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[HEALTH]

Well-chosen words in the doctor's office

BY JANE E. BRODY
NY TIMES NEWS SERVICE, NEW YORK

What do you want from your doctor, especially if you have a serious or life-threatening illness?

Researchers who conducted interviews a few years ago with 192 patients at the Mayo Clinics in Scottsdale, Arizona, and Rochester, Minnesota, identified seven "ideal physician behaviors." Patients want their doctors to be "confident, empathetic, humane, personal, forthright, respectful and thorough," the researchers wrote in *Mayo Clinic Proceedings* in 2006.

At the same time, of course, patients want their health problems properly diagnosed and competently treated. How, in the course of the 15 minutes that the typical patient gets to spend with a doctor, can all this happen?

With doctors increasingly pressed for time, how can they offer both the clinical expertise and the compassionate care that all patients deserve? And what can patients do to get what they most want from their doctors?

BUILDING TRUST

In her new book, *Only 10 Seconds to Care: Help and Hope for Busy Clinicians* (ACP Press), Wendy Schlessel Harpham combines her experience as an internist and her nearly 18 years of experience as a cancer patient to show how simple actions and well-chosen words on the part of medical professionals can make an enormous difference in a patient's emotional and physical well-being.

Walter Baile, a psychiatrist at the MD Anderson Cancer Center in Houston, said in an interview that the book was replete with "clinical pearls — succinct ways that physicians can affect patients' well-being and make them feel supported."

Building a patient's trust and confidence, he said, is healing.

Many studies have shown that when doctors provide compassionate care, that increases the likelihood that patients will follow medical advice and practice self-care, which in turn reduces complications and their need for repeated treatments and costly hospitalizations.

Larry Mauksch, a specialist in doctor-patient communication in the department of family medicine at the University of Washington in Seattle, urges doctors to build rapport with their patients by greeting them warmly by name, asking briefly about important events in their lives, maintaining eye contact, focusing on the patient without interruptions, and displaying empathy through words and body language.

To make the most of each visit, Mauksch suggested that doctors first ask about patients' concerns and then focus on just one or two of their most pressing medical problems, saving others for later visits.

KEEPING HOPE ALIVE

In her book, Harpham writes that dealing with patients' emotions "is a vital task for healthcare professionals." She applauds the response of an oncologist who said, after the first of many recurrences of her cancer, "I can only imagine what this feels like, but I'll do all I can to help you."

Baile cautions doctors against trying to "fix" the emotion when bad news upsets a patient. Rather, he said, "they should empathize and align with the patient and say something like: 'I can see you weren't expecting this news. I understand that you're upset by it. I'm disappointed too that we didn't get a better response to the treatment.'"

Harpham said there was a world of difference between "if" and "when" in discussing the chance that cancer will recur. The word "when" is a prediction of doom that can make it difficult or impossible for patients to find joy, she said.

"In contrast," she writes, "a prognosis preceded by 'if' introduces uncertainty. This hint of possibility encourages patients to strive for a balance of hope and acceptance that helps them work and play, laugh and love in the face of a fragile future. For patients to be free to find the balance that helps them live, the door must be left open for them to find hope."

Rather than focus solely on the expected outcome when a prognosis is dismal, Harpham urges doctors to "share both your expectations and your hopes with your patients." She says that "people can expect one thing and hope for another" and reminds health professionals that they are "obligated never to extinguish hope."

She concludes, "We foster hope by telling patients that we are prepared to care for them through the likely outcome and are hoping they make an unexpected and inexplicable recovery that proves our prognosis wrong."

As Mauksch put it, "The physician's commitment is not just to cure but also to care."

For physicians who need help in developing effective communication skills, Baile's medical center has created a video library at www.mdanderson.org/icare.

HOW PATIENTS CAN HELP

Because time is short in any medical visit, it is often up to patients to prepare by writing down their most pressing concerns and questions.

Baile advises patients to gather some information about their disease and its treatment before seeing the doctor, but not to "oversearch." Too many statistics and case histories can be overwhelming, and all that information is useful only to a point: Each case is different, and each patient is different.

Patients should ask the doctor in advance whether they can record the conversation. It is also helpful to take along a relative or friend who can take notes and ask relevant questions. One study found that when patients had someone to help them talk with their doctor, they were more satisfied with the information they got and with the doctor's interpersonal skills.

Mauksch said patients could help set an agenda for a medical visit by saying upfront, "I need you to know what I'm going through and what my questions are." If not, he said, doctors will fill the time with information that is not necessarily what concerns the patient, who may be more worried about how she will look after treatment than about details of the pathology report.

Before leaving the doctor's office, patients should make sure they understand the instructions and treatment plan, including what they should do to take care of themselves and when they should contact the doctor about side effects or new developments.

For questions that come up after a visit, Baile suggested that patients ask about the best way to contact the doctor. Many doctors today communicate through e-mail; others use nurses or midlevel practitioners, he said.

Most important of all, perhaps, is for patients to be honest and forthright. Too often, patients withhold critical information or lie because the truth is embarrassing or because they don't want to disappoint the doctor by admitting that they did not follow the advice or the precise treatment plan.

Despite the importance of doctor-patient communication, it is an area sometimes overlooked in treatment plans

In Somalia, children wage jihad

Government and insurgent groups are recruiting and training child soldiers in a growing number of military camps

BY MUSTAFA HAJI ABDINUR

AFP, MOGADISHU

At the ripe old age of 13 and after two years of military training with the insurgent group Hezb al-Islamiya, Husein Abdi is proud to have been inducted into Somalia's fighting brotherhood.

"I believe the good die young, so there are no age restrictions for one to be God's soldier," said the boy, manning a position behind sandbags on a street corner in Mogadishu's Tarbunka neighborhood.

"This is what my friends and I have chosen without being forced and I am happy being who I am," he added, fumbling the butt of an AK-47 that almost looks larger than him.

Husein volunteered to point out that he became a gunman in one of the world's most violent countries of his own will. Yet his words have an oddly rehearsed ring to them.

Child enrollment in hostilities is more than the suicidal teenage craze of a lost generation that has known nothing outside the 18-year-old civil conflict. It is now a systematic and deliberate drive by Somalia's countless militias.

All players in the latest bout of fighting — which has pitted supporters of the internationally backed government against hard-line insurgents

— are involved in recruiting children, UNICEF said.

Use of child soldiers "is regrettably not a new phenomenon in Somalia, but what seems to be new is the widespread and systematic nature of recruitment and this includes all sides," a senior UNICEF expert on child protection said.

"There seems to be an active and deliberate campaign to recruit children," UNICEF Somalia's Isabella Castrogiovanni said.

Mohammed Abdulkadir Mursal is a 15-year-old Somali government soldier. His brother has already been killed in combat and he said he is determined to die with a gun in his hand.

"I know it is not a simple job for a child, but I don't care about what others say because I have already chosen to live and die this way," said Mursal.

No one knows exactly how many child soldiers there are in Somalia, but experts estimate thousands have been roped into the ranks of armed groups. UNICEF estimates there are 250,000 child soldiers across the globe.

Thousands of them are in Somalia, which has not known any effective central authority since the 1991 ouster of former president Mohammed Siad Barre.

Desperately low school enrollment levels, poverty, lack of social development schemes and inadequate



An Islam teenage fighter mans a checkpoint at a road in the vicinity of the presidential palace in Mogadishu.

PHOTO AFP

birth registration systems make recruitment all the easier.

According to a yet to be released study by UNICEF, recruitment takes place in schools and camps for the estimated 1.3 million people who have been internally displaced, mainly over the past three years.

Many observers and rights groups suspect the same has been happening in

the refugee camps set up in neighboring countries, notably in Kenya.

Recruitment is either forced or "voluntary," when desire for revenge is stirred in young boys whose families have been affected by war.

Husein Abdi dropped out of secondary school in 2007, shortly after Ethiopian forces rolled into Somalia. He joined hard-line Islamist militants in

Mogadishu after his uncle was killed in a gun battle with Ethiopian forces.

"The Ethiopian forces killed my uncle and forced my family to flee Mogadishu so that's why I took my gun to fight the colonial soldiers and their stooges," he said.

UNICEF described as disturbing the emergence of ballooning numbers of military training camps specifically set up targeting child soldiers.

"There is also growing evidence of training camps inside Somalia. It's quite alarming," said Castrogiovanni.

It is believed that some of the bases are run by foreigners from Pakistan, Iraq and Afghanistan, with some even focusing on suicide attacks.

"There are foreign forces deployed in our country," said Husein, referring to African Union peacekeepers from Burundi and Uganda.

"That's why we are still fighting to defend our religion. We need a pure Islamic regime in this country and we are ready to sacrifice ourselves for that," he said.

With a red turban wrapped around his head, the young boy reflected that he had never considered himself to be a child soldier. "But why not? After all, I don't believe it's a crime."

Recruitment of children is a violation of the international

Convention on the Rights of the Child, and the use of children under 15 in combat is a war crime.

According to child soldiers and rights activists in Mogadishu, young boys are easily lured by warlords and military leaders, notably with promises of food and rewards such as bicycles.

"We don't get regular salaries from the government but when there is fighting, the money flows," said Ali Yare, a 13-year-old fighter.

"So we sometimes create violence by shooting our opponents," said the young government soldier, pulling out fresh khat (mild narcotic plant) leaves from a green plastic bag.

Husein, however, said that he received US\$50 almost every month for his work, as well as US\$4 of cell-phone credit.

The Islamist insurgent factions offer better conditions, with more regular stipends and a ban on khat.

"We don't allow our fighters to be drug addicts, they are clean and not gangsters. They are always disciplined," said an insurgent commander who asked not to be named.

According to rights activists, girls have also been recruited, mainly by insurgents, primarily as wives but also to provide logistical support in the war effort and gather intelligence.

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