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The Role of Patient and Physician in Establishing Patient-Physician Communication in the In-Patient Environment

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Abstract

Communication in the in-patient environment is crucial, and the relationship between a patient and physician can enhance patient health and improve overall wellness. Patients need to feel confident with their abilities in order to feel comfortable conversing with physicians, which would thus improve health and treat symptoms more effectively. This communication has decreased over time, hence patients are often are unable to obtain medical information from their healthcare providers. Are there psychological factors involved in a patient's inability to communicate with a physician? What is the relationship between self-esteem and quality of patient-physician communication? In addition, what can physicians do to ensure increased patient comfort in the medical environment?

Various factors can affect the patient's comfort with the physician, and when addressed, these factors can help improve patient-physician communication. For this paper, articles were analyzed that explored the effects of language barriers on patient-physician communication, and these articles showed that the patient can feel intimidated and later inadequate when forced to be dependent on others to voice his concerns. Articles that showed the role of social support in the medical environment were also analyzed and these showed that a sense of belonging in one's family or community help a patient find the encouragement needed to help cope with his medical concerns. Lastly, articles were analyzed that connect the role of increased time online to communication. While the patient can be increasingly independent because of the Internet, a large use of such technology decreases patient-physician communication. This also puts the patient at risk of misinformation as he may expose himself to false information and incorrectly treat symptoms. All of these aspects lead to a disparity in self-esteem that decreases the patient's comfort with the physician. As the patient feels unable to voice his concerns properly to the healthcare provider, the physician needs to take more responsibility in this situation as he has the ability to create a comforting environment for the patient. Physicians need to take a more active role in patients' lives and provide more resources to communicate their concerns effectively. This will help patients feel a sense of security and comfort in the medical environment, and this change will thus enable patients to work alongside their physicians in managing their health to allow improvement of communication as well as overall patient health.

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Despite having serious health concerns, an increasing number of patients choose not to visit physicians or obtain medical information from them. Even at a young age, people are conditioned to avoid the doctor for various reasons, and these can in turn weaken the patient-phy-

sician relationship in the future. The disconnect in this relationship can be dangerous for the overall health of the general population. Physicians play an important role in society because they are the ones who medically treat their patients and ensure that the health of their patients does not suffer. If patients are not able to communicate with their physicians properly, then they are not able to utilize the resources available to them to improve their health. Are there psychological reasons as to why a patient may sometimes be unable to communicate medical concerns with the physician? Specifically, how does self-esteem affect the quality of patient-physician communication? Furthermore, how should healthcare providers change their execution to aid in patient comfort? As people are not communicating with physicians, they are not able to address and correct their medical concerns, which could possibly escalate and cause more harm in the future. If this issue is resolved, patients would not only feel more comfortable with their healthcare providers, but the quality of their health could also improve due to proper implementation of treatments that completely address patient concerns. Although technology and telemedicine are causing patient-physician communication to decrease, the relationship is impacted more by the patient's comfort with his habitual efforts in health as well as physician experience with addressing uncomfortable topics with the patient. Because patients may have unvoiced concerns if they are uncomfortable sharing these health habits, physicians must use medical experience and interpersonal skills to ensure patient comfort and efficiently discuss topics that address the patients' health. Patients are thus made comfortable in the medical environment and feel comfortable communicating with physicians.

Background: The In-Patient Environment

In the medical environment, the patient is dependent on the physician for not only providing answers to patients' questions but also for ensuring patient comfort in stressful situations. These in-patient situations were analyzed over general physician consultations, as the physician has more interaction with the patient in such a setting. For in-patient settings, while nurses, clinical technicians, and other hospital staff are involved in the patient's treatment process, the physician is ultimately the one who is responsible for the patient's treatment. Physicians use two types of communication with patients: in elicitation-type communication, the physician asks the patient about his concerns, and in explanatory-type communication, the physician explains procedures during diagnosis and treatment. Patient-physician communication is also important for the in-patient environment, as a lack of it would imply that the patient is not fully aware of what his/her treatment is, and this would leave the patient in a very dangerous situation as proper decisions would not be made. The rise of telemedicine has also allowed patients to find alternate methods of obtaining medical information. While patients may choose to turn to other sources such as the Internet to obtain medical information, it is still the responsibility of the physician to establish a foundation for the relationship to some extent. However, the patient must also feel confident and comfortable enough to convey his/her concerns to the physician, and if this does not happen the illness or symptoms could escalate in the future. In this sense, the patient should be able to relay questions and communicate effectively to the physician. The physician should also be able to work to provide accurate and cohesive information to the patient while ensuring the patient is feeling comfortable in the situation.

How Do Technology and Telemedicine Affect the Patient?

Technology and telemedicine can affect the extent to which a patient chooses to communicate with a physician and the amount of independence the patient chooses to exercise. Blake et al. (2012) historically define telemedicine as an alternate method of obtaining medical infor-

mation: patients received medical help from electronic mediums other than a telephone. This concept was developed in the 1950s when seven hospitals across four states initiated a closed circuit communication system (532). With the development of the Internet, telemedicine has now come to encompass how patients have the ability to research their medical concerns online without physician consultations. In the patient-physician relationship, however, it is important to analyze the benefits and detrimental effects of technology to evaluate the value of the use of online resources in medicine.

A survey was conducted to find the primary source of medical information for Americans, and the study displayed that various age groups use different outlets for their health concerns. A total of 7,589 people were sent a survey via mail in two cycles, and the surveys were sent to a subset of the US adult population. While the first cycle of people surveyed was generic, the second cycle was only sent to one person per household of the people originally surveyed. Volkman et al. (2014) asserted that physicians and health care providers are the primary source of medical information for patients older than the age of 45 (3). A younger group of participants showed more interest in online resources to find answers for their medical concerns, thus confirming the fact that older patients are more comfortable utilizing healthcare providers for information while younger patients choose to be more independent in their health.

Table 1

Age of health information seekers choosing doctor or healthcare provider first compared to other sources[a]

	Doctor or healthcare provider first N (weighted %)	Other sources N (weighted %)	Unadjusted OR (95% CI), p-value	Adjusted OR (95% CI), p-value
Age				
18–45	150 (9.41)	1,541 (90.59)	1.00 –	1.00–
46–64	347 (15.52)	1,880 (84.48)	**1.77 (1.30-2.41), p < .0001**	1.74 (1.28-2.36), p = .18
65–75	241 (29.23)	601 (70.77)	**3.98 (3.01-5.25), p < .0001**	**3.05 (2.13-4.35), p = .0001**
76-99	179 (40.76)	262 (59.24)	**6.63 (4.72-9.31), p < .0001**	**2.88 (1.89-4.38), p = .006**

Note: *The data on various age groups' use of healthcare providers versus other sources are adapted from "The National Cancer Institute's Health Information National Trends Survey [HINTS]: a National Cross- sectional Analysis of Talking to Your Doctor and Other Healthcare Providers for Health Information" by Volkman, J.E., Luger, T.M., Harvey, K.L.L., Hogan, T.P., Shimada, S.L., Amante, D., McInnes, D.K., Feng, H., Houston, T.K., 2014, BMC Family Practice, 15, pp. 2-16.*

Specific traits such as gender, age, rural status, race, education, general health, insurance, veteran status, and cancer history were taken into account as the authors examined the correlation between health background, communication with physicians and quality of health care provided (3). The survey included questions about the participants' most recent visit with their medical provider; and the results showed that a total of 937 patients were included in this specific data set (3). Older patients alone rely on their physicians for medical information before they attempt to find the information on their own online. The instances in which they sought medical information with healthcare providers confirmed the comfort they felt with physicians and is also indicative of the fact that these patients are very cautious in independently obtaining information yet they are less independent than the younger patients who find their information using technology. While there is a wide distribution of patients who choose to use the Internet, the majority of the patients who utilize online resources are usually under the age of 45. This trend further confirms how younger patients are more comfortable with their own abilities with themselves rather than their ability to communicate with their physicians, which thus moti-

vates them to exercise more independence in their health via the Internet.

While younger patients are increasingly turning to technology, the Internet has become an increasingly larger source of misinformation for medical answers. Blake et al. (2012) admitted that telemedicine has been beneficial to some extent, yet physicians need to be more active with their patients to eliminate the increased risk of misinformation. The definition of telemedicine has broadened in the past two decades, and the mediums for medical information have become increasingly available to patients. Blake et al. (2012) also noted that while patients appreciate the resources available to them online, they also need to realize the risk of error here and patients need to ensure they have a strong relation with their physicians to obtain the correct information (534). While the Internet makes it more convenient for patients to obtain medical information, the Internet also does not present information to patients in a clear and concise manner, which further prevents patients from making comprehensive decisions about their health. Patients are thus endangering their own health when they choose to make medical decisions completely independently of their physicians. Thus, studies conducted by Volkman et al. (2014) and Blake et al. (2012) both confirm that the younger generation is putting itself at a risk of misinformation as a result of this increased independence (4, 536). By choosing to find medical information independently, younger patients are unable to synthesize all aspects of their medical concern or fully comprehend the nature of their concern, thus they would incorrectly address their medical concerns. While independence allows patients to take more responsibility in their own health, the independence that results from an increased use of online sources puts patients at an increased risk for incorrect diagnosis and treatment of medical concerns.

Physicians also use varied mediums to communicate with patients, and these varied approaches in communication lead to varied levels of connection with the patient. Overall, physicians are mixed in their preference to use the Internet to communicate with patients. Blake et al. (2012) reported that about 61% of physicians believe email is an effective and clear way to communicate with patients, and these physicians sometimes prefer to use the Internet to communicate with patients as it decreases the number of urgent physician visits and addresses patient concerns fairly quickly (533). Patients can quickly contact physicians with their concerns, and physicians can also promptly answer patient questions via the Internet and email. However, Blake et al. (2012) also argued that increased use of the Internet blurs the boundaries in the patient-physician relationship as patients establish an informal relation with physicians due to the easy access and availability of the Internet (533). The patient-physician relation should include a certain boundary that keeps the physician involved in the patient's life but does not involve an in-depth knowledge of each other's lives. The informal nature of the Internet and email would allow the patient to create a relationship that would violate the code of ethics specified for physicians. This code makes it clear that physicians are to aid the patient in terms of improving health, but the healthcare providers should not be a major part of a patient's personal and social life. An increased use of technology can thus negatively affect the patient-physician relationship as the use of the Internet can incorrectly establish online sources as primary sources of information and also prevent the physician to properly treat the patient. This imbalance of responsibility between the patient and physician could thus lead to an increasing number of unvoiced concerns in patients, which can impede communication in the future.

Do Unvoiced Concerns and Language Barriers Prevent Communication?

An inability to keep a balance between patient comfort and physician responsibilities leads to uncovered aspects in the treatment process, otherwise termed unvoiced concerns. In 2000, Low et al. noted that almost 90% of patients had unvoiced concerns, which implies that their

physicians were not aware of the patients' questions (695). Low et al. conducted a cross-sectional explanatory study to examine the factors that affect the amount of unvoiced needs in patients in specific Malaysian clinics, and thus specific reasons for this lack of communication with health-care providers were also analyzed. A total of 1829 patients over the age of eighteen were interviewed or asked to fill out a questionnaire about whether or not they had planned to discuss an issue with their physician, and the questionnaire also asked whether or not the patients had actually communicated their concerns with their health-care providers. The results of this questionnaire were analyzed based on the backgrounds and medical history of the patients, and thus results showed how the patients' personal history affected the quality of communication with their physicians. Low et al. (2000) claimed that because patients were not able to express their concerns, physicians were not able to properly address the patient's questions (691). As a result, patients are not only unaware of how to correct their harmful medical habits but they are also at a risk of elevation of these symptoms. The disconnect in communication shows why it is key to address medical questions promptly and efficiently, yet the solution to this issue is twofold.

Language barriers can often render patients unable to communicate their concerns effectively with their physicians. Low literacy in English can be detrimental in being proactive in one's health as it increases the chance of miscommunication between the patient and the physician. Sarkar et al. (2011) confirmed that low English literacy has been seen to worsen the conditions for patients with cardiovascular disease, and the poor quality of patient-physician communication is causing the quality of the patients' health to degrade because physicians cannot properly diagnose their patients (175). The study tested 75 native English speakers, 77 Spanish speakers, and 27 Cantonese speakers who were 18 years and older who were treated at a cardiology clinic in Oakland, CA in 2004. The patients were given a series of initial tests, including the Test of Functional Health Literacy Assessment, which tested the patients' level of understanding of health material, and the patients were then treated in an ambulatory health care environment, in which patients do not need to be admitted to a hospital to receive advanced medical treatment.

The physicians in this case utilized two types of communication to address patient concerns. In the first type of communication, called elicitation-type communication, doctors ask questions to understand what factors caused symptoms in the patients. These factors could be physiological or psychological, and the barriers and disease descriptions provided by patients help doctors in clinical decision-making and diagnosis. The second type of communication, explanatory-type communication, is the one in which the doctor diagnoses the illness and explains to the patient the treatment that will then follow. In this type of communication, the doctor is also supposed to work alongside the patient and create a treatment plan that will be manageable for the patient.

It was noted that low proficiency in English leads to miscommunication between the doctor and the patient as the patient cannot properly and efficiently voice his concerns. Thus, Sarkar et al. (2011) claimed that a low proficiency in English forces patients to communicate less with their physicians because they do not have the skills to convey all of their concerns to their healthcare providers and they are thus reliant on mediators, such as translators, to voice their concerns. An inability to properly express oneself in English also forces patients to feel intimidated. Sarkar et al. (2011) used translators as middlemen for patients, and thus the patients attempted to communicate to the physician indirectly (175). This posed psychosocial barriers in patients as patients felt a sense of inadequacy as they felt they could not take responsibility for their own health. Patients experienced discomfort and this increased the likelihood of them being unable to convey their concerns to their physicians. This shows how a hierarchy is created

in this relationship: because patients cannot independently resolve their issues, they feel intimidated and thus are unable to properly communicate their concerns.

An increase in discomfort due to language barriers has also been connected to an increased number of unvoiced concerns. The study conducted by Low et al. in 2011 shows how language barriers can lead to an increase in unvoiced patient concerns and how this later leads to a degraded level of patient-physician communication (691-692). The factor of intimidation led to decreased patient-physician communication, and thus patients are unable to ask the questions that cause concern (Low et al., 2011, 698). Thus, a factor of intimidation and independence is associated with the language barriers that could potentially degrade the level of patient-physician communication. These aspects also work in conjunction to one's environment in terms of establishing proper communication: one's confidence and comfort in daily life can be translated to confidence and ease when communicating with one's physician.

Does a Foundation of Social Support Aid the Patient?

Familial and social support along with community engagement can affect the patient-physician relationship in that external factors can impact one's confidence in communicating with one's physician. Devlin and Rudolph-Zbarsky conducted a health survey in 2014 that analyzed the effect of community involvement on patient comfort with physicians (25-27). The authors' claim that although societal pressures can negatively affect medical decisions, it is crucial for one to feel connected and engaged in society and this can help one improve one's health (26). Many factors are analyzed in this study, including financial circumstances, number of close friends, gender, age, size of household, education, chronic conditions, and general health. These factors, however, are negligible as the authors emphasize the effect of having a strong social support on having a primary health care provider (27). The study shows that individuals who felt a strong sense of attachment to their community were 6-8% more likely to have a family doctor, which suggests a sense of continuity that allows the patient to create a strong relationship with his physician (24). Social support provided by the community lays in the fact that the network of friends created allows one to feel comfortable sharing information, and this can later be translated to increased patient-physician communication. Having a sense of social support creates a network for people that can make them more comfortable in their environment, encourage people to take on a more active role in their responsibilities and provide them with friends that they will be able to confide in.

When one feels involved in society, one is also more likely to understand the importance of personal responsibility, which would thus improve one's overall self-esteem and self-perceived health. In a survey that analyzed how a patient's environment affects self-perception of health, Eriksson and Emmelin (2013) contended that a sense of belongingness in the community fosters a higher self-perception of health for patients, as patients are able to understand their own role in their health (118). This sense of belongingness is translated to a sense of personal freedom once a resident feels comfortable in the environment because he feels like that he holds value in the society. The sense of belonging paired with a sense of approval promotes an independence in residents as they feel their actions have a positive impact (Eriksson & Emmelin, 117). This sense of independence encourages residents to be more active in their own lives because residents learn to take more responsibility for themselves. Self-perceived health is improved in this process as the sense of belonging encourages one to take better care of oneself. The responsibility taken in the community is translated to responsibility in one's health.

The sense of belonging in the community can be extended to how patients find self-confidence in a variety of outlets and improve patient-physician communication. In a study that analyzed Chinese American and Korean American breast cancer survivors' comfort level with

physicians, Lim and Paek (2012) reported that communication in the survivorship stage is crucial as it allows the survivors to feel safer and more comfortable in their environment (1163). Lim and Paek emphasized, however, that familial involvement and professional aid must be balanced for the patient to feel comfortable (1165). Family support can provide the patient with encouragement and decrease stress in threatening decisions. Family communication can also strengthen the sense of support a patient feels is available, as he knows that family members understand and empathize with his concerns. Effective family communication can allow patients to feel better psychologically as a result of the stability provided by the familial empathy, and because they have the support of others, patients do not feel they have to make decisions independently. Studies conducted by Devlin and Rudolph-Zbarksy, Eriksson and Emmelin, and Lim and Paek prove that a strong sense of belongingness in a community or group can provide the patient with strong communication skills and increased confidence to allow the patient to feel more comfortable with healthcare providers, which would thus improve the quality of patients' health.

On the other hand, societal pressures can also negatively affect medical decisions: while it is crucial for one to feel a connection with one's society, society can also force one to feel a sense of shame if one does not live up to the standards set by that society. Although society can allow one to feel included and valued, society can also pressure one to fit into the mold of that specific society. All members are expected to fit into the same definition of healthy. Guassora et al. conducted a qualitative observational study in 2014 that included video-recorded consultations to interpret the various types of interaction between the patient and the physician. Guassora et al. (2014) observed that when patients are aware of what is expected of their health, they try to use these expectations to evaluate themselves (2). It becomes a matter of honor and patients have pride knowing that they live up to what is deemed a healthy lifestyle. Patients are happy knowing that they are living up to the expectations set for them by society, which surprisingly provides comfort and relief for patients (2). Praise earned from society allows patients to feel successful as responsible agents in terms of their health. Thus, when patients discuss their habits with their general practitioners, they know what is expected of them and they have a perception that complete adherence to these expectations is necessary for social approval. Guassora et al. (2012) also noted that people choose to distance themselves from poor habits which signifies that people know understand what is expected of them for their health, which also shows that those societal expectations are what influences patients in their communication with physicians (3). Societal pressure can thus negatively impact the level of patient-physician communication if the patient chooses to share only those topics relevant to the image of society or even if the patient describes his habits as prescribed by society. Thus, it is the role of the physician to be active with patients and ask the questions that may or may not cause the patient discomfort, yet those questions would allow the physician to have a complete understanding of the patient's health.

How Can a Physician be More Active with Patients?

On the other hand of the relationship, physicians can and should take more action to ensure patient comfort and health. In their study that analyzed the influence of societal influence on patients, Guassora et al. (2014) have confirmed that most physicians choose to discuss topics that may be uncomfortable for the patient, thus possibly forcing the patient to feel discouraged to communicate (2). When approached with discussion about lifestyle choices in which patients know they have not taken care of themselves, patients choose to divert attention from those topics and thus avoid the areas of concern altogether. Essentially, when asked to describe their unhealthy habits, patients are ashamed to admit their habits and instead, they try to describe themselves in a way that is acceptable and approved by those expectations set by others.

This is also related to the community engagement aspect of patient-physician communication in that a large amount of social pressure can make the patient feel intimidated. This would render the patient unable to communicate properly, thus barring the physician from properly diagnosing and treating the patient. Thus, while physicians attempt to address troublesome issues, patients are uncomfortable discussing these topics as they are not proud of their previous actions. The physician must now find a way to make the patient comfortable discussing those topics to be able to understand their patient's health.

Patients need to feel comfortable with their physicians in order to communicate their concerns properly. Physicians' skills can put patients increasingly at ease, as the physician is the one to establish a relation with the patient. In a study conducted by Hillen et al. in 2012 that studied the factors that allow patients to trust their physicians, a sample of 29 cancer patients were interviewed to analyze themes that related trust in the patient-physician relationship (p. 394). A variety of questions were posed to patients that asked patients to rank the importance of various factors in their physicians, and these factors were the five aspects of the Physician Trust Scale as established by Hall et al. in 2002 (301-303). These five factors included fidelity, honesty, competence, and confidentiality among other crucial factors.

Table 2

Various Questions to Test Effectiveness of Physicians Using the Physician Trust Scale[a]

		National Sample			Regional Sample		
Item	*Source*	M	SD	r	M	SD	r
[Your doctor] will do whatever it takes to get you all the care you need.	Study team	4.29	0.76	.69	4.48	0.63	.66
[Your doctor] is extremely thorough and careful.	Study team	4.17	0.73	.74	4.3	0.68	.73
You completely trust [your doctor's] decisions about which medical treatments are best for you.	Anderson and Dedrick (1990) (modified)	4.04	0.82	.75	4.22	0.78	.74
[Your doctor's] medical skills are not as good as they should be.	Study team	4.06	0.78	.72	4.17	0.8	.59
Sometimes [your doctor] cares more about what is convenient for [him or her] than about your medical needs.	Study team	4.03	0.85	.72	4.13	0.86	.62
[Your doctor] is totally honest in telling you about all of the different treatment options available for your condition.	Study team	4.11	0.73	.72	4.29	0.71	.7
All in all, you have complete trust in [your doctor].	Safran et al. (1998) (modified)	4.1	0.78	.8	4.23	0.72	.82
Your doctor] only thinks about what is best for you.	Study team	4.06	0.7	.73	4.18	0.71	.7
Sometimes [your doctor] does not pay full attention to what you are trying to tell [him or her].	Safran et al. (1998) (modified)	3.94	0.9	.71	4.09	0.82	.68
You have no worries about putting your life in [your doctor's] hands.	Study team	3.98	0.88	.74	4.13	0.8	.76

Note: The data on the Physician Trust Scale are adapted from "Measuring Patients' Trust in Their Primary Care Providers" by Hall, M.A., Zheng, B., Dugan, E., Camaco, F., Kidd, K.E., Mishra, A., Balakrishnan, R., 2002, Medical Care Research and Review, 59, pp. 301-303.

a The data in this table shows the mean, standard deviation, and item-to-total distribution from a study that included 959 individuals that were called for a survey in the mainland United States in 2002.

When asked to rank their most valued physician skills in terms of the Physician Trust Scale, Hillen et al. (2012) reported that patients emphasized competence and honesty displayed by physicians allowed patients to feel a greater deal of ease (395). Hillen et al. confirmed the key factors that hold importance for patients from Hall et al.'s Physician Trust Scale to be honesty and competence. The highest mean value as shown in Table 1 is under the item, "Your doctor will do will do whatever it takes to get you all the care you need," followed by "Your doctor is extremely thorough and careful" (Hall et al., 2012, 301-303). These items were all categorized under the aspects of trust and competence of the physician, thus displaying how those are the key aspects in establishing trust with the physician. Competence influenced communication if the physician proved to be knowledgeable and confident of the medical skills needed for the patient, thus allowing the patient to feel more comfortable in sharing concerns and communicating with the physician. If the physician proved to be honest with the patient, the physician also gained the trust of the patient since the physician showed that he was willing to work alongside the patient in the treatment process rather than an external resource to help the patient. This psychological support from the physician allowed the patient to trust that the physician would work in the best interest of the patient, and for this reason, the patient would be more likely to convey questions and concerns to the physician. If a physician displays both of these factors, the patient feels the physician is capable of properly treating the patient as well as truthfully diagnosing the illness.

Honesty is crucial for the physician to establish, as the patient will need to be able to make well-informed decisions with the help of the physician, thus the physician must be readily available to provide sources to the patient. If doctors show they have the skills necessary to treat patients, patients will feel more comfortable of the physician's competence and discuss threatening issues with the physicians. Another study supports this fact: in their research concerning the needs of cancer survivors, Lim and Paek (2012) confirmed that they found that the patient's ability to communicate with physicians easily allows patients to reduce stress (1158). Thus, Hillen et el. and Lim and Paek show how the ability of the physician can put either put the patient at ease or intimidate the patient, and the correct balance of experience and communication must be found to ensure patient comfort. It is important for physicians and healthcare providers to display confidence in their abilities, but it is even more crucial for them to be able to develop a relationship that will allow patients to discuss a variety of topics with them.

Who Holds More Responsibility in This Relationship?

Keeping these various factors in mind, one needs to realize the responsibility of both the patient and the physician in establishing a relationship and developing strong patient-physician communication. Patients need to take more responsibility for themselves and their health to be able to improve self-efficacy and voice their concerns to their physicians. Patients can accomplish this by becoming more involved in their community and family to find the social support that will provide the foundation for patients to find the confidence when communicating with physicians. More importantly, in terms of improving the patient-physician relationship, the physician needs to be more confident in his/her abilities to treat the patient, as this will allow the patient to feel more comfortable in the medical environment. The physician needs to held accountable for the communication more so than the patient, largely due to the fact that the physician is the one who should be able to make the patient feel at ease in the sometimes intimidating, sometimes uncomfortable medical environment. In the future, if patient-physician communication is not improved, an increasingly larger number of patients will turn to outlets other than physicians and healthcare providers for medical information. This could be harmful for the patient because the patient could misinterpret and improperly understand the

information presented to him, thus improperly diagnosing himself and increasing the risk of the previous concern. The use of alternative outlets by patients would mean greater health risk for patients. While patients would be more independent, they would not necessarily be competent to treat themselves independently of physicians. The elevation of such health concerns would cause patients to be at a greater risk of more threatening diseases. Hence, physicians need to take more action in their patients' lives: they need to ask more questions (whether they be uncomfortable or not), provide more sources to eliminate language barriers (such as more comprehensive translators), and display confidence in their profession more. If physicians can take more responsibility in these ways, they will be able to create a comforting and peaceful environment for patients that will allow the two to communicate more effectively and improve the health of the patient.

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