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From Days of "Nonverbal Communication" to Days of "Masks" and "EVisit": Effective Palliative and Cancer Care Communication in the Times of Covid-19

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Language is considered as the main tool of communication, but in fact, the majority of communications is nonverbal. During a patient-physician visit, health related information is being transferred not only by spoken words, but also by the tone of voice, facial expression, pauses, sighs as well as other behaviors and body gesture.¹

If we consider words as the verbal part of communication, whatever remains would be nonverbal. We, physicians, are trained to look for nonverbal and behavioral clues to achieve an effective communication (e.g. blushed face, lowered eyebrows or tightened fists).

Especially in cancer care, decoding nonverbal cues is essential for the physicians, as psychological and spiritual distresses put a huge strain on the patient and his/her family. Nonverbal expressions are not only a window into the emotional state but contain clues for physical symptoms such as pain. They inform the physician about the patient's personality, family dynamics, and unique characteristics which are essential to provide the best care personalized to the patient's needs.²

Health communication is a two-way street. As care providers we should not only be able to effectively recognize our patients' emotions and attitudes, but to be mindful of our own facial expressions and body language especially during critical conversations especially when it comes to bad news. For the sake of the patients and their families, physicians must be aware of their own nonverbal behavior and what it may unfold.³ Obviously, negative body posture, the lack of eye-to-

eye contact, and screen gaze have a negative impact on the patient-physician communication.⁴

I had not noticed the vital role of nonverbal communication and behavioral cues in communication with patients until the Covid-19 era, when covering the face with a mask became essential and part of a new normal. "Listening" to all those nonverbal signs had been always an important part of my interaction with patients in the palliative care clinic. Now, in this Covid-19 era, I have to understand my patients behind those paper masks. I am unable to detect the tremor of my patient's chin before bursting into tears or to see the grinding of the teeth to fully evaluate the severity of the pain.

It has been famously said that "eyes are the window to the soul" and a physician can uncover many symptoms and emotions simply by looking at the patient's eyes. Even this window is distorted these days by goggles or shields. I find myself often looking at a reflection of my own mask-covered face rather than my patient's eyes.

Wearing personal protective equipment not only covers facial expression, but also affects non-verbal behavior. To avoid any accidental exposure from surroundings and surfaces, many patients consciously control their slightest body movements.

These days, a simple smoothing of the throat causes distraction and a clearing reminds us of "Covid-19". This constant fear, by nature, changes our feelings and behaviors.

Digital Communication

The situation would be even more complicated by the newly suggested method of patient visit, known as telemedicine or eVisit. What would happen to nonverbal parts of communication when you receive a voice or text message from your patient? Have you ever thought about receiving emotions through Emojis?

My first high-tech visit was with a 68-year-old lady with advanced metastatic breast cancer. I met

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her son at my clinic in the hospital. He asked me to prescribe some medicine for his mother's sleep. As I enquired about her other symptoms, he instantly made a video call with her mother. She was lying on a mattress on the floor while her bare chest was visible. Before I could say a word, her daughter who was holding the phone, pleaded for a pill for her mother's mood and also some medication to improve her appetite. Even through the phone, a nasty malignant wound on the site of the mastectomy incision was obvious. My insistence for talking to her was rewarded and the first word she uttered was PAIN.

Are we ready for stepping into the new era of digital communication?

What are the advantages and disadvantages of e-Visit which is an online discussion between a clinician and a patient via the Internet?

Lots of questions before setting up an e-Clinic should be answered. Feasibility and accessibility of appropriate infrastructure and broadband connectivity just put us on the doorstep. Security, privacy, and healthcare quality all need a professional support team. Health care providers and even patients and their caregivers should receive suitable training to be able to replace a face-to-face visit with an online communication. Finally, the financial mechanism between patients and the health care system should be redefined accordingly.^{4,5}

Patient-physician communication is one of the most important and complex processes in palliative and cancer care and now has become further complicated by technology during tele-health visits. Presence of infrastructural, cultural barriers, and lack of propensity to adapt to technology both by patients and physicians are all crucial factors that will influence an effective communication. Assessing patients' feedback on digital and nondigital communication should be seen as a practical approach to improving patient-physician interaction. Adding digital communication training to the medical education curriculum would also be one of the universities' responsibilities. It is inevitable to note that the medicine in future will be different from what we have been trained for.

Conflict of Interest

None.

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