

A void yet to fill — the lack of effective patient counselling

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Madam, today's 'patient-centered medicine' is dominated by coherent information exchange and shared decision-making. The transition in approach from 'paternalism' to 'individualism' has meant that the patients are no longer protected from bad news or incompletely informed about the details of their treatment, but should always be kept fully on board.¹ It is unfortunate that we in Pakistan have not been able to evolve satisfactorily on this front with the globally changing scene — particularly in our public hospitals, where the lack of literacy amongst the poor patient population presents us with challenges that make this task arduous, even if the doctors recognise its importance and are willing.

The doctors at these centers blame a lack of effective clinical orientation and training during their undergraduate years and inadequate salaries, coupled with the workload and stress resulting from understaffed settings and massive patient influx, which is added on to by incompetent primary and secondary healthcare centers, for not being able to focus on holistic patient care.² They point out how language barriers impose an additional challenge,³ that the low level of understanding in the patients results in a thorough exchange of information ironically driving them away from seeking required medical help and how, because the male members of these patients' families make all the decisions, physicians are required to counsel various attendants after having spoken to female patients directly, which is impractical.

On the part of the patients, Rocque et al portrayed their perspective under four aspects — they feel disrespected when ignored, unworthy of the physician's time, victims to 'dominance of the biomedical culture' (where the physician determines what is discussed and in how

much detail) and intimidated to voice their questions in such depersonalised settings — overall, making them feel vulnerable.⁴ The breaking of bad news forms a separate, sensitive aspect of counselling that drastically impacts the patients on cognitive, evaluative and emotional levels.⁵

With this letter, we aim to draw attention towards bettering patient counselling, especially in our public hospitals. Our doctors should be continuously given reinforcement sessions regarding the same, tailored to dealing with our existent level of literacy and socioeconomic backgrounds, which would best be supervised by consultants or registrars who have been working in these conditions for many years. Familiarizing undergraduate students with local terminologies for common symptoms in our local languages³ and training them to converse in focused, simplified verbal instructions would be added wise moves, as would conducting more discussions on the theme to brainstorm additional solutions.

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