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## Invited commentary

The article by Ms. Huntington and Ms. Kuhn on malpractice reduction by better communication is clearly on target and based upon long-standing recognition that an empathetic, communicative relationship with patients reduces the risk of a lawsuit even after adverse clinical events or outcomes.

As the authors indicate, openness, honesty, empathy, and good anger management are fundamental components of a healthy doctor-patient relationship. Most experienced physicians have had patients who were willing to "forgive" an error or omission when it was openly disclosed. Defensiveness on the part of the physician only polarizes the situation. Untruthfulness, such as changing a record entry, is a recipe for disaster.

Some physicians are more adept at these interpersonal relationships than others. Many physicians know of others they regard as less skilled who are "never sued," presumably because of their exceptional interpersonal skills. Conversely, I have observed many patients referred to extremely competent, knowledgeable physicians, only to return complaining of how they were treated or communicated with. Sometimes highly analytical doctors, deep in thought about the problem they are dealing with, are perceived as unconcerned about the patient they have in front of them. So the question might be whether or not such quiet, analytical physicians can achieve the empathy and communication levels needed. The answer is yes, but only by consciously applying some of the principles suggested by Huntington and Kuhn.

It is beyond the scope of this article, but physicians have considerably more risk reduction tools than the interpersonal skills well illustrated in the article. The culture of medicine is now more complex than in the days when every physician was expected to be the sole repository of skill and knowledge for a patient. Now physicians have the opportunity to harness the skills of others on the health care team to produce superior outcomes, fewer errors, and fail-safe mechanisms. We all need a support team to avoid mistakes and maximize effectiveness.

The new complexity of technology, information, genomics, and highly specialized, fragmented care is also depersonalizing for patients. The Institute of Medicine's book *Crossing the Quality Chasm* illustrates that patient-centered care will be a critical component of successfully restoring our health care system. In most surveys, patients consider items that deal with the way they are treated as important quality indicators; they simply assume that they will get correct treatment. Physicians, instead, regard "giving the right drug" or "a successful surgical technique" as the critical factors in quality. Patients want choice in their treatments, access to care, and respect of their own value system. They will insist on understanding their options, integrating outside information, and participating in their own risk decisions. Communication skills will be critical in meeting these needs.

Thanks to the authors for their work. Any of us can apply their advice if we will.

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