Professional article

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Communication – the master key to the patient's heart

ABSTRACT

The report analyses the impact of linguistic and extra linguistic aspects of medical workers' speaking style and behavior towards their patients.
Special attention is drawn to two basic directions of modern communication in medicine and healthcare:
1. Verbal communication:
- 1.1. The sociolinguistic factors of oral communication discourse between medical staff and patients.
- 1.2. Key concepts for effective communication in medicine and healthcare.
- 1.3. Effective communication strategies and skills in medicine and healthcare, professional speaking and listening in medicine – key principles, functions.
- 1.4.Verbal tools and techniques. Language registers and style. Positive and negative language. Professional medical terminology and slang.

2. Non-verbal communication:
2.1.Body language in medicine and healthcare: kinetic signs, posture, gesture, mimics. International standards.
2.2.Personality of modern medical professional. Appearance and behavior in medicine and public healthcare.
The study draws the conclusion that the positive and appropriate verbal and non-verbal communication can have a beneficial effect on sick people and can prove to be the best cure for the patient's heart.

Key words: communication in medicine and healthcare, strategies, verbal tools, language register, body language

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Communication in medicine, health care and public health has a significant impact on physical and mental health, prosperity and happiness of both individuals and society as a whole. Communication as every human activity depends on specific needs since the human existence depends on many factors. Yet the physical and intellectual abilities turn out to be of greatest importance. Health needs are the main reason for launching the specific type of communication that is characterized by several stages. A health problem of a different nature - physical pain, mental deviation, emotional discomfort or any other complaint which conventionally is defined as "pain" is the initial step in medical communication (Figure 1.). The next stage requires specification of the facts and details, because that is characterized primarily by asking the doctor some professional questions. The communicative act in healthcare continues with providing information through the patient's responses. These two steps are interrelated and form a long chain of mini-dialogues of *question – answer*. This is the meaningful aspect of primary medical examination - *taking medical history.* Instructions and guidelines for laboratory tests, procedures and treatments have different lexical, semantic and terminological character, thus they form a separate stage in medical communication. The final stage presents the feedback from the patient. If the result is unsatisfactory or there is a need to adjust the treatment, the entire communication process is repeated in the same sequence.

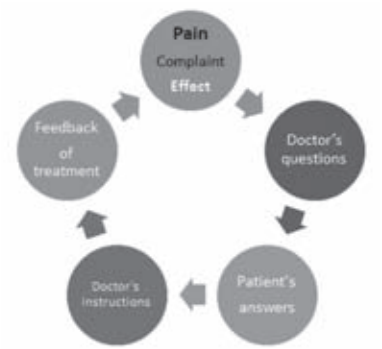

Figure 1. Stages of communication for medical purposes

Direct and indirect verbal communication are the main instruments for transmitting and receiving the necessary information, for carrying out the diagnostic and therapeutic process. Personal contact of medical staff and patients "face to face" is still the most popular way of doctor's examination and treatment → this demonstrates the fundamental importance of direct verbal communication in medicine.

The basic conditions, which define the oral communication discourse between medical staff and patient depend on different sociolinguistic factors. They influence both the volume and effect of communication for medical purposes.

1. Basic sociolinguistic factors of medical oral communication discourse → 7 Cs as follows: complexity, conciseness, concentration, compliance, clarity, courtesy, correctness.

The effective medical communication depends on answering the following questions regarding the complexity of medical communication: What? Why? Who? For what purpose? When? Where? How? The main question is *why* the communication takes place or what is the communicative aim – is it a regular, a preliminary, first, second or emergency examination. This leads to the next question which is very important for verbal communication: what the patient and medical staff are saying: is it an essential piece of information or additional but not important detail for the diagnosis, is it a complaint concrete for the case or a general one of some pain and past complaint which has crossed his/her mind; examination/ diagnostic instruction or advice about forthcoming treatment, calming and encouraging the patient. That is why the specifying question *what* becomes the main focus of any medical communicative process. Another important fact contributing to the communicative efficiency is *who* is speaking – is he or she an ordinary doctor on duty or a famous professor with a doubtless authority in medicine; the situation is almost the same when it comes to: *what kind of patient* takes part in the communicative process – is he or she an old anonymous patient or an influential VIP patient. Despite the claim of doctors that all patients are alike, this is not true - today the patient's personality is still very important – so the language register, vocabulary, emotional reactions vary depending on the social, political and financial status of the patient. There is a strong relation because of this among the factors: *why, how, who, what*.

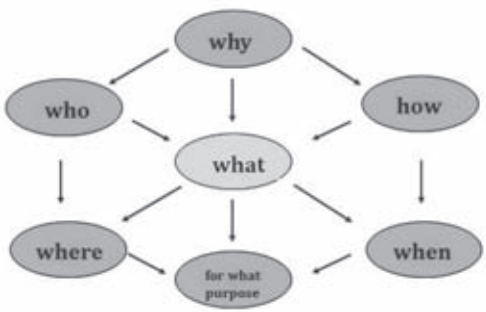

Figure 2. Components of complexity of medical oral communication discourse.

- Conciseness: precision and economy of expression without excessive detail
- Concentration: on events and facts, objectivity
- Compliance: with specific addressee; positive language, politeness
- Clarity: easy to understand, logical emphasis, short, familiar, conversational words are used to construct effective and understandable messages, arrangement of numbers and figures in a table
- Courtesy: tact and delicacy; appropriate vocabulary
- Correctness: appropriate style, spelling, ambiguous jargon is avoided, as are discriminatory or patronizing expressions, sexism and discrimination.

Compliance with the importance of sociolinguistic factors in the healing process leads to a more human aspect of medicine: In the 21st century, the patient is not treated as an object of therapy, but as a participant in it. All the above mentioned factors begin to play a role in medical communication with the concrete realities of language specific tools and techniques.

These basic sociolinguistic factors determine the main parameters of medical communication, but the physical, material and cognitive factors which are specific for communication in health care must be added to them.

1.1. Specific factors of oral communication discourse between medical staff and patients

The mental and physical status of the **patient and medical staff** play a most important role. Today in the 21st century people's lives are extremely complicated, full of stress and there is less time for normal communication. The sick person feels like a little child lost in a strange dark forest. In the mind, heart and soul of every sick person is unleashed a real storm of negative emotions: fear of pain and uncertainty, fear of suffering and death, worry and concern for children and parents in case of adverse developments of the disease. Thus, a poor physical condition and negative feelings become the dominant factor in the verbal behavior of a sick man. The health and mental condition of the medical staff are of great importance as well. In accordance with the principles of medical ethics, the medical personnel must show consideration, sympathy, empathy, concern, responsibility. But behind each medical specialist: a doctor, nurse or any person who takes care of a given patient, there is a human being with specific physical and personality traits, with their good and bad habits, with different moods and states of mind.

Nowadays the presence or absence of a medical insurance is especially important for the flow of the communication process. By law, emergency health care service

should be provided to each patient, but in reality only patients with health insurance can count on complete medical care: all types of laboratory tests, prolonged and expensive treatment, but mostly specialist treatment. Our personal observation and studies show that the presence or absence of health insurance significantly affects not only treatment but also the nature of communication. This fact will become increasingly important in view of the economic dependence of hospitals and even penalties for improper treatment of persons without health insurance. Fear of the patient that he or she might not be treated and concerns of the medical staff about fines and penalties vitiate normal behavior in this situation. It is therefore natural for communicators to change the chosen words, intonation and emotional nature of their speech. This in effect leads to crippled communication, in which the patient conceals part of the truth, and the doctors and nurses do not always stick to their good manners and appropriate language.

The background: general and special education, material status, personal intelligence occur in both the patient and the healthcare worker's idiolect. Many doctors and nurses quickly establish a reliable verbal contact with each patient because they themselves were brought up in a good family environment with love and attention to all family members.Values, attitudes toward education, art, sports, religion and so on plus traditions and family history of any communicators form the real nature of medical communication. Unfortunately this is not enough for good medical communication. Therefore, medical education in most European countries includes a set of different disciplines to develop the knowledge and skills for successful communication with the sick person. The communicative competence of the participants in each speech act happens to be especially important for an effective communication in health care. The verbal register, intonation, articulation, pronunciation, tone, rhythm, dialect define the character of the communicative impact as positive or negative depending on whether they facilitate or hinder the achievement of communicative purposes. All these paralinguistic devices depend on culture, background and level of education of medical professionals and patients. A highly educated, erudite, polite man will have a rich vocabulary and would carefully select words and expressions in a delicate conversation about health, whether he or she is a patient or a medical professional.

There exists yet another critical factor which is objective. It concerns the general view of a medical unit, appearance of medical staff, time available for history taking, clinical examination, treatment, testing, examination and of course - medical facilities, conditions, equipment, trained personnel.

Medical practice has been and always will be an area where extra-linguistic factors like materials, time, behavior, body language, gestures, facial expressions, exclamations play a huge role in communication. We will comment on them in Part II.

1.2. Key concepts for effective communication in medicine and healthcare

It is known that the achievement of the communicative aim determines the success of communication, but in medicine there is one more, dominant goal - a person's health. Since the time of Hippocrates the physician has treated not only by thought, hands and skills, but also with words. In medicine, there is a new phenomenon - *iatrogeny*, "Production or inducement of any harmful change in the somatic or psychic condition of a patient by means of the words or actions of a doctor"[1]. That is why today hospital administrations are paying increasing attention to the words, expression, intonation, articulation and verbal behavior of the entire medical staff. These requirements are part of patients' rights in Europe[2].

Clinicians, nurses and other medical staff can positively and effectively impact patient health outcomes that include the following communication tasks:

- Giving information on appropriate and accessible language for a given patient's health, disease and corresponding complications, planned treatment and risks, diagnostic and therapeutic alternatives, participating experts, price.
- Calming the patient and adjusting his/her mood by:
  – overcoming fear and anxiety,
  – removal of pain and fear
- Instilling hope, confidence in success, a favorable outcome of treatment, reliable rehabilitation
- Deterring the patient's wrong idea, concepts of disease, dominant in his/her mind because of "*Think sick, get sick*"
- Formation of a picture of the disease in the patient
- Avoiding ambiguity, incompleteness and equivocation in his/her speech
- Obtaining informed consent about:
  – tests (handling procedures);
  – conservative and surgical treatment;
  – explaining risks and side effects;
  – consequences of refusal or untimely performance of necessary testing, treatment, surgery;

[1] http://www.encyclo.co.uk/define/iatrogeny (24 April, 2012)

[2] http://www.who.int/genomics/public/patientrights/en/ (February, 2012)

- Persuasion of the patient in need of treatment and compliance with prescribed procedure;
- Sharing (concealed from the patient) the truth about his/her illness, depending on the situation in terminal conditions (imminent death)
- Showing interest in the patient as a person.
- The implementation of these communication tasks is the most important prerequisite for successful treatment – a strong link between patient and doctor. This relationship becomes a key to the patient's heart and establishes a long-term partnership.
- It is a real challenge to the health care provider to communicate successfully using all the above mentioned principles but communication failure in modern medical practice seems to occur more often. Barriers to successful communication are difficult to list but the most common include:
- Professional incompetence and lack of medical experience;
- Poorly structured medical examination;
- Distractions and interruptions of examination by adverse events;
- Interruption of the patient's story;
- Inadequate language - complicated or ambiguous, using medical jargon;
- Manner of speaking: too fast, unclear articulation;
- Tone and content;
- Not questioning the patient at all;
- Not listening carefully to the patient;
- Strong negative emotions;
- Inappropriate behavior (preoccupation with other things, talking on the phone, work on the computer);
- Uncontrolled body language;
- Wrong interpretation of patient's body language;
- Lack of time, time pressures and workload;
- Selective perception;
- Gender, social and cultural differences;
- Misunderstanding;
- Peculiar health and physical status of the patient;
- Environmental barriers e.g. *heat, noise;*

- Human factors: personal preferences and attitudes, failures, stress and fatigue of the staff.

Whatever the reason is, it leads to healthcare failure because ineffective communication is reported as a significant contributing factor in medical errors and inadvertent patient harm[3]. In addition to causing physical and emotional harm to patients and their families, adverse events are also financially costly. Today, healthcare is ever more complex and diverse, and improving communication among healthcare professionals is likely to support the safe delivery of patient care[4].

To sum up, we can draw conclusions about appropriate communicative strategies in healthcare.

1.3. Effective communication strategies and skills in medicine and healthcare

Generally all barriers to successful communication should be eliminated and they should be transformed into principles, rules, terms, skills, techniques and tools for successful medical communication. If we have to determine one strategy as a motto of the most appropriate approach to medical communication, it would be:

Positive vs. **Negative Feedback.** The positive feedback is more readily and accurately perceived than the negative one. Positive feedback fits what most patients wish to hear and already believe about themselves. The healthcare provider must never forget that the positive attitude of the human being is associated traditionally with the subconscious but nowadays with the conscious as well and is a dominating trend of positive thinking and behavior in social and personal expression of civilized relations. It is a proven medical fact that the experience of positive emotions (love, joy, happiness, satisfaction, etc.) releases in the brain endorphins - hormones of happiness that tone the entire body, stimulate all functions and extend life. Of course, we are not talking about lies and misconceptions about health, but about carefully selecting the appropriate strategy for each case. The history of human civilization, the development of modern linguistics and communication studies allow for a large selection. We will comment on various appropriate verbal techniques and verbal tools in the next section. Now let us focus on specific medical communication strategies.

Patient-centered speech (PCS). This strategy is part of person-centered medical care which has become the foundation for practice in many areas of healthcare provision. Many researches suggest that providing PCS may improve therapy outcomes,

[3] http://download.audit.vic.gov.au/files/Patient_Safety_Public_Hospitals.pdf (2 May, 2012)

[4] http://www.health.vic.gov.au/qualitycouncil/downloads/communication_paper_120710.pdf (2 May, 2012)

client satisfaction, and perceived quality of care, as well as address aspects of evidence-based practice[5]. If the doctor, nurse, technician treat a patient not only as a therapeutic and diagnostic object, but as a person with certain personality characteristics then the Hippocratic principle "Treat the patient, not the disease" shall be applied in practice[6]! The individual verbal approach expressed in the selection of specific vocabulary and terminology, warm tone and controlled intonation, clear articulation can treat as well.

Getting/giving necessary information. Receiving information from the sick man has always been an integral part of the history taking and diagnostic process. Giving information, however, from the physician to the patient still contains some hardcore restrictions. Our researches and observations show that it is completely different for each medical practitioner and it depends a lot on the personality of the patient. Doctors tend to underestimate patients' desire for information and to misperceive the process of information giving. The transmission of information is related to characteristics of patients (sex, education, social class, and prognosis), doctors (social-class background, income, and perception of patients' desire for information), and the clinical situation (number of patients examined). Nowadays people are more educated and competent and therefore more concerned about their health. Today people not only eat, do sport and live healthily, but they care a lot more about prevention and treatment in case of illness. All patients are curious about everything and they have the same questions, whether or not they ask them, like*: What's this? What (why) has (sth) happened to me? Is this dangerous? Is it curable? Will I die? What will be done to me? When (how, why) will it be done? Will it hurt? How much money will the test (drug, therapy, surgery cost)? Will I be able to recover? What should I do next? How can I prevent complications? How will this affect my family?* These examples of the most common questions can be extended depending on the specific disease and the patient. But it is important to know that the doctor/nurse/ medical worker has to give precise and clear answers to these questions. Thus the medical practitioner not only communicates, but he/she specifically educates the patient. Successful education of each patient brings great rewards. Thanks to raising the patient's awareness of the disease and its treatment, the relationship between the patient and the clinician is enhanced and the patient becomes part of the diagnostic and treatment process. The patient understands what is happening, what to expect, and therefore he/she becomes less anxious. In such a situation every patient feels respected and valued as a person. He opens his heart to the healer, he trusts him/her and carefully follows all instructions. In addition, according to Kathleen Daily

[5] http://www.ncbi.nlm.nih.gov/pubmed/20526986 (February, 2012)

[6] http://www.broowaha.com/articles/7272/hippocrates-simple-principles-for-a-solid-health

Mock "*The doctor will not bear total and sole responsibility for the implementation of the proposed regimen, and both of them will be partners in a successful treatment plan, creating a high level of mutual satisfaction*"[7].

Ensure understanding. Doctors are trained to use a lexicon of medspeak that baffles and confuses the patients. General medical terms are used by all doctors of many specialties. Other words and concepts are specific to body systems, conditions, diseases or treatments. Experienced physicians search and find familiar and common words - synonyms of medical terms to be understood by the patient. Some doctors, however, deliberately and arrogantly use highly specialized terms and expressions to demonstrate the "high intelligence" and "much knowledge." A doctor or practitioner who is a good communicator has the ability to share information in terms his/her patients can understand. It is OK to use medspeak and complicated terms, but they should be accompanied by an explanation at the same time. In any case, the patient will walk away much more satisfied with his/her visit, having learned what he/she needs to know, if he/she stops his/her doctor and asks for a definition or description when he/she uses a concept or term the patient doesn't understand. If the doctor finds out *what* and *how* the patient understands, not just whether the patient understands, then successful communication is guaranteed. Patient's understanding and awareness contribute to a higher form of treatment - not the unidirectional one but bidirectional cooperation between the treating and treated person. By understanding the patient, whoever they might be, and the expectations that they have of the doctor, the doctor can formulate the appropriate medical judgments for that particular patient, as well as derive satisfaction from this healthy patient-doctor relationship.

Establishing and keeping personal contact. The good medical communicator respects his/her patient in many ways. Good doctors understand that a sick or injured patient is highly vulnerable. Being respectful goes a long way toward helping that patient explain symptoms, take responsibility for decision-making, and comply with instructions. The patient, in the first few moments, will decide if he/she will feel comfortable with the doctor and most of this first impression is made not on *what* the doctor says, but *how* he/she says it and how he/she interacts with the patient. Lypson Haftel provides valuable recommendations to establish verbal contact with the patient, such as: "Make eye contact with the patient, shake hands, and introduce yourself. Don't fumble for a name after you are in the room. Never call a

[7] http://www.physiciansnews.com/law/201.html

patient over the pediatric age group by their first name without permission, it is disrespectful. Learn about the patient and his/her family"[8].

In many European languages the use of the plural as a polite form of address is absolutely necessary in personal contacts even of professional nature.

Improving communication skills. Improvement of language and the development of communication skills of medical staff require daily effort and perseverance. Some of the principles of good communication skills are handled even during medical training such as: asking one question at a time because posing more than one question is confusing or avoiding leading questions since they may suggest to the patient the desired answer.

Other communicative principles are more difficult to be fulfilled for a variety of reasons - for example, limitation of the use of medical jargon or abbreviations although medical staff members are aware of the fact that unexplained medical jargon can have a negative effect on the dialogue. In fact, doctors have become used to communicate promptly with colleagues in a professional environment and do not have time or do not want to struggle in search of meaningful synonyms of colloquial language[9].

It is a matter of personal culture and education, however, the individual style and vocabulary of anyone working in the medical field. Many patients choose a general practitioner or like a certain nurse for only this reason - just because he/she is able to find the right language for them. What does the right language in medicine mean? Above all, it is a premise of verbal contact - analysis of the individual patient and selecting the appropriate language register with its relevant characteristics. Firstly, this includes a special selection of vocabulary in conversation with severe, terminally ill or very old patients, use of diminutives in conversation with children, avoiding unacceptable words associated with parts of the human body, abortion, fertilization, pregnancy and birth by a particular ethnicity religion as Muslims, Hindus and others. Secondly, right and appropriate language includes other communication techniques as well such as avoiding judgmental and negative language, answering the patient's questions, assessing the patient's understanding, summarizing the encounter, asking for agreement to fill in the patient summary form, encouragement of patients to share their thoughts, feelings, emotions, worries.

Demonstrating medical achievements, modern methods of examination, diagnosis and treatment procedures, **medical equipment**, **effect of treatment, trained**

[8] http://www.med.umich.edu/medstudents/curRes/cca/m4/docs/2009/Patient_Doctor_Comm.pdf

[9] Виолета Тачева, *Бизнес комуникация в здравеопазването*, Из-во "Стено", Варна, 2004, p.190

personnel is rather a psychological and PR trick than verbal strategy, but facilitates and contributes greatly to successful medical communications.

Modern medical devices act as a magic wand on patients. They willingly accept diagnostic and treatment procedures in hope of a speedy recovery. New treatment methods and tools impose a different form of communication - with new concepts and terms. It impresses patients and makes them feel special, which in turn affects positively the effect of the healing process.

1.4. Verbal tools and techniques in medical and healthcare communication

The language register in medicine is consultative, which means:

- standard form of communication;
- formal, professional discourse;
- communication between a superior and a subordinate → doctor & patient, engage in a mutually accepted structure of communication

These characteristics determine the use of the following specific linguistic techniques and tools:

1.4.1. Deliberate, targeted selection of positive vocabulary. It has been shown that positive words with semantic feature set actively stimulate the competitive spirit of the addressee or diplomatically prevent unwanted negative reaction. It is very important for medical communications whose primary purpose is to promote patient's good health and self-esteem. Everyone in critical health condition would rather hear words like**:** *heal, recover, get better, improve, relieve, alleviate, help, success, good results, positive, beneficial, a significant improvement, recuperate, stabilize…* instead of their antonyms with negative charge. Many studies and polls show the benefits of using exactly those words because they are associated with the positive aspect of life. Conscious selection and frequent use of words with positive charge transform the ordinary language into language of hope with therapeutic effect.

1.4.2. Deliberate avoidance of morphological and lexical units, explicit or hidden negative character and negative semantics: *no, never, nowhere, nothing, impossible, pain, hopeless, unfortunately, a problem, bad, negative, anxiety, danger, worsen, deteriorate, aggravate, exacerbate*, or terminology prefixes such as: *anti-, un-, de-, dis-, a-*

Psychological studies show that every patient feels an additional burden and stress even when only a negative form is used, despite the positive meaning such as "*No problem", "No metastases in other organs."* This can be explained with the fact that in critical, especially in life-threatening situations, the first signal system is activated

and more limited perception of the message takes place mainly in the form, not content. So from a psychological perspective it is questionable whether phrases with negative vocabulary are perceived as positive messages even though their overall meaning is positive. So it has been proved that positive synonyms as the ones pointed out in Figure 3 are much more reliable.

Negative language	**Positive language**
Do not worry	Relax, everything will be fine.
Why be afraid?	We have reason for hope.
Do not close your mouth!	Keep your mouth open!
It does not hurt much. No pain.	You'll do well
You will not feel anything.	Then you can easily / better ...
After surgery, you won't have problems	You can rest assured
No need to worry about	You can be sure
No need to wait many…	It will soon be your turn…
No waiting	Wait for your turn and it will come quickly
	You will get ...
The drug has no side effects	This drug is very well tolerated
This is not so difficult	It's pretty simple / easy
This medicine is not worse than the previous except that it is so expensive	This drug is as good as the previous, and it is cheaper

Figure 3. Positive and negative language – contrive determinants of positive language in specific medical situations.

The main communicative purpose is achieved in a roundabout way - that is the spirit and meaning of the same information are preserved, but they are expressed in other lexical and syntactic ways. Often the logical focus discreetly shifts from the negative point and is placed on the positive one. Thus the principle of honesty, the requirements and norms in communication are preserved, while the critical moments are approached by verbal buffers. Therefore, this technique requires more words and happens to be more time consuming.

1.4.3. Editing and restructuring bad news expressed by words and phrases with negative connotations by replacing them with synonymous positive ones. It is important to replace words and phrases such as *hopeless, metastases, problem, failure, poor performance, injury, long term treatment, death, died, terminal disease* with expressions that do not provoke feelings of fear, anxiety and hopelessness. In medical discourse this phenomenon is defined as "veil effect", where unpleasant information

is filtered and conveyed with the help of neutral vocabulary as shown in the examples in Figure 4.

Direct bad news announcement	Edited delicate expression
Treatment is a problem.	We will do our best for your treatment!
The prognosis is poor.	We will fight all the way! Miracles happen!
Your situation is hopeless.	There is always hope! You should try it!
Will die within 6 months.	You have enough time to organize your stuff! You can use the next few months to organize important things for you to be with his family!
The child has leukemia.	The child has a serious blood disorder.
We found osteosarcoma.	There is one foreign body, without which your foot will be better and we will remove it.

Figure 4. Editing direct bad news announcement by using a more delicate expression

A Bulgarian proverb says *Language has no bones, but it can break bones.* This metaphor is an accurate illustration of such situations. It is clear that words can hurt worse than weapons and disease. That is why the addressee should be spared at least by words. Everyone understands what a misfortune a deadly and incurable disease can be, how much pain and anguish it brings to the patient and his/her family. Perhaps this is why recently medical linguistics has started to pay more attention to the semantics, type and shape of the used vocabulary, the manner of speaking about death to terminally ill patients. Researchers suggest that balancing hope with honesty is an important skill for healthcare professionals[10]. Many patients seem to be able to maintain a sense of hope despite acknowledging the terminal nature of their illness. Patients and caregivers mostly preferred honest and accurate information, provided with empathy and understanding. The delicate language is one of the sources of hope in broad aspects of life, not just the medical situation. Medical professionals need to recognize this spectrum of hope and try to help their patients even with the words they use while acknowledging the terminal nature of their illness.

1.4.4. Use of Latin/ Greek terms, medical slang and abbreviations

This technique is possible only in a Medical discourse and in our opinion it can be used to facilitate doctor-patient communication in specific situations. Latin and

[10] http://www.ncbi.nlm.nih.gov/pubmed/18022831 (Mart, 2012)

Greek terms, medical slang and abbreviations are usually unknown to most patients which allows for their various application as an unusual verbal technique:

- consciously achieved encoding of alarming or unpleasant information in the presence of the patient to avoid unnecessary anxiety and stress for example the Latin- English synonyms: *Exitus letalis (L) - Death (En), Morbus (L) - Disease (En), Decubitus (L) - Bedsore (En), Emesis (L) - Vomiting(En), Infarctus cordis - Heart attack (En), Tussis (L) (L) - Cough (En), Epistaxis (L) -Nose bleeding (En), Halitosis(L) - Bad breath (En);*
  Or the abbreviations*: **COPD** (chronic obstructive pulmonary disease), **AAA** (abdominal aortic aneurysm), **AS** (aortic stenosis), **CAD** (coronary artery disease)*
- limiting the shape and size of information only to the required minimum;
- convenient and fast professional medical communication using popular and understandable terms and abbreviations such as *diabetes, hypertension, influenza, AIDS, BP, ECG, CI (cardiac index), CAT (computerized axial tomography).*

1.4.5. Replacing professional terminology and elements of medical terms with neutral or descriptive synonyms – words, commonly used vocabulary Figure 5**.**

Professional terms	Neutral descriptive synonym
antidepressant	relaxing, soothing medicine
pain	discomfort
tooth eruption	cutting teeth
anticoagulant	blood thinner
haemorrhage	bleeding
diuretic drugs	water pills

Figure 5.

1.4.6. Euphemisms – the highest form of lexical diplomacy in medicine

Euphemisms are the highest form of lexical diplomacy in medicine because they are more affordable, decent synonyms of and substitutes for unwanted or inappropriate words for a particular situation. The use of euphemisms is determined by psychological factors, but in healthcare they acquire moral and social characteristics. Euphemisms are necessary for communication with terminally ill adults in hospices and children who suffer from an incurable disease. These patients show specific hypersensitivity due to their condition and age. The consciously chosen language contributes substantially to the achievement of optimal results in diagnosis and treatment. In modern medical practice, mastering the correct use of euphemisms is no

longer a sign of good breeding and medical professionalism, but a legal requirement. In healthcare euphemisms play a special role - they describe and present realities, concepts and facts that cause negative emotions. Euphemisms are used to name stressful medical pathology, and to deliver bad news in a descriptive and acceptable way, e.g. information about cancer, poor prognosis, reporting the death of a patient to his/her relatives. Today it is unacceptable to use direct language to achieve a communicative purpose. Our experience and research has proven that this is a new linguistic phenomenon which should be described as medical euphemisation unlike traditional ethno cultural euphemisation. For example, out of all synonymous phrases referring to ***death*** only the ones in bold are appropriate in a medical context: *died,* ***passed away, passed, passed on, is gone****, moved on, expired, croaked, bought the farm, be taken, perish, passed from life temporal to life spiritual, went to meet her Maker, meet one's end, kick the bucket, push up the daisies, join the great majority.*

1.4.7. Grammar tools. A variaty of typical morphological and syntax means can help the medical practioners to create a positive atmosphere, to touch the patient's heart and to improve the treatment effect. The easiest and most frequent of them are mentioned below:

- use of future tense, e.g. *You will feel better; Soon you will feel the effects! Everything will be alright!*
- use of 1st person plural to identify the medical staff with the patient such as:

Today we are better, right? Let us first start with the antibiotic, and then we'll decide what to do! We have a lot of time – we just need to track results over 6 months to feel reassured afterwards! Let's see what happens here!

1.4.8. Humor and fun

Laughter and humor are the nicest and cheapest medicine in the world. They can play a role as speciffic tools in medical communication in appropriate forms and situations.

Since 1979 a true story about the healing power of humor and laughter has been spread worldwide. It is described in the book "Anatomy of an Illness" by Norman Cousins[11]. Doctors discovered that the same Norman Cousins had a malignant disease of the bone (Bekhterev's disease), accompanied by terrible pain, with a very poor prognosis and his chance to survive was assessed 1:500. Rather than despair, he

[11] Cousins, Norman, *Anatomy of an illness as perceived by the patient: reflections on healing and regeneration*, introd. by René Dubos, New York : Norton, 1979. ISBN 0-393-01252-2

applied unconventional self prescribed therapy for this incurable disease. Cousins voluntarily left hospital, booked a room in a nice hotel and collected all the funny movies that he could find. One after another he had constantly watched various funny movies, laughing heartily and with all the force of each funny scene. A nurse, specifically hired for the purpose read him humorous stories. His friends who came to visit him, received the most rigorous instruction to crack jokes and have fun with him. Soon Cousins realized that after another bout of insane laughter, pain left him for ten minutes. He reported "*I made the joyous discovery that ten minutes of genuine belly laughter had an anesthetic effect and would give me at least two hours of pain-free sleep"*[12]. So after six months along with a positive attitude, love, faith, hope, and laughter induced by Marx Brothers films he recovered successfully. The doctors found a complete cure. Of course, such miracles are rare in medical practice; but in contrast, often humor and laughter brighten up tense atmosphere, improve mood and soothe the sick.

Humor is inherent, however, only in people with high intelligence and culture. Therefore, only those doctors and nurses with great erudition and quick thinking have the gift - to see the comic situation, to be able to laugh at themselves and others, and of course - to enjoy laughter.

"Doctor, I keep stealing things. What can I do?

"Try to resist the temptation but if you can't, get me a new television"[13]

2. Non-verbal communication

The simple truth is that nonverbal communication in human relationships, in business, family, and of course - in healthcare is of great importance. Unfortunately, medical and healthcare students are not trained how to improve their own interactive skills. Non-verbal behavior and nonverbal communication components are handled superficially or almost intuitively. All medical professionals acquire highly developed receptive and analytical skills for interpreting their patients' non-verbal signals. This is taught in each discipline and gradually mastered in practice. However, active personal interaction skills are limited or not used to their full capacity. Medical staff's non-verbal communication abilities are associated with outcomes of medical care such as satisfaction and compliance.

[12] http://en.wikipedia.org/wiki/Norman_Cousins#Illness_and_recovery (March, 2012)

[13] http://www.whereincity.com/jokes/professional-jokes/5425.html (May, 2012)

2.1. Body language in direct contact in medicine and healthcare

Physicians display non-verbal communication skills by different behavioral manifestations as posture, eye/ physical contact, kinetic signs, gesture, mimics.

Posture of doctors and nurses is the most powerful and visible sign to the patients. Strong positive effects are: a straight body with straight shoulders and back, chin lifted slightly upward. The equivalent/mirror body position of the physician and the patient can be observed for example when the doctor is standing while meeting a patient in the department / office, when he/she is turned in the direction of the patient or is sitting for examination and discussion carried out according to the procedure.

Open position of the doctor's / nurse's body, oriented towards the patient, shown palms with folded fingers predispose to trust and cooperation while a doctor's or nurse's body bent over the patient's body is seen as a concern rather than as a threat and aggression.

A smile is the most powerful non-verbal sign. In patient-medical staff contact, it has a positive role, regardless of whether it is genuine or just a "duty." According to psychologists, people are like a mirror - if you smile - they smile too, if you frown - they frown too. Experienced professionals use smile and positive facial expressions knowingly and purposefully in medical communication as an effective means to demonstrate benevolence, openness and willingness to work.

Physical proximity and physical contact depends on the condition and needs for the diagnostic examination. In fact it is only in medicine that the intrusion in the intimate area of another person is permissible according to Allan and Barbara Piece[14].

Physical contacts and touching are natural non-verbal actions that are specific for the relationship between the communicators. Only in healthcare, physical contacts and touching are expected and necessary for the job. However, it is perceived that the patient should be touched only for professional purposes such as diagnostic or therapeutic manipulation.

In non-verbal medical communication it is admissible and even recommendable to touch and caress with psychological purpose especially in adults and children. Holding hands, embracing, soothing, touching, patting on the back and shoulder, shorten the distance, express sympathy, willingness to help and warm up the patient's heart.

[14] Алън и Барбара Пийз, *Най-новата книга за езика на тялото*, Издателство СИЕЛА, София, 2012, p. 220

However, every medical practitioner should pay attention to the gender of the person they touch. If a doctor or male employee touches a female patient without any medical reason, it can be seen and interpreted in different ways and it may lead to undesirable consequences such as allegations of a sexual innuendo. This is especially true in obstetrics, gynecology, thoracic and abdominal surgery.

2.2. Additional elements of non-verbal communication in healthcare

In the 21st century many additional nonverbal elements such as general view of the hospital, the appearance, decoration and comfort of the hospital departments and clinics, are becoming increasingly important for optimal communication.

Medical facilities as a clean, comfotable, well-equipped hospital room, a hospital chapel with religios services, an ambient hospital environment such as a park, parking place, garden, fountains alleviates life of patients and contributes to a better mood, which helps to improve communication.

Anxious and worried about their health, patients are extremely sensitive to all nonverbal signals from each member of the medical staff. Our personal observations have found out that patients refuse to talk or do so with great reluctance, if the doctor or nurse does not look good. A clean, neat and even pretty uniform and a good looking appearance would evoke the patient's admiration and respect. A happy doctor's face and warm eyes tend to calm down the patient's heart and optimize mutual communication. Different patterns and colors of medical uniforms help patients find their way more easily in the hospital environment. They aid patients to distinguish different specialists, their status so the patients understand whom to address for what, which also facilitates communication.

Our studies have led to interesting conclusions about the so fashionable lately "three-day beard" for men and hair extension for women. This fashion can be very attractive and comfortable in everyday life, but not in the practice of medicine. Patients expect their physicians to have good grooming, which includes a well-shaven face and hair style, which does not interfere with work[15]. So young doctors and nurses, who adhere to this fashion might have problems in establishing and maintaining successful communication.

The personality of a modern medical professional must not only meet the requirements of medical business etiquette, but also contribute in any way to the main goal - fast and efficient medical care.

[15] Виолета Тачева, *Комуникации в здравеопазването. Курс лекции*. CD, МУ, Варна, 2010

All of the above mentioned aspects of non-verbal communication happen to be a decisive factor in contemporary diagnostics and health management.

They play a crucial role in building a positive attitude of care givers and healthcare providers to their patients. International standards in healthcare service demand greater awareness of the key function of communication in medicine**.** We agree with Kathleen Daily Mock who claims that "*The concept of effective clinician-patient communication is a necessity, not an option. Because communication is both a science and an art that can be learned and mastered, there are many resulting benefits for those who work diligently to improve their technique, not the least of which is increased clinician satisfaction*" [16]

The Final Goal of direct and non-direct verbal and non-verbal communication is to unlock the patient's heart to trust the medical staff, to hope and believe in healing, to improve physical and mental health. In this way communication like a magic wand will bring wellness to the patient.

[16] Kathleen Daily Mock, ***Effective clinician-patient communication*** http://www.physiciansnews.com/law/201.html (18.VIII. 2012)