
Reviewed by C. Kyle Rudick
Department of Speech Communication
Southern Illinois University–Carbondale

Drs. E. Phillips Polack and Theodore A. Avtgis define medical communication as “the pragmatic approach to the everyday navigation through and the interpersonal encounters between all healthcare providers, their patients, and their colleagues” (p. 340). Encompassing contextual communication, medical informatics, and health communication, the authors provide a book that is a medical textbook for communication scholars as well as a communication book for medical practitioners. The excellent blend of both positions reflects the authors own backgrounds as surgeon and communication studies professor (respectively).

The philosophical and theoretical assumptions of Medical Communication: Defining the Discipline are situated within a biological-psycho-communicative framework and focus on the creation and maintenance of effective communication skills within medical settings. The authors’ use of a wide range of research reflects their intention to create a more interdisciplinary framework for the study of medical communication. Thus, their call to break out of the silos of our disciplines, to end the turf wars, is answered within their own approach in the textbook.

The first chapter, within the section “Foundations of Medical Communication,” conveys the urgency of an interdisciplinary approach to medical communication. Delineating between communication skills (e.g., leadership, group, and interpersonal communication) and medical skills (e.g., surgery), the authors observe that communication skills are becoming increasingly important to address preventable deaths in medical settings. The authors then review basic components of communication theory, such as the five axioms of leadership (Polack, Avtgis, Rossi, & Shaffer, 2010), and common misconceptions of communication to lay the groundwork for a more in-depth focus on the potential of blending communicative and medical skills found in later chapter.

The second chapter covers the biological components of communication. The authors describe the evolution and anatomy of the brain and offer a brief history on the development of neuroscience. The in-depth examination of the biological components of the brain includes different illustrations of the brain for the reader. The authors then provide information on the different technologies that have been developed over the past few decades, such as electroencephalography (EEG), computerized axial tomography (CAT), positron emission tomography (PET), magnetic resonance imaging (MRI), functional magnetic resonance imaging (fMRI), magnetoencephalography (MEG), and single-photon-emission computerized tomography (SPECT).

The third chapter covers research concerning temperaments, communication traits, and predispositions. After reviewing literature from psychology, such as Eysenck’s (1945; see also Eysenck & Eysenck, 1985) Big Three and Costa and McCrea’s (1985) Big Five temperament research, the authors explain how psychological traits influence communicative behavior. The authors cogently explain biologically determined traits such as communication apprehension, willingness to talk, and talkaholism and also provide the relevant statistical measures for the reader, in case students would like to perform their own research. The inclusion of neurological disorders which affect communication, such as the autism spectrum, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), and Asperger’s syndrome, provides the reader with knowledge on how to interpret and engage with their own or others’ communicative behaviors based on biology.

The fourth chapter begins the second section of the book, “Contexts and Types of Medical Communication,” which focuses on the different factors that influence the ability to create effective communication in medical settings. The chapter begins with a history of the study of nonverbal communication before examining the six different functions of nonverbal communication (i.e., accentuating, complementing, contradicting, repeating, regulating, and substituting). Although traditional ways of understanding nonverbal communication are explained (e.g., hand movement and dress),
the authors also focus on nonverbal cues such as chromodynamics (color) and chronemics (time).

The fifth chapter examines gender and sex influences in communication. The authors begin by explaining the definitional differences between sex and gender and its importance when discussing the communicative predispositions between men/women and masculine/feminine. The authors argue that the healthcare context demands a sensitive inquiry into how sex and gender influence the decision-making processes of the medical practitioners and patients and offer advice for how to navigate different situations.

The sixth chapter analyzes how intercultural factors influence effective communication in medical contexts. The authors delineate among intercultural, intracultural, cross-cultural, international, interethnic, and interracial communication and how each type of communication demands a different orientation on the part of the reader when communicating with another person. The authors use narratives from Anne Fadiman’s *The Spirit Catches You and You Fall Down* to provide the reader with excellent examples of how the need for intercultural sensitivity in medical practice is being increasingly recognized by the medical community. They also explore the cultural dimensions of health-related sociocultural phenomena such as stigma to show how cultural orientations to medicine (e.g., the Western biological model) have profound consequences on the way that humans view disease, wellness, and medicine.

The seventh chapter explains how health literacy is a major issue that faces patients as well as the medical community. Defining health literacy as a specialized form of literacy that encompasses the ability to understand and act upon the health information that is relayed, the authors show that health literacy is a major factor in preventable deaths in health care. The authors then identify and explain a wide range of health literacy tests such as the Rapid Estimate of Adult Literacy in Medicine (REALM), Wide Range Achievement Test (WRAT), Test of Functional Health Literacy in Adults (TOFHLA), and the Newest Vital Sign (NVS) instrument, which is the only test available in Spanish and English. The chapter concludes with ways that the reader can identify and adapt to low health literacy.

The eighth chapter begins the next section of the book: the “Practice of Medical Communication.” The authors lay the foundation for the section in this chapter by addressing the need to move from a disease framework of medicine (i.e., where the patient is defined by his or her illness) to a more holistic model, favoring patients’ emotional, psychological, and biological wellness. The authors state that patients and medical practitioners would benefit from the use of narratives as a holistic model of health communication. They offer different narrative methods for patients and medical practitioners to use, such as therapeutic writings or using narrative structures for gathering information about patients’ health.

The ninth chapter discusses the potentials and pitfalls of the use of humor in medical contexts. Polack and Avtgis define humor and explain the physiology and psychology of humor. They then discuss how genetics influence the production or reception of humorous communication. The authors then provide seven different guidelines for more effective use of humor in health communication and identify forms of destructive humor. Finally, they offer advice for how to diffuse aggressive forms of humor from patients.

The 10th chapter focuses on the impact that aggressive communication and conflict can have on the relationships between patients and medical practitioners. The authors define aggressive communication and the different forms it takes—psychological violence, abuse, bullying, discrimination, sexual harassment, and threat—before identifying the prevalence of aggressive behavior toward and from health care professionals such as nurses and emergency medical technicians (EMTs). They review the literature premised on psychological, social, and biological explanations for verbally aggressive behavior and then examine verbal trigger events (i.e., events that precipitate verbally aggressive communication) and how to manage them effectively.

The 11th chapter discusses how effective training of medical professionals can take place with the use of communication theory. The authors differentiate between knowledge and skill acquisition within health care training and list nine skills needed in order to be an effective trainer, including presentational skills, interpersonal communication skills, and active listening skills. They then examine the roles of the trainer and the trainee and the skills, responsibilities, and communicative styles needed to ensure that an optimal atmosphere for training is created and maintained. The authors conclude the chapter by arguing that feedback through assessment is critical to ensure effective training and they offer different tools (e.g., case studies) that trainers can use to reach this goal.

The 12th chapter begins the final section of the book, which is “Medical Communication in Tributary Situations.” The authors begin the chapter by identifying the moral, ethical, and legal components of professionalism. Offering that the ethical imperatives of medical practitioners should go beyond the legal requirements, the authors argue that professional ethics should encompass a sustained concern for the public. The authors review the history of how the medical community’s ethical codes were produced and their current codification into the four principles of bioethics: beneficence, autonomy, nonmalefeasance, and social justice. The authors’ inclusion of weighty topics such as do-not-resuscitate orders and living wills provides cogent insight into how medical communication changes over the life span.

The 13th chapter explores the role of informed consent and apology in medical contexts. The authors note not only potential pitfalls in communicating informed consent but also ways that medical practitioners can use their position to taint the process, such as manipulation, coercion, and crepe hanging. They then identify the functional, philosophical, behavioral, and legal components of apology. Of particular
note is the information regarding how the protection afforded by states’ laws against litigation affects the ability of medical practitioners to apologize. The authors provide a concise table showing how states’ laws fall within the continuum of the four different levels of apology, ranging from regret only (i.e., level one), to apology, admission of fault, and full disclosure (i.e., level four).

The 14th chapter provides insights into medical technologies and the ways in which they will continue to shape the medical field in the years to come. The authors examine the pros and cons of the increasing shift to electronic medical records and electronic health records. They also provide administrators, physicians, and patients with advice for how to navigate the potentials and pitfalls of electronic record keeping.

The text is accompanied by web content for instructors and students sponsored by the publisher. For instructors, the website provides key terms, video/audio components, PowerPoint shows, chapter questions, and assessment tools. Instructors can also post course information such as syllabus, course calendars, and announcements. Students receive chapter outlines, which contain critical information, and a master glossary for easy access to key terms. Instructors and students can utilize online grade-book and drop-box features for assignments.

Aesthetically, the textbook is well organized and easy to navigate. The text utilizes pictures with small captions directly tying them into the larger point made by the chapter, as well as illustrations of complex phenomena such as the human brain. The text contains easy-to-spot key terms at the beginning of chapters and throughout the text, using green to denote that the definition can be found along the border of the page or in the glossary and black boldface to denote that a word is an important concept. Tables provide a concise guide to the wide range of information that chapters cover. Finally, the use of multiple colors for levels of heading, key terms, and words that link to the website aids the organizational structure of the text.

The main strength of this book is the depth and range of research that the authors utilize to make their case for the discipline of medical communication. Drawing upon programs of research across disciplines that span decades gives the text an authoritative weight beyond its status as a first edition book. Students of medicine, psychology, and communication will be thankful that the reference list at the end of every chapter is provided when it comes time for them to conduct their own research. Additionally, the chapter objectives at the beginnings and the questions for review/discussion at the ends of chapters should help orient students to key concepts and critical knowledge contained in each section. Finally, the text provides clear insights into the biological–psychological–communicative paradigmatic approach to communication advocated in the last few decades (e.g., McCroskey & Beatty, 2000).

The title of the textbook indicates that the purpose of the text is to delineate the specific theoretical and/or research ground that it will occupy. However, the term “medical communication” is not defined until the end of the last chapter of the book, which made it difficult at times to understand exactly how each chapter related specifically to medical communication and not another related field of health and communication (or psychology). Additionally, there are few theories at the intersections of health and communication that are cited and those that do not receive more than a few paragraphs of explanation. It would be in students’ best interest if more attention were given to the scholarly debates surrounding health and uncertainty (for an excellent guide see Afifi & Afifi, 2009) or to extremely heuristic theories such as the Health Belief Model (Champion, 1984). Although the authors make a strong argument for the field of medical communication, it would help students who are new to the idea of health and communication to have a more specific line of scholarly inquiry to pursue. However, I would like to point out that I may be preserving the very disciplinary silos that the authors seek to abolish.

In conclusion, Medical Communication: Defining the Discipline provides students of medicine, psychology, and communication with a thorough base of literature to aid them in pursuing their own research agendas. Students from each field will find valuable knowledge that is not traditionally a part of their own discipline, hopefully precipitating interdisciplinary learning and research. I suspect that this book will continue to define the discipline for many years to come.

REFERENCES


Afifi & Afifi, 2009)


