

## Personality Traits Influencing Effective Communication in Clinical Practice

In clinical practice, a communication between a doctor and his/her patient could be an interesting observation. Individual personality can significantly influence the interpersonal communication and its outcome during such interaction. Human behaviors could be likened to the acids and bases in organic chemistry. While extremes of pH prove to be corrosive and caustic respectively, neutral pH is the most ideal situation for ensuring homeostasis. Accordingly, it is easy to imagine what happens when two people with highly acidic or highly alkaline personalities interact. To salvage such situations, we would ideally need an alkaline buffer to interact with a strong acid, and vice-versa.

Every doctor caring for his/her patient expects the patient to be obedient, to follow what he/she says, and to respond in a way that is expected out of him. However, this does not happen most of the times. We very often encounter funny and occasionally serious confrontations with our patients, and then keep wondering what exactly went wrong despite us doing a good job (especially in case of young doctors!). According to “my modification” of Henderson-Hasselbalch equation, we broadly identify three major types of doctors and patients with peculiar characteristics, based on their “behavioral pH”.

*Doctor variants and their personality traits:* Type 1 (Highly acidic): Over-anxious, hyperactive, over-concerned; talkative, tries to give more information (than what the patient can comprehend!); over-indulgent, always thinking about the rarest and worst possible diagnosis and complications; over suspicious, complicates the simplest things; and highly tech-savvy. Type 2 (Balanced/Neutral – ‘Rare species’): Takes patient’s complaints in the right perspective; optimistic, matter of fact, balanced personality; does the things which are just needed in the correct proportion; well informed. Type 3 (Highly alkaline/Inert): Least bothered, carefree and happy-go-lucky personality; does not read often and does not keep himself updated with current knowledge; is least worried if confronted by patients; ‘autistic’ with poor eye contact with patients.

*Patient variants and their personality traits:* Type 1 (Highly acidic): Over-anxious, over-smart, over-inquisitive, talkative; voracious reader (updated with the

latest developments which the doctor most probably does not know!); impatient, aggressive, very suspicious; pessimistic approach, always considers the worst possible outcome; oversensitive, obsessive behavior; unsatisfied and does doctor shopping, even goes to the extent of bullying his doctor. Type 2 (Balanced/Neutral – Rare species): Calm, composed, patient, understanding, trusts the doctor, follows doctor’s instructions carefully, obedient, and well behaved. Type 3 (Highly alkaline/Inert): Least concerned, expressionless, non-inquisitive, flat affect with ‘autistic’ traits.

The outcome of such interaction between these reactive groups can be best left to one’s imagination. Having recently attended ‘PALS’ (pediatric advanced life support) course with a detailed session on cardiac arrhythmias, we could not have thought of a better way to compare such doctor-patient interactions, than to compare them with various cardiac rhythm disturbances with doctor acting as a pacemaker and patient as a cardiac muscle (**Table I**). The eventual outcome of their interaction (in terms of patient and doctor satisfaction) could be then compared with the ultimate cardiac output.

We are sure, by now, each of you is imaging where he/she fits in recalling your personal experiences (I have figured out where I fit!). However, this needs serious consideration; and given the huge demand on part of doctors to deliver effectively, we need to be aware and modify our personality as per the patient’s requirements, if we are to succeed in effectively convincing our patients. This understanding should then enable us to manage most of the stressful doctor-patient confrontations.

Thus, we know that doctor and patient interaction frequently results in adverse doctor/patient outcome in terms of emotional outbursts and lot of heartburn. Careful titration of our acidic or alkaline personalities to suit the patient’s personality is warranted. This is important to ensure a ‘safe’ chemical reaction between these two reactive species and to ensure a ‘sinus emotional rhythm with adequate systemic perfusion.’ Pre-emptive bilateral personality (pH) assessment and appropriate modulation is highly recommended – prior to such encounters – to avoid an untoward situation.

**TABLE I** NATURE AND OUTCOME OF DOCTOR-PATIENT INTERACTION BASED ON THEIR PERSONALITY TRAITS

<i>Doctor/ Patient variant</i>	<i>Type of doctor-patient electro- cardiographic rhythm</i>	<i>Outcome</i>
Type 1/Type 1	Ventricular fibrillation	Chaotic clinic scenario with lots of fireworks, highly ineffective communication with neither agreeing to each other's inputs (ineffective cardiac output).
Type 1/Type 2	Tachyarrhythmia controlled	Inherently 'hyper' doctor is effectively managed by synchronized cardioversion by a sensible patient.
Type 1/Type 3	Pulseless electrical activity	Doctor is left furious and confused by the indifferent patient (no palpable 'patient understanding' – no palpable pulse).
Type 2/Type 1	Re-entry tachycardia	Over smart patient tries to bully a sensible doctor with potential to flare up the situation.
Type 2/Type 2	Sinus rhythm	Ideal situation with adequate patient benefit and doctor satisfaction (adequate cardiac output).
Type 2/Type 3	Heart block	Patient is receptive to only a fraction of the impulses sent by his doctor with low overall cardiac activity.
Type 3/Type 1	Atrio-ventricular dissociation	Doctor and patient firing at their own rate with no concordance amongst them with compromise in effective cardiac output.
Type 3/Type 2	Sinus bradycardia	Near ideal situation but tending towards inadequate cardiac output in stressful situations.
Type 3/Type 3	Cardiac asystole	Complete inactivity on doctor's as well as patient's part leading to cardiac arrest (absolute lack of any effective communication).

*Funding:* By all those doctors and patients who have experienced frustrating encounters on multiple occasions causing damage to soul and property; *Competing interest:* None stated.

*Acknowledgements:* Dr Kirti Prabhu, Dr Brinda Panchal (Department of Pediatrics, Sir HN Reliance Foundation Hospital & Research Center, Mumbai)

**K SATHE AND \*R SATHE**  
*Departments of Pediatrics,  
 Sir HN Reliance Foundation Hospital and  
 Research Center, Mumbai; and \*Consultant Dermatologist,  
 Pimputkar Clinic, MG Road, Dombivili(W), MS, India.  
 kiranpsathe@ yahoo.co.in*