Interacting with Patients’ Family Members During the Office Visit

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The physician-patient relationship is part of the patient’s larger social system and is influenced by the patient’s family. A patient’s family member can be a valuable source of health information and can collaborate in making an accurate diagnosis and planning a treatment strategy during the office visit. However, it is important for the physician to keep an appropriate balance when addressing concerns to maintain the alliance formed among physician, patient, and family member. The patient-centered medical home, a patient care concept that helps address this dynamic, often involves a robust partnership among the physician, the patient, and the patient’s family. During the office visit, this partnership may be influenced by the ethnicity, cultural values, beliefs about illness, and religion of the patient and his or her family. Physicians should recognize abnormal family dynamics during the office visit and attempt to stay neutral by avoiding triangulation. The only time neutrality should be disrupted is if the physician suspects abuse or neglect. It is important that the patient has time to communicate privately with the physician at some point during the visit. (Am Fam Physician. 2011;84(7):780-784. Copyright © 2011 American Academy of Family Physicians.)

Definition of Family

Considering the growing cultural diversity with traditional and nontraditional families, the term “family” could be defined as any group of persons who are related biologically, emotionally, or legally.1,5 Examples of nontraditional families are blended families, unmarried couples, and gay and lesbian couples or families.1,6,7 Family members who may accompany a patient to an office visit include children, siblings, parents, spouses or significant others, hired caregivers, interpreters, neighbors, friends, and clergy or church members.

Managing the Office Visit

Family members are present about one-third of the time in the examination room,4 and their presence usually prolongs the visit by only a few minutes.9 Those more likely to have a family member present include patients with a low level of health literacy, patients with a chronic disease, older patients, women, gay or lesbian patients, non–English-speaking patients, and children.5,7

The background of the patient’s family (e.g., ethnicity, cultural values, religion, attitudes and beliefs about illness) is ever-present during the office visit, and this plays a role in the patient’s decision making.1 The patient and his or her family member mutually influence each other and the patient-physician relationship, creating a therapeutic triangle.10

THE FAMILY MEMBER’S ROLE

There are a variety of reasons why a family member may accompany a patient to an office visit. It is common for a family member to be there to offer support during visits that may involve receiving bad news about the patient’s health. Other common reasons include if the patient needs help

Patient information:
A handout for family members at office visits, written by the authors of this article, is provided on page 791.

The physician-patient relationship is part of the patient’s larger social system and is influenced by the patient’s family.
Communicating patient’s concerns and issues to the physician on behalf of the patient.

Expressing concerns

Speaking up for a patient who is not expressing all of his or her concerns to the physician (e.g., patient with dementia, patient in denial of disease).

Making decisions

Mediating for indecisive patients or patients whose cultural beliefs are a barrier to decision making.

Remembering physician’s instructions

Keeping track of instructions if patient is unable to understand, is in denial, or lacks receptiveness, or if cultural differences are a barrier.

Observer

Family member is present in the room but not actively participating in the patient’s visit; can provide emotional support.

Interpreter

Conveying the meaning of one language from another to clarify information between patient and physician; being a cultural clarifier by providing the necessary cultural framework for the message to be conveyed and understood.

Information from references 12 through 14.
The Patient-Centered Medical Home. There is compelling evidence that patient-centered communication improves clinical outcomes. The role of a family physician is enhanced within the concept of the patient-centered medical home, an approach to health care that recognizes the role of patients and their families in providing medical care (Table 3). This approach encourages collaboration among the patient, family, and health care clinicians, respecting individual and family strengths, cultures, traditions, and expertise. The patient-centered medical home performs these functions well by emphasizing the following principles: care is being provided for a person, not a condition; the patient is best understood in the context of his or her family, culture, values, and goals; and honoring that context will result in better health care, safety, and patient satisfaction. Additional information and resources about the patient-centered medical home are available online from the American Academy of Family Physicians at http://www.aafp.org/online/en/home/membership/initiatives/pcmh/aafppcmh.html.

Challenges
Although the patient-centered medical home approach recognizes the role of the family in providing medical care, the family member’s presence also may add challenges to the visit.

PATIENT SAFETY
Patients may be vulnerable to abuses of power within their families. Although the U.S. Preventive Services Task Force found insufficient evidence to recommend for or against routine family and intimate partner violence screening, patients should be given a chance to express their concerns in private if there is any suspicion of neglect or physical, emotional, and/or financial abuse or neglect.

Table 2. Recommendations for Interacting with a Patient’s Family Member and the Community

| Interacting with the patient and family member<sup>19</sup> | Acknowledge the presence of the family member |
| Caring for patients in the context of the community<sup>20</sup> | Identify problems in the community that extend beyond those of the patient currently seeking care, and approach those who lack care by case finding and/or health education |

Information from references 19 and 20.

Table 3. Roles of Patients and Family Members in the Patient-Centered Medical Home

| Communication and information sharing | Learn about how the practice works |
| Decision making | Discuss risks and benefits of different options |
| Participating in practice improvement | Participate in patient and family advisory councils or other regular committee meetings |
| Safety | Review medical information and treatment results |
| Self-care | Get help to support patient self-efficacy in managing chronic illness |

Information from references 6 and 15.
The presence of the patient’s health care planning. If findings are positive for abuse, physician is required to report it (must be reported by the health professional who has been present). Physicians should recognize abnormal family dynamics during the office visit and attempt to stay neutral by avoiding triangulation (i.e., when two persons are in conflict, each will try to align with a third). Physicians need to be familiar with specific state reporting statutes and the implications of reporting patient neglect, abuse, or exploitation.

PATIENT CONFIDENTIALITY

The physician must exercise care to avoid a potential breach of the Health Insurance Portability and Accountability Act (HIPAA), which states that health professionals may share relevant health care information with the family member only if the patient agrees to, or does not object to, the disclosure. A cross-sectional survey of family physician respondents found that 95 percent provided private health information to a patient’s family member, but only 56 percent asked their patients for permission to share this private health information. However, HIPAA should not be viewed as a barrier to communication. Maintaining and respecting confidentiality is of utmost importance, and priority should always be given to the patient’s right to privacy and confidentiality. This is why it is imperative that the patient has time to communicate privately with the physician at some point during the visit.

FAMILY DYNAMICS AND TRIANGULATION

Physicians should recognize abnormal family dynamics during the office visit and attempt to stay neutral by avoiding triangulation (i.e., when two persons are in conflict, each will try to align with a third). To achieve maximum neutrality, physicians should not take the side of the family member or the patient. The only time neutrality should be violated is if physicians suspect abuse or neglect. Any other family conflict that remains unresolved may be referred to a family therapist, particularly if there is a chance that these issues might interfere with the patient’s health care planning.

Illustrative Case

A 56-year-old man is evaluated and diagnosed with depression during an office visit that includes his wife. His physician recommends beginning treatment with an antidepressant. The patient is undecided about taking the medication, but his wife insists that he begin treatment with the medication. She also requests refills for her own medications.

**Interpretation:** The presence of the patient’s wife brings potential benefits, including the provision of a more complete history of diagnosis, such as duration of symptoms and impact on well-being. Although the wife’s values could be imparted into the decision making, her presence also constitutes a liability. The physician can best navigate the demands of this encounter by maintaining a primary focus on the patient’s needs. If the patient’s wife interferes with this focus, the physician should know when to excuse her and talk to the patient in private. From a legal perspective, the physician should avoid making the wife the sole decision maker if the patient is competent. Regarding the wife’s request for refills, the physician should...
limit curbside consultations and encourage her to make a separate appointment for herself.

The authors thank Paulette Neal-Parham, Tiffany DeArmas, Bridgette Welch, and Carolyn Clarke for their help in the preparation of this manuscript.

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Author disclosure: No relevant financial affiliations to disclose.

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