LETTER TO THE EDITOR

RCC Special Issue Inspiring

To the editor:—The article “Relationship-centered care. A constructive reframing,” provides an excellent overview for the special supplement to the January 2006 issue.

A recent emphasis in clinical communication research and teaching is to build a stronger theoretical base for our work.¹ So we must. But theory usually catches up with work. Until it does, we depend on personal and shared values, to guide our daily work. The authors’ fourth key principle that “RCC has a moral foundation” and the statement that “the achievement of favorable outcomes is not its defining feature” make clear that this is a code for best clinical practice not a general theory of clinical practice.

RCC as described here has many connections to sound social science theory. And it anticipates better outcomes in all of the 4 key relationships—patients, colleagues, community, and self—as outlined in the Table. But these remain to be demonstrated and are not part of the definition.

When I read the words “unlike customer relations in which individual and organizational gain are paramount, genuine relationships are morally desirable because it is through these relationships that clinicians are capable of generating the interest and investment that one must possess in order to serve others . . .” my heart raced. This is the pivot. Those who embrace RCC choose to serve, choose to look beyond personal gain and corporate revenue, choose to work for teams that nourish wholeness in their members, and for communities

that are good places to live. This moves beyond a corporate model of emotional intelligence to a model of social responsibility and personal integrity even at some cost to oneself and one’s company.

In the section on “clinician-clinician relationships” I wish the text were as strong as the Table in addressing “power inequities across health disciplines.” By choosing language like “clinician-clinician” and “respect colleagues”, RCC sounds a little too much like something for the faculty club. The details in the Table and the whole tenor of the article make it clear this is not the authors’ intent. But the need to respect and listen to co-workers like administrators, nurses, ward clerks, and custodians, especially across gender and ethnic differences, deserves greater emphasis.

The 4 principles and the 4 relationships of RCC give me a framework for self-improvement and for continued QI focus in my organization.

Thanks for a great job!

Sincerely,—**Dan Doyle, MD**, *New River Family Health Center, Scarbro, WV, USA.*

REFERENCES

1. **Hulsman R, Visser A, Makoul G.** Addressing some of the key questions about communication in healthcare. Editorial. *Patient Educ Couns.* 2005;58:221–4.

Address correspondence and requests for reprints to Dr. Doyle, New River Family Health Center, Box 337, Scarbro, WV 25917 (e-mail: ddoyle@marshall.edu).