

Knowledge Is Not Enough

J. LeBron McBride, PhD, MPH



The best doctors demonstrate not only what they know but also that they care.

Years ago, when I was just starting out in my profession and eager to prove myself competent and capable, one of my mentors quoted to me the old saying, “People don’t care how much you know until they know how much you care.” Over the years, I have found this statement to be more than just a play on words.

In my work with family medicine residents, I have observed via video monitor countless physicians-in-training interact with their patients. All too often, I have witnessed incredibly intelligent physicians expound knowledge that is essentially useless because it never reaches the patient. The patient has tuned out the physician’s monologue. Although patients want to be assured that their doctor knows medicine, they also want to be assured that their doctor relates to them. A good physician must have the proper combination of knowing and relating.

Here are four ways to ensure your knowledge connects with your patients:

1. Meet your patients where they are. With the stages of change model, Prochaska and DiClemente emphasized the importance of assessing where patients are on the continuum (e.g., precontemplation, contemplation, preparation, action, or maintenance stages) and meeting them there.¹ Otherwise, you and your patient may go through the motions of a visit but be unaware of one another’s agenda.

2. Address facts and beliefs. Brendan Nyhan of Dartmouth College has conducted fascinating research into how factual information does not always overcome the biases of a person’s preexisting attitudes and beliefs.² We – both patients and providers – often filter information to

fit with our views. For example, Nyhan and his colleagues found that logic does not always play a major role in how patients respond to information about vaccines. Although it may not be appropriate to generalize this finding too far, it does appear that when physicians attempt to use facts alone, it often fails to promote change.

3. Connect first. A respectful and engaging interaction is often the bridge enabling important knowledge to cross from the physician to the patient. It can also help the physician confront problems productively because most patients will not be offended if they know the context is one of care and concern.

4. Pay attention. Before entering the exam room, take a moment to focus and remind yourself that your agenda is to be truly aware of the person in front of you. If you are distracted, the patient will pick up on this, creating a barrier that is difficult for either side to overcome. Attentiveness, on the other hand, breaks down barriers and invites communication.

Most family doctors are not narcissists; they do not just want to hear themselves talk. But when knowledge is emphasized over relationship, there is a danger that patients will stop listening. The above points can help ensure that your years of training and learning actually reach the patient in an important, life-changing manner. When you combine your knowledge with the ingredients of a good relationship, attentiveness, and caring, the result will be difficult for your patients to resist or ignore. **FPM**

1. Prochaska JO, DiClemente CC. The transtheoretical approach. In: Norcross JC, Goldfried MR (eds). *Handbook of Psychotherapy Integration*. 2nd ed. New York: Oxford University Press; 2005:147-171.

2. Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics*. 2014;133(4):e835-842.

About the Author

J. LeBron McBride is director of behavioral medicine at Floyd Medical Center’s Family Practice Residency in Rome, Ga. He is a credentialed pastoral counselor and licensed family therapist. Author disclosure: no relevant financial affiliations disclosed.

WE WANT TO HEAR FROM YOU

The opinions expressed here do not necessarily represent those of *FPM* or our publisher, the American Academy of Family Physicians. We encourage you to share your views. Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2015/0100/p40.html>.