Is this how others see us?

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The methodologies with which the delivery of health care is measured are multiple. Whether qualitative or quantitative, there is hardly any facet of clinical practice that does not come under the microscope these days. In the last decade in particular the use of targets and benchmarking has become an increasingly important ingredient of the auditing recipe.

Most audit systems concentrate on specific clinical care (how good we are at diagnosis and treatment) and efficiency of processes and systems, which may also include tracking against a budget or a contract between purchaser and provider. One facet of care also measured to lesser or greater degrees, and sometimes with only lip service paid to it, can be conveniently labelled "patient satisfaction" or "customer care", depending on your perspective or how politically correct you are. It sometimes comes under the umbrella term "hotel services".

The *Health Service Journal* (www.hsj.co.uk), a weekly trade magazine for National Health Service managers and administrators, is always worth an occasional perusal by clinicians. It is an up to date and sometimes very perceptive source of information on many topics germane to modern health care in the UK.

A recent essay in the journal, an opinion piece which is anecdotal rather than evidence based (its title referring to a once popular television drama from over 40 years ago, *Emergency Ward 10*) offers a viewpoint which makes you stop in your tracks.¹ The author takes both his local GP and A&E [sic] department to task for poor customer service. He says about A&E (among other things) that "they clearly do not want me, or any family or visitors, to be there at all, as the car park is totally inadequate and the charges astronomical. Everywhere there

are signs telling you what you cannot do...most of these are attached to the wall with five-year-old tape, and many are so small that no one with sight difficulties can see them, especially the signs to the eye clinic."

He continues in similar vein, relating a story of an unsatisfactory consultation from the patient perspective and finishes by saying "it is pretty difficult to find fault with the actual medical treatment ...nurses, doctors and support staff are well trained, capable and efficient. However, imagine how great it would be if they all worked to improve customer service. Imagine your local hospital as a branch of John Lewis, Prêt à Manger, or Tesco – how would they do it?"

Readers of this journal may dismiss his point of view with a shrug, opining that it is more important that the clinical care is good (which is true), but I suspect many clinicians will empathise with the anecdote about the unsatisfactory consultation, perhaps with a shudder of insight and self recognition.

Regardless of the state of the physical environment and the reception that the public see and experience when they arrive at a hospital, important though it is, it is easy to forget the power and symbolism that a patient–doctor interaction in particular can have for many patients. What for us is a routine and familiar event is, for most patients, a rare and important moment that we can all too easily take for granted. Despite how we present ourselves in our body language, manners (both highlighted in the article) and attire, we also need to reflect carefully on how we use words.

There is a plethora of literature on how health practitioners communicate and how the public receive and understand what we think we are telling them. A common comment is our use of jargon.

All professional groups use jargon but health is probably one of the worst. Even every day medical terms used by the public can be misunderstood and misconstrued. Do the public, on first hearing the terms applied to either themselves or their relatives, really know what strokes and heart attacks are? Heart failure? Pneumonia? A virus? Inflammation (versus infection)? Not all patients correlate a fracture with a broken bone. It is much, much worse when we are profligate with more specialised terminology. Does it matter? Of course it does. Although many people will happily accept their ignorance (doctor knows best), this will not sit comfortably with large numbers of the population; we cannot be complacent about it, even in the information saturated age we live in.

I remember my first term as a student. The deity figure before us, an anatomy lecturer studying for his surgical exams, asked us "what will a patient do if you ask him to abduct his arm?" We all gleefully answered, proud to show off our newly acquired vocabulary. The lecturer equally gleefully laughed back at us; the patient, he told us, unless they had a thorough grounding in Latin coupled with a quick mind, will not have a clue what we are talking about. It was an early and salutary lesson to keep things simple.

The author of the article in the *HSJ* admittedly has a declared competing interest (he is a co-founder of the Institute of Customer Service: www.instituteofcustomerservice.com), but nonetheless he has gently thrown down the gauntlet in a widely circulated publication. Is he alone in viewing us as he does? Highly unlikely.

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REFERENCE

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