

### BEGINNING THE CONSULTATION:

*“I was ushered into the doctor’s room. I stood in the doorway while he continued looking at a computer screen. I coughed to get his attention but still he didn’t acknowledge my presence. Feeling somewhat embarrassed I took a seat on the side opposite from him across his desk. He then made a telephone call about something to do with his car. Finally he looked my way after glancing at the file on his desk and asked ‘What brings you to see me?’ From that point on things seemed to go from bad to worse. I was becoming increasingly agitated while he seemed oblivious to any need for the common courtesies. Well before I received a prescription I had determined not to ever come back to this rude man.” - Patient story*

Complaints and claims against doctors usually contain a core of communication failure. When things go wrong patients are far less likely to make a fuss if they feel that they have been given information and treated with courtesy and respect.

### FORMALITY, GOOD MANNERS & ESTABLISHING RAPPORT:

With new patients particularly, but also with those you know well, the beginning of a consultation is the most important part of the encounter. Yet some doctors, either through boredom or ignorance, neglect what is simply good manners.

Patients expect a degree of formality during a visit to the doctor. Without a proper introduction and greeting it seems inconceivable that a patient would willingly consent to having a rectal examination a few moments into the consultation.

Some studies in Western cultures have shown that 70% of patients expect a handshake and greeting. There are some suggestions that ‘handshaking’ behaviour between doctors and patients is becoming less common. Most prefer the doctor to refer to themselves as ‘Doctor’. White coats are not regarded as necessary and a closed door, particularly with the younger aged, is patients’ preference.

These attitudes vary little across cultures although occasionally a patient may not accept an outstretched hand because of pain, or personal or religious reasons. Others may wish to shake hands repeatedly during the consultation.

The key rule for shaking hands with patients is only offer your hand if you perceive it is a comfortable thing to do for you and the patient.

### CLINICAL VALUE IN SHAKING HANDS:

As well as helping to establish rapport, a polite handshake can also provide helpful diagnostic information. The sweaty hand of anxiety, the warm dry hand of thyrotoxicosis, the persistent clasp of myotonia, and the weakness or paralysis of neurologic disorders are well known examples.

### SO GET YOUR CONSULTATIONS OFF TO A GOOD START:

- Meet your patient standing, offer a handshake, introduce yourself as Doctor ‘Surname’
- Address your adult patient as Mr or Mrs or Miss Surname unless they ask that you use their first name
- Ask them to please take or wave them to a seat (preferably not on the opposite side of a desk)
- Ask how you may be able to help them
- Remember the 90 second rule. Allow the patient to speak uninterrupted for at least 90 seconds or longer until they have finished. It will save you time in the long run.
- Do not start interrogating - ask open questions that invite enlargement on concerns.
- Before starting any examination explain what you need to do. If a patient needs to disrobe, provide screens and sheets for modesty.

- Wash your hands at the completion of any examination and not immediately after the welcoming handshake with the next patient.
- Except during a proper examination the purpose of which has been clearly explained to the patient and they have consented, it is usually inappropriate to touch any patient except by a handshake.

**REFERENCES:**

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