

# Did you know that your communication could unintentionally harm – seriously ill – patients?

See the table with more examples that are not supportive for patients and alternatives that are helpful. Scan this QR code for a link to the scientific study and more harmful and helpful examples.



## Making vague promises

Vague promises are unsettling, especially if they are not met

Harmful example



Helpful example

**“I will call you.”**

(no indication of when the doctor will call)

**“I will call you tomorrow between 4 and 5, once I have discussed this with the team. If I don’t call, you can call me after that.”**



## Giving a compliment without room to disagree

Telling patients they look good is perceived as harmful; this occurs in daily life, and may not reflect how the patient feels.

Harmful example



Helpful example

**“You look great.”**

**“You look great, but I know that doesn’t always mean you feel that way. How do you feel?”**



## Not involving the patient in decision-making

Being too directive and overlooking patients in decision-making. Patients’ views vary on who should make a final treatment decision.

Harmful example



Helpful example

**“You must start chemo within a specified time.”**

**“You have a choice between chemotherapy and ... The advantages and disadvantages are ... I would be very interested to know what you yourself think about this. Of course there is time to think about it.”**



## Not seeing the patient as a person

Not seeing the patient as a person and only focusing on the medical facts / the medical side is deemed harmful.

Harmful example



Helpful example

**“The tumor doesn’t seem to be growing so that’s going well - great! So we’ll continue treatment.”**

**“The tumor doesn’t seem to be growing, which is good. But how are you feeling? Do you have any symptoms?”**



### Exploration — Asking the patient

- Asking what the patient knows: “So what do you know about chemotherapy?”
- Asking what the patient wants to do, or to achieve: “What would you like the treatment to achieve?”
- Asking probing questions if the patient is experiencing complaints: “Where is the pain? When do you experience it? How often?”
- Asking/checking if the patient has understood the information: “I want to check that I’ve explained it properly. Can you repeat what I said?”
- Making time for questions: “Do you have any more questions?”