

NOT BLOODY LIKELY: Dr. Larry Dumont, a DMS pathologist, leads the international BEST (Biomedical Excellence for Safer Transfusion) Collaborative; the group recently refuted some questionable research suggesting older units of blood aren't safe.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1981 issue of this magazine:

NBC-TV came to town when “cancer researchers from across the nation gathered in Hanover for three days in August to discuss their successes, their failures, and the future.” Another article in the same issue pointed out that “cancer no longer invariably kills. More and more cancer patients across the nation are surviving—and leading active, productive lives.”



1972

Year Dartmouth's Norris Cotton Cancer Center opened its doors

\$54 million

Current annual research funding to the NCCC

165

Average number of open clinical trials at the NCCC

A prescription for doctors: Avoid medical jargon

The stories are heartbreaking. Take this one, for example: An elderly man goes to the emergency room because he thinks he has a kidney stone. He is treated and sent home after getting some x-rays. Not long after, he receives a letter stating that he has calcium overlying his kidneys. With the letter is a copy of the x-ray report, verified by a radiologist.

The patient, unfamiliar with medical terminology, assumes that “calcium” is a code word for cancer and that a radiologist is a cancer specialist. Devastated, the man endures five sleepless nights until his next appointment with his primary-care physician, Dr. Nancy Cochran, who explains to him that he does not have cancer.

Stories: Cochran, an associate professor of medicine at DMS, sees patients at the VA Medical Center in White River Junction, Vt., and teaches DMS medical students. She can tell many stories like this because many patients have difficulty understanding basic medical information. According to the National Assessment of Adult Literacy, conducted in 2003, about a third of Americans have low health literacy, meaning they can't read basic charts or determine what time a prescription medication should be taken based on the drug label.

Low health literacy can lead to medication mistakes, missed appointments, and poor adher-

ence to doctors' recommendations, to name just a few side effects. The lower people's health literacy, the poorer their health tends to be, the National Assessment found.

Virtuous: “I used to think I was so virtuous, talking to my patients about body mass indices and showing them charts,” Cochran says. But, she later realized, “a significant number of them had no idea what I was talking about.”

Now Cochran asks screening questions when she suspects a patient has low literacy and suggests that students and her colleagues at the VA do the same. “How comfortable are you with how you read?” she'll ask. Or “How often do you need help understanding materials that you take home from the hospital?”

“I've had fascinating conversations with people since I've started asking those questions,” she says. “Occasionally patients will literally burst into tears and say, ‘I'm so glad you asked, Doctor, because I don't understand anything you send home but I was afraid to admit it.’”

Plain: In the On Doctoring course for first-year medical students, Cochran teaches techniques for clear communication. She tells students to slow down, use plain language, show or draw pictures, limit the amount of information they provide, repeat important points, and use the teach-back approach. In teach-back, a doctor might say, “I know

I've covered a lot and I want to make sure I was clear. When you get home, how are you going to explain what I've told you to your spouse?”

The techniques seem simple enough, but students—and practicing physicians—can have difficulty letting go of the fancy, precise terminology they spent so much time learning, says Cochran. To help them do that, she has them brainstorm simpler words that can be used instead of medical jargon and engage in other similar exercises.

Fancy: The ultimate test comes in the form of what's known—in that fancy terminology Cochran counsels against—as an objective structured clinical exam. The way it works is a student interviews a patient-actor, and the interaction is taped. Then the student gets feedback from a faculty observer and can later watch the tape.

At the White River VA, Cochran gives talks on health literacy to fellow physicians, as well as to nurses, clerks, technicians, social workers, and “anyone who will listen,” she says. She also helped revise many of the written materials given to patients at the VA. Cochran has lectured on the topic regionally and nationally, too, in her role as a faculty member of the American Academy of Communication in Health Care.

Still, she'd like to be doing more to improve communication between providers and patients. “We really cause a lot of pain in patients by not communicating clearly,” she says.

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