraceptive methods and understand how to use the method of choice safely and effectively.

A good counsellor knows that it will take a few minutes to put a client at ease, so that the client can talk about her beliefs & feeling about contraceptive method. When counselling is done effectively, the client will be more satisfied with her choice & less likely to discontinue use.

2. Counselling to Infertile Couples

The need to make counselling available to infertile couples was first emphasised in the Warnock Inquiry Report of 1984. Human fertilization & Embryology Act (1990) focuses the role of various types of counselling - implications, support & therapeutics - as well as facilities & qualification for counselors. Infertility problem, experience a special type of stress - one that is best described as the pain of infertility. Infertility is a life crisis, probably the first crisis that a young adult may ever have had to face & it strikes people at a stage in their lives when they are least prepared for it. Ideally counselling

should be done together & separately in order to air their fears, anger, depression & resentments. By good counselling, not only would the patients be enabled to come to terms with their infertility & have dependence on the medical profession in order to find a family. They would be more empowered to seek or refuse treatment, and to explore alternative ways of parenting or to embrace a childless life stage.

3. Adolescent Counselling

Adolescence is described as that period of life when the carefree becomes the responsible adult. At this time there is marked acceleration of physical & emotional development to which the adolescent must adjust. At this stage the adolescent may be confused, afraid to ask about the changes taking place, may wonder what is happening & do not know where to turn to for correct information, guidance & advice. One study reported what teenagers expect from doctors when they attend: understanding, friendliness and personality. There is a very special need for the counselling about their medical, social, psychological; sexual, menstrual disorder, contraceptive advice pregnancy/abortion or the more serious matter of malignancy. They need to be heard and understood patiently by a nonjudgmental professional and be given friendly practical advice.

4. Genetic Counselling

Genetic counselling has a very important place in coping with the psychological and medical consequences of congenital defects. Essential features of genetic counselling are to establish

- Accurate diagnosis
- Mode of inheritance
- Reliable pedigree
- Recognise the psychological effects of disorder in family
- Coping process
- Shock & denial
- Anger & guilt
- Anxiety
- Depression
- Homeostatisis

- Consider the options available
- Family limitation
- Antenatal diagnosis

Each stage of coping process requires that counselling should be tailored accordingly if it is to be at all effective. Thus at the beginning the parent may be unable to accept that the child is affected and at this stage sympathy and compression are essential until acceptance occurs. Later hostility may develop against the counsellor himself and this requires tolerance and possible temporary withdrawal until resentment has tempered. Feeling of guilt and recrimination have to be dispelled. It is probably at the stage of depression that genetic counselling can begin more earnestly and should not be postponed until homeostasis is reached. Genetic counselling should never be directive. Genetic counselling should be compassionate and sympathetic yet truthful and must be non-directive. Genetic counselling, like many other aspects of medicine, is as much on Arts as a Science.

5. Counselling for STDs & HIV

Counselling is very important in prevention of STDs. Proper sexual education, easy access to barrier contraceptives, safe motherhood, prevention of early marriage and childbirth all go a long way in prevention of STDs.

Counselling has increasingly been recognized as an important aspect of care of those with HIV infections (Tedder 1988) The WHO also recognizes the role of counselling and health education in the prevention of transmission of HIV and support of those infected, in all countries of the world. AIDs counselling should be linked to clinical care, as in addition to many social, psychological, ethical and legal aspects. AIDS is a life threatening illness; Counselling has to be adapted to new information and evolving natural history of HIV infections.

Why counsel about HIV

- There is no cure
- AIDS is at present almost always fatal
- HIV is infectious
- Those most at risk are young and of child bearing age.

- HIV may be transmitted in utero to the foetus
- There is often conflicting information
- There are fears arising from uncertainty and incomplete knowledge.
- Co-ordination of care is needed.
- If people are prepared for solving problems through counselling, some may be prevented, or their impact may be reduced.

Guideline for AIDS Counselling

The first step in AIDS counselling is to talk about HIV antibody test, especially in pregnant women.

- Assumption should not be made about patient's level of knowledge or risk about HIV.
- Complete reassurance cannot be given.
- The session should be focused.

Pregnancy Case Counselling

Counselling is very important for pregnant patient. She must be emphasised and talked freely about her diet, rest, precautions, investigations, drugs complications, about process of labour, post-partum care and breast-feeding.

Counselling in Chronic Illness

Counselling is very important in chronic illnesses. Patients should be fully aware of risk factors like – cigarette use and other form of smoking, alcohol abuse, hypertension, life style pattern (dietary pattern, physical activity), Environmental risk factor (occupational hazards, air and water pollution and stress factor). Role of counselor is to identify the risk factors and to bring them under preventive care and motivate them to take positive activities.

Diabetic patients require special counselling and education about diet, blood glucose monitoring, treatment and recognising the hypo-glycemic reactions.

Coping and helping a patient of malignaney is a major responsibility of a counsellor.

Counselling in Geriatric Population

Old people differ from younger adults in greater physical and psychological vulnerability. Role of counsellor

is to develop an attitude of care for the elderly in people and to encourage a humane and positive attitude towards old people. There is evidence that counselling about a prudent diet, reduction in gross obesity, stopping cigarette smoking, active exercise and participation in social activities will improve the general standard of health and may reduce mortality from cardiovascular disease and severe osteoporosis.

The relationship between the patients and physician is changing, as is true of all features of social interchange. The state of our health is dynamic. Many of us are fortunate to be "healthy" and in a "good state of health" for much of our lives, but some are not so fortunate. The goal of open counselling is to achieve maximum effectiveness in diagnosis, treatment and compliance for all patients.

References

1. Gallen M, Lattenmair C, and Green CP. Population reports series J (35): 1, 1987.
2. Lattenmair C and Gallen M, population reports series J (36): 1, 1987
3. Tedder R. Brit Med Bulletin 44(1): 161, 1988.