

A New Era for Physician-Patient Communication in Dermatology

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The physician-patient relationship is an important component of patient care. In the last few years a new paradigm has emerged of instant communication. Because dermatologic diagnosis is visual, many patients feel that making a correct diagnosis is as easy as taking a quick look. The availability of smartphone photography and easy ways to get in touch with dermatologists have created a new reality in physician-patient communication, which sometimes may be abused. We conducted an email survey to assess the attitudes of Chilean dermatologists regarding new methods of communication with their patients.

A survey of 16 questions was distributed to all 343 members of the Chilean Society of Dermatology and Venerology from July 2016 to August 2016. A total of 147 (42.9%) dermatologists completed the survey. When asked if they use personal and direct communication with their patients outside of an office visit, 39% of respondents said always, 41% said sometimes, 17% said only in some circumstances, and 3% said never. Regarding the method of communication, 79% used personal email, 59% used mobile phones, 35% used corporate email, and 34% used text messages. Among respondents who gave their personal email address and phone number to patients, the primary reason stated was to be available for any kind of emergency (67%), for patient follow-up (57%), and for patients to feel close to their dermatologist (28%).

Sixty-nine percent of respondents said patients occasionally have requested to receive a diagnosis via a mobile messaging application, social networks, and email. Of them, 22% said they were very annoyed by these requests. When dermatologists were asked if these instant types of communication improved their relationship with patients, 30% said it does help and 36% said it does not; 30% said they do not know and 4% did not respond. If patients used personal methods of communication to contact their dermatologist that was considered outside of physician-patient boundaries, 63% of physician respondents said they kindly directed patients to formal ways of communication and 15% did not respond to such requests; 22% responded by

informal methods of communication. Eighty-one percent of all respondents felt the limits of formal communication between physicians and patients have been surpassed.

To improve the quality of health care, many clinicians use modern methods of communication with their patients. Today, patients can turn to their physicians for medical advice by mobile phone or email. We attempted to characterize the attitudes of Chilean dermatologists regarding new ways of communicating with patients. Our results are similar to other studies. One analysis of primary care physicians in Geneva, Switzerland (N=372), showed that 72% gave their personal email address and 74% gave their mobile phone number to patients. The latter is higher than what was found in our study (59%), which may be explained by the fact that primary care physicians may need to maintain closer contact with their patients.¹

In another study performed in primary care physicians in Israel, physicians preferred to provide their mobile phone number rather than their personal email address because they felt that email communication was more likely to lead to miscommunication than a phone call.² There are few reports on this subject in the international literature, and we believe cultural differences may be important when physicians confront these issues.

In general, patient satisfaction is high when patients can contact their physician by phone or email; however, new immediate forms of communication may lead to physician burnout, as patients expect immediate responses and solutions to their requests and healthy physician-patient boundaries may be surpassed. It is important to educate both patients and physicians on how these new tools may be properly used on both sides. New boundaries must be set.

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