

Editorial

More Evidence of Communication for Patients—Time for Action

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Each day, those of us in health communication may consider the patient empowered, enlightened, engaged, and educated. Whether we ourselves are a patient, a family member, friend, coworker, or in a physician–patient relationship, we accept the ethical and evidence-based approach for patient-centered care as a cornerstone of twenty-first century medical practice. Nonetheless, it has been only with recent consensus studies, including those by the prestigious Institute of Medicine and the Joint Commission in the United States, as well as recent publications and applications in the United Kingdom by multiple sectors, that an emergence and conventional wisdom now places effective communication as the foundation for better patient outcomes and safety. In fact, the Joint Commission (2007) suggests solutions that focus on making effective communication a priority in protecting the safety of patients; addressing patient communication needs across the spectrum of care; and pursuing public policy changes that promote better communication between health care practitioners and patients.

Furthermore, the Joint Commission report warns that failure to provide patients with information about their care in ways that they can understand will continue to undermine other efforts to improve patient safety. A recent systematic review on “Effectiveness of strategies for informing, educating and involving patients” by Angela Coulter and Jo Ellins of the Picker Institute published in the *British Medical Journal* (2007), identified 129 systematic reviews plus many other studies, which covered patient-focused quality interventions in four areas: improving health literacy, improving clinical decision making; improving self-care; and improving patient safety. While the results of some reviews were negative (no difference between intervention and control or worse outcome with the intervention) or mixed (positive for some outcome measures and negative for others), most were positive (beneficial effect) for the outcomes selected for our overview.

The evidence-informed conclusions suggest that any strategy to reduce health inequalities must promote health literacy and engagement; that patients could help select treatments, manage long-term conditions, and increase safety of drug use and infection control; and that interventions can improve patients’ knowledge and

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experience, use of health services, health behavior, and health status. Coulter and Ellins conclude that the effective use of “health information materials, decision aids, self management action plans, and other “technologies” of patient engagement are most effective when they supplement or augment, rather than replace, interactions between patients and professionals” (2007, p. 27).

Despite the growing evidence in support of the need for communication, the soft(er) social science historically has been integrated unevenly in medical practice. Nonetheless, Robert Veatch (2005), suggests that a rapprochement has begun reuniting humanists and physicians. With the recent evidence and multidisciplinary developments in developed health systems where economists help prioritize cost (and clinical) effectiveness, the evidence of communication encouraging patients to play a more active role in their health care could improve quality, efficiency, and health outcomes, including the motivating factors of averting errors and improving safety by using medicines and medical interventions appropriately, “as directed” and intended for use.

While many of us in education may understand the research and its implication, the diffusion of policy to support the effective provision of health information takes time. A recent initiative by the *British Medical Journal* (BMJ) provides an innovative approach developed to provide researchers, teachers, and students with reliable and up-to-date information, together with examples of best practice. The intervention is entitled *BMJ Health Intelligence*, in which subscribers can garner evidence, data, policies, targets, and guidelines on critical public health topics in one web-based resource. This health intelligence addressed the multidisciplinary nature of public health policy, including the best practice approach for using evidence for policy and commissioning decisions, investment and return analyses for various interventions, data and geographical analysis tools supporting local versus national comparisons, and real-life examples of local public health initiatives. While this is early in application, the ideals to bridge traditional medical publishing with the needs of twenty-first century health are laudatory.

Since the *Journal of Health Communication* began publication in 1994, health communication has grown. In fact, a 2006 ranking of impact factor of academic journals places this journal as third out of the 44 communication journals published. Yet, during this period communication has become central in medical and health education steeped in long-standing tradition. Health literacy at a variety of levels has developed, social marketing of health issues impacts large audiences, and e-health has expanded exponentially. It is now up to many of us as health communicators to ensure that the evidence—scientific and social—translates into policy and action that fosters effective, ethical, and strategic communication.

References

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