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TOPIC: **“Bedside Manner for Doctors”**

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The Neuroscience of Bedside Manner

An avalanche of brain-science has made the topic of bedside manner easier to understand and implement. **Ian Rheeder** shares the breakthrough discoveries from neuroscience and their relevance to any medical practitioner that wants to know how to create a more reassuring and empathetic bedside manner.

Modern neuroscience has exposed that we are primarily a social species. This does not mean doctors need to become too friendly, yet should factor this into their daily approach. Neuroscience has also exposed that patients are strongly motivated by the emotional engagement of trustworthy relationships. So how should we persuade without forcing someone to comply? Let’s look at how we can use some golden nuggets spawned by neuroscience to improve our approach.

Approaching patients with their brain in mind

1. **Ask Questions:** Asking a patient questions get them to think and feel deeply about what they really want. From a neurological perspective, peoples’ brains are 100% engaged when answering a question. Massive recent studies by Wood Brooks and John (2018) prove that asking questions builds *rappport*, *trust*, and *confidence*. The key is to get the *sequence* right and use a casual tone of voice. Dale Carnegie’s 1936 advice “Ask questions the other person will enjoy answering” still holds true today. A phenomenally powerful question is “What bothers you most about your condition?” Asking questions gets the patients’ involvement in their health decisions, makes diagnoses so much more accurate and is the secret to a healthy doctor-patient relationship. This will speed up the diagnosis-prescription time.
2. **Social:** We are more sociable than any other species. Smile and introduce yourself using both first and surname. Some patients unconsciously want the social interaction more than the prescription, and want the doctor to use the patient’s first name. Not spending a few seconds doing “light-talk” can have a massive unintended consequence; it can hurt your relationship and remove the placebo effect of any prescription. This closer relationship also reduces the doctor’s Power Distance Index (PDI) and improves the patient’s sense of autonomy, allowing them to be relaxed in their choice of medical procedures. The opposite of this is being too prescriptive

without considering their personal treatment options, which would hurt the ease of communication and increase the doctor's PDI. In multiple studies poor nurse-physicians communications, due to a too high PDI, increase patient mortality by 180%.^{1, 2, 3, 4} By showing "warmth", a doctor can move from "envy to admiration" (Fiske et al., 2002, 2013).

3. **Trust:** One of the best ways to improve bedside manner is to build trust by demonstrating empathy and compassion. Trust produces oxytocin, which is the platform for starting new relationships and maintaining existing ones. Smile warmly and show genuine sincerity when greeting (for example, by asking relevant questions). Always be honest.
4. **Body language is key:** Body language influences up to 80% of your persuasiveness. If you look happy and confident, then your patients feel happy and confident. Because of our mirror neurons, our patients' moods are automatically lifted when they see us smile.
5. **Complete the consultation without it feeling rushed:** Patients who want to chat too much can cause time management issues. Use questions to get back to business without hurting the patients status; like "Well, let's hear about what's troubling you today?"

The SCARF Model

Dr David Rock's 2008 neuroscience model called SCARF (Status, Certainty, Autonomy, Relatedness and Fairness) explains the basic needs of the human race, offering the doctor a great tool. Following Rock's model, we can focus on five key areas of improving the doctor-patient relationship:

Status: Always be polite, alert and relevant (PAR). Pay close attention to what is *not* said. Never argue your point without first showing intense empathy and compassion (don't be judgemental). Smile and respect the patient's time. Understand their culture and subjective situation. Ask "What's important to you about your recovery/situation?" This approach demonstrates respect by involving them in their personal treatment goals. Following up with a courtesy call shows the ultimate respect.

Certainty: Doctors need to be crystal-clear in communicating the diagnosis, lab results and difficult to understand medical jargon. State concisely the prescription and procedure, then calmly ask, "Any questions or concerns?"

Autonomy: Patients have a craving for options to choose from and want to feel like they're participating in the process. Yet, too many options hurt 'certainty'. However, developing more than one solution with the patients input (shared decision making or informed consent) gives them personal autonomy and shows them respect (status). In other words, lose a bit of your authoritarian control and give the patient scope to interject.

However, be prescriptive and confident when offering options, as patients need your expert advice when making the final decision.

Relatedness: Being liked is important because patients open up and ask more questions. Be sure to make relevant small talk, smile and show genuine interest. When doctors have a great bedside manner, they are seldom sued for malpractice. Also, being approachable makes it easier for patients to open up and discuss more intimate ailments. However, having a large Power Distance Index (PDI) can make the patient feel anxious and abandoned – the opposite of reassurance.

Fairness: By studying the brain, neuroscience illuminates that we need to make the other party feel like they are liked and being treated fairly. For example, it's important to explain why the most expensive procedure is still in their interest.

The five elements of SCARF are a patient's primary needs, "as important as food and water at times" (Rock, 2009:169). By observing the brain, neuroscience illuminates why, when we persuade, we need to make the patient feel like they are important, help them understand exactly what the procedure is, give them an Option B, and make them feel they are liked and are being treated fairly.

In summary, the quality of the doctor-patient relationship is synergistic. Why? Because more information is extracted about the condition, which enhances the diagnosis. Secondly, the patient is likely to trust the diagnosis. Lastly, due to the credibility of the prescriber, a top-down neurological reflex (placebo effect) occurs at 400 billion bits/sec, assisting the recovery process.

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Article was requested by Dr Sule Burger (Discovery)