Editorial

COMMUNICATION BETWEEN HEALTH CARE PROFESSIONALS AND THE MULTIDISCIPLINARY FOCUS

Due to the prevalence of musculoskeletal pain and the increasing burden this is placing on society, an increased interest in possible treatment remedies of musculoskeletal pain is evident. The "news section" in a recent British Medical Journal reported that "complementary medicine is booming worldwide". This is mainly the result of patient satisfaction, cost-effectiveness of some of these complementary treatments, and recent scientific evidence justifying the results of certain of these therapies in specific clinical cases. Unfortunately, there are wide variations among countries and within the professions themselves in the way in which they are practised. Further, this increased acceptance does not indicate that communication between professions such as general practitioners, chiropractors and osteopaths is satisfactory.

Communication between various health care professionals has been investigated for many years but research in communication specifically between chiropractors, osteopaths and other health care professionals is lacking. In Australia the number of chiropractors and osteopaths is slowly increasing and an increase in public and political interest in chiropractic and osteopathic treatment has been noted. Patients may refer themselves to a chiropractor or osteopath without a referral letter from a general practitioner. Despite this, most patients using complementary care have not turned their backs on conventional care. Therefore complementary and conventional health care professionals often deal with the same patients. This implies that good co-operation and communication between these two providers is a pre-requisite to improving the overall care of the patient.

Unfortunately, in practice it appears that general practitioners, and chiropractors and osteopaths, are not knowledgeable about each other's methods of working and expertise, and co-operation and communication is marginal. The essence of the problem is that general practitioners find it difficult to decide which disorders would be suitable for treatment by a chiropractor or osteopath and think that most of the physical therapeutic treatments are not based on scientific evidence. Co-operation and communication need to improve if this lack of knowledge in areas such as professional background and types of treatment is to be eliminated.

General practitioners, chiropractors and osteopaths do not have the same educational background, have different philosophies, and often use different terminology. It is very important to learn each other's philosophy and treatments but this takes time to achieve. For general practitioners, it is probable that most of the information on chiropractic and osteopathy is derived through communication with patients, even though this information is not always detailed and medically correct. It appears likely that general practitioners who know more about chiropractic and osteopathy are more likely to refer patients to them.

There is evidence that the main channel of communication between general practitioners and the manual therapist appears to be the feedback report. Therefore the best way to analyse the present communication between the professions is the investigation of the therapist's feedback report. It is also worth noting that some medical practitioners express an interest in receiving a report even if they did not refer the patient to the manual therapist themselves in the first instance. This feedback report should preferably:

* be sent after the last treatment.
* be typed and be between half and one A-4 page long.
* include the patient's personal details, the diagnosis, the advice given to the patient, results of physical examination, type of treatment, reason why the patient is referred back to the general practitioner, history, frequency of treatments, advice to the general practitioner, prognosis, and chiropractic X-ray report.
* be succinct and not contain unnecessary detail.
* avoid confusing terminology.

Chiropractors and osteopaths use and understand most of the established medical jargon. Unfortunately, one important criticism about the chiropractic feedback report is the use of confusing terminology. Chiropractors in particular have a tendency to use terminology that general practitioners rarely use, or of which they have never heard. This includes chiropractic terminology originating from the time when D.D. Palmer developed the first chiropractic theories in the early years of the 20th century. Terminology such as "subluxation", "nerve flow", and "innate capacity of the body to heal itself" is not always fully understood by other medical sectors and may thus adversely affect communication. Discussions have been initiated as to whether such terminology should be avoided in order to improve the communication between chiropractors and regular physicians. Certain outdated models that attempt to describe the scientific basis for chiropractic theories are inadequate and indeed harmful to the progress and acceptance of chiropractic. An attempt should be made

to utilize more modern theories underpinning chiropractic using modern terminology which can easily be understood by the existing medical society.

It appears that many general practitioners are familiar with terminology such as: test of Lasègue, test of Trendelenburg, pelvis obliquity, leg length difference, referred pain, protrusion, stenosis, trigger points, fixations and subluxations. It is however, questionable if the general practitioners mean exactly the same thing with the last two terms. If not, this would mean that two different professions think they are talking the same language but in fact they are not. This will obviously lead to unexpected difficulties in communication. The feedback report should either fully inform the general practitioner about the exact definition of such terminology, or it should be left out. Perhaps these reports should routinely contain an information page comprising a glossary of chiropractic-specific terms and their precise meanings.

In some countries (particularly in Europe), there is a shift in the autonomy of general practitioners from determining their own administration routines towards a managed health care service. This means some general practitioners are as holistic as complementary physicians. General practitioners may keep their gatekeeper's role but a shift should be made towards a multi-professional practice. The future of general practitioners lies as members and at times leaders, of an expanded primary care and community care team that among others, should include selected complementary practitioners. Nevertheless it has been reported that the integration of complementary medicine into conventional medicine has been a slow and difficult process. The main objection to the integration of complementary medicine is the lack of scientific evidence regarding the theory and the effects of treatment.

General practitioners who also tend to base their actions on previous experience suggest that negative experiences in communication can cause a feeling of doubt and mistrust, and stereotyping results. In fact, it is questionable whether good communication remains possible once bad experiences and stereotyping have occurred. These two factors appear to be the most damaging and disturbing in the communication process. Their recognition and elimination is a first step to developing better communication. It is desirable to ascertain if any other subconscious factors play a part in communication between general practitioners and chiropractors and osteopaths.

All general practitioners have some knowledge of chiropractic and osteopathy, but their in-depth knowledge is sometimes doubtful and could be improved. Improvement of knowledge and attitude towards chiropractic and osteopathy has been proven to increase the referral patterns of patients to chiropractors and osteopaths and seems to increase co-operation and communication.

Future studies should examine other factors which may influence the communication process such as educational, motivational and attitudinal backgrounds, cultural differences, and effects of high workloads. Analysis of the attitudes of general practitioners towards the manual therapists report, and possible improvements in information presentation should be carried out. Issues of terminology that could disrupt communication should be investigated. Finally, one could say that good communication is based on experience, trust, previously held perspectives and expectations, and can nearly always be improved. Mutual contacts and regular correspondence will increase the knowledge of each other's working methods, philosophies, principles and preferences are possibly the best ways to increase co-operation and communication between general practitioners, chiropractors and osteopaths.

Letters to the Editor

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