

Eliciting the Patient’s Perspective

Tables 1 and 2 summarize a set of questions developed by Kleinman, Eisenberg, and Good for eliciting the patient’s perspective.¹ The first set of questions in Table 1 asks about the patient’s view of illness, while the second portion focuses on the patient’s social background and context. Uncovering the patient’s expectations for the consultation at the outset can help save time and effort later during treatment plan formulation. One could also ask questions about the patient’s neighborhood and living situation. For example, exercise and eating recommendations might be shaped by neighborhood crime, whether there are sidewalks, the accessibility of parks, and by the types of stores present. These questions can help the provider develop an understanding of the patient’s life experience, and thus help guide the development of a mutually acceptable and realistic treatment plan.

Hesitancy to reveal cultural beliefs can be overcome with respectful questioning and reassurance. Remaining non-judgmental and accepting of the patient’s point of view is important during this part of the encounter. Asking about the beliefs of others or asking about hypothetical situations is one strategy to reduce a patient’s reluctance to share beliefs. For example, a provider can ask if the patient knows anyone else who has had similar problems and the cause(s) for that person’s problem.

Table 1: Eliciting the Patient’s Perspective

I. Exploring the meaning of illness
The patient’s perspective: <ul style="list-style-type: none"> • What do you think has caused your illness? • How do your symptoms affect your life? • What worries you most about your symptoms? • What kind of treatment do you want or do you think would work?
Illness behavior: <ul style="list-style-type: none"> • Have you seen any other doctors for this problem? • Have you tried any home remedies or non-medical treatments for this problem? • What seems to make your symptoms better? • What makes them worse? • Who advises you about your health?
The patient’s agenda: <ul style="list-style-type: none"> • How can I be of help to you? • What is the most important thing you want to accomplish today?

¹ Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Focus*. 2006;4(1):140-149.

Table 1: Eliciting the Patient’s Perspective continued

II. Social context
<p>Background:</p> <ul style="list-style-type: none"> • Where are you from? • What caused you to come to this country? • Where were you born? • How long have you lived here?
<p>Language:</p> <ul style="list-style-type: none"> • What language do you speak at home? • How well do you speak English? • How well do you understand English? • How well do you read English?
<p>Literacy:</p> <ul style="list-style-type: none"> • Do you usually need help reading the materials you get from the doctor? • Is it difficult for you to fill out medical forms by yourself? • How many years of school did you complete?
<p>Social support:</p> <ul style="list-style-type: none"> • Do you have family or friends you can call for help? • How often do you get together with family or friends socially? • Do you belong to a church or social group?
<p>Socioeconomic stressors:</p> <ul style="list-style-type: none"> • What is causing the most stress in your life? • How do you deal with your stress? • Is money a problem in your life? • Have you ever skipped meals or had less to eat than you wanted due to lack of money? • Have you ever had to delay medical care or go without prescribed medications due to lack of money?

Table 2: Negotiating a Diagnosis and Treatment Regimen

I. Negotiating the diagnosis
<ul style="list-style-type: none"> • Determine how the patient’s perspective differs from the biomedical model and how strongly the patient adheres to it. • Describe the biomedical model using non-technical terms and using as much of the patient’s terminology and conceptualization as possible. • Determine the patient’s degree of understanding and acceptance of the biomedical model. • If conflict remains, re-evaluate core cultural issues and social context.
II. Negotiating the treatment plan
<ul style="list-style-type: none"> • Describe specific management options (e.g., test, treatments, or procedures) in non-technical terms. • Provide a rationale for the plan. • Prioritize management options. • Determine the patient’s priorities. • Formulate and present a reasonable management plan incorporating the patient’s priorities. • Determine the patient’s acceptance of the plan. • If conflicts remain, focus on high priority items.

Safety Net Medical Home Initiative

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MacColl Center for Health Care Innovation