

# Editorial

## *Do Our Patients Understand Us?*

Every physician has faced the frustrating experience of seeing his best professional advice ignored. This is perhaps especially true in nutritional work, where "lapses" or non-co-operation are almost par for the course among many patients with obesity, peptic ulcer, gallbladder disease, or hypertension. The accumulated knowledge of countless investigators is condensed into our recommendations and prohibitions; yet how frequently do we find obvious and flagrant violations of these well-meaning admonitions. Why?

No doubt many reasons are involved, many derived from deep-seated psychologic or social roots.<sup>1</sup> But one cause (recognized in theory but frequently forgotten in practice) is the clinician's fault. *Do our patients understand us?*

A recent study by a nutritionist on the Florida State Board of Health<sup>2</sup> indicates a serious break in the chain of communication from Science through Physician to Patient. A list of 20 commonly used words was presented to 100 women attending antepartum clinics in various parts of the state. This group consisted of 95 colored and 5 white women aged 15 to 46, with an average age of 26 years. Only 80 per cent apparently read occasionally or regularly. Half had elementary school education, and half had some high school experience. About half were from rural areas. After a good rapport was established with the patient, the meaning of the words was asked, and the word was used in a sentence. Any reasonable definition was accepted and no time limit was imposed. Here are the startling results.

While 90 per cent of the women had some understanding of such words as *pregnancy, constipation, margarine, starches, and diet*, fewer than 20 per cent understood *anemia, rickets, hemoglobin, enriched, or protein*.

Somewhat more than half knew the meaning of *well nourished, vitamins, dried milk, yellow vegetables, lean meat, and egg yolk*. But less than half could explain *nutrition, maternity, citrus fruits, or balanced diet*.

On the average, only 12 words of the 20 were understood. Not one patient understood every word. Only 17 patients knew the meaning of 16 or more terms. Those with some high school training could comprehend an average of 13.4 words, those with elementary schooling only 10.4. Curiously, women from homes with radios did not score significantly different results from those without that modern propaganda and educational device.

Among the interesting sidelights to this survey were: one out of four did not know which part of the egg is called "yolk"; "vitamins" often meant some kind of pills—not related to food or nutrition; anemia was often confused with enema.

The significance of the implications of this study are all too clear. Although the group questioned may not be typical of the reader's practice, and the technique of the study not completely acceptable to the more chi-square minded, nevertheless, a great service has been done in reminding clinicians that the patient may not fully appreciate what is being said.

There is a need for a constant awareness of the terminology used by physician, nurse, dietitian, or any health worker. Literature

such as diet lists should perhaps be written on an even simpler level and, in addition, verbally explained at the time of distribution. In fact, because many patients believe they understand but actually have an erroneous conception of certain terms, or nod knowingly rather than admit ignorance, it is our responsibility to make doubly sure that we and our patients truly speak the same language. We can well wonder how often failure to follow

dietary instruction stems from lack of understanding of the advice given. Let us then add an aphorism—Physician, explain thyself!

—S. O. WAIFE, M.D.

#### REFERENCES

1. Tunbridge, R. E.: Sociomedical aspects of diabetes mellitus. *Lancet* 2: 893, 1953.
2. Collins, G. E.: Do we really advise the patient? *J. Florida M. A.* 42: 111, 1955.

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