

# Too much information

How does self-disclosure by physicians affect patients?

## DOC TALK

BY STUART FOXMAN

**Y**ou've experienced the same illness as a patient. Do you tell him about that?

The mother of a young patient asks if you have any children. How do you respond?

Self-disclosure can be tricky. As the College notes, self-disclosure can be part of a possible boundary crossing or violation, certainly if it's excessive or not for the purpose of helping the patient. The challenge is how to define that.

"We want to provide good care and also show that we care – sometimes that line gets blurry," says Dr. Sandra Northcott, Associate Professor, Schulich School of Medicine and Dentistry, Western University.

Dr. Northcott, who taught a joint



CPSO-Western program on maintaining boundaries, says that physicians who are tempted to reveal personal information need to ask themselves one question – whose benefit is this for?

In that first scenario, for instance, would the physician's disclosure of their own illness reassure the patient? Or could sharing that information detract from the visit and cause the patient anxiety? In ►►



Dr. Sandra Northcott

the second case, it's possible to avoid the answer. But there's no harm, suggests Dr. Northcott, in simply replying: "Yes, and I know what you're going through." That feeling of understanding is probably all that the patient is seeking.

Doctors should always build rapport with patients. Whether self-disclosure is a help

or hindrance is the focus of this edition of *Dialogue's* ongoing series on communications.

### Relate disclosure to patient concerns

In certain situations, self-disclosure can be useful, provided it's brief and tied directly to the patient's concerns.

For example, a patient tells you that he's thinking of taking up running. You happen to be a runner yourself. You don't have to dive into details of your last 5K, but could mention your activity in the context of the patient's fitness and nutrition needs.

Or consider a patient who has a parent diagnosed with Alzheimer's disease, and wonders where to find support. If you have had that illness in your own family, says Dr. Northcott, you could reveal that and share the resources that you found helpful. But stop there. The particulars of your family aren't pertinent. You don't want the patient to draw any conclusions from your family's experience, and you certainly want to avoid a situation where the patient is offering you support.

Often, self-disclosure can be unwelcome or unhelpful. A frequently-cited study on the subject comes from the University of Rochester School of Medicine and Dentistry. Researchers had people pose as first-time patients during visits to experienced primary care physicians. The visits were secretly audio taped.

In about one-third of the visits, the physicians self-disclosed something about their personal or professional life. Typically, the disclosures were non-sequiturs, unrelated to any discussion in the visit and focused more on the physician's needs than the patient's. Moreover, these disclosures often interrupted the flow of information, and took away valuable time from the appointment. Here's an example from the study transcripts.

Physician: "No partners recently?"

Patient: "I was dating for a while and that one just didn't work out...about a year ago."

Physician: "So you're single now."

Patient: "Yeah. It's all right."

Physician: (laughing) "It gets tough. I'm single as well. I don't know. We're not the right age to be dating, I guess. So let's see. No trouble urinating or anything like that?"

The doctor here may have just been making small talk, says Dr. Northcott. But not only is the comment irrelevant, she says, it could also be misconstrued.

The Rochester investigators went into the study suspecting that self-disclosure might help patients to be even more forthcoming. That wasn't evident. (Results of the study were published in 2007 in *Archives of Internal Medicine*.) Instead of being part of patient-centred care, the self-disclosure was mainly doctor-centred.

### How does self-disclosure influence the patient's view of the doctor?

A similar study involving primary care physicians and surgeons recorded visits and evaluated statements describing the doctor's personal experience – statements

that supposedly had medical or emotional relevance for the patient. When primary physicians self-disclosed, the perceptions of their warmth and friendliness, and the patients' sense of reassurance, comfort, and satisfaction with the visit all decreased. With the surgeons, self-disclosure was perceived more favourably.

### Danger of diminishing the patient

Self-disclosure can start with the best intentions, says Dr. Northcott. Physicians want to further the bond with patients, create a sense of closeness or trust, or help them to express their feelings.

That's all worthwhile, but self-disclosure presents a huge potential downside. Patients could see the physician who discloses as a little less professional and a little more as a confidante. By sharing, the physician could inadvertently open the door to more and more queries about their personal life. The doctor-patient roles can get confused.

"Any time there's too much self-disclosure, it diminishes the patient, because it takes away focus from them," says Dr. Northcott.

When engaging in self-disclosure, it's important to think about why. Is the motivation purely innocent? Is the disclosure a natural part of the conversation? Does it strengthen the relationship with the patient? Are you trying to impress the patient? Are you veering into a friendship or personal relationship?

For several years, the CPSO has used a questionnaire that helps to raise awareness, encourage self-reflection, and promote discussion among physicians about boundary issues. That includes questions on self-disclosure. For the list of questions, visit the CPSO website and search for "boundaries self-assessment tool."



It's understandable that physicians can be drawn to self-disclose. Given the long hours in medicine, which can reduce time with friends or family, "the only person who will look you in the eye and validate you, praise you and support you is the patient," Dr. Northcott says. "It's often the overworked doctors who end up sliding into self-disclosure."

"We're all human," she continues, "and we want to relate. If you can't, this would be a very unrewarding job for many doctors."

Yet you don't have to self-disclose to relate to patients. Showing empathy and compassion can achieve the same goals.

Patients also don't have to be the outlet for your urge to share. One investigator in the Rochester study said that the findings made her more aware of how she conducts her practice. Now, she takes breaks between appointments to talk or vent to others about her life and her day,

preventing those types of self-disclosures from creeping into patient visits.

It's admirable to be congenial towards patients. The question is whether self-disclosure is in the patient's best interests and contributes to the goal of the visit, or possibly encroaches on boundaries. "Hopefully," says Dr. Northcott, "your patients have lots of friends; what they need is a doctor." 