

Applied Cardiopulmonary Pathophysiology 16: 287-288, 2012

Optimised communication during induction of anaesthesia

Angela Alms

Klinik und Poliklinik für Anästhesiologie und Intensivtherapie, Universitätsklinikum Rostock, Germany

With rising need for cost reduction and a simultaneously growing number of patients treated less time for face-to-face communication between individual patient and doctor results. However: "Words are the most powerful tool a doctor possesses, but words, like a two-edged sword, can maim as well as heal." (Bernard Lown)

With this background in mind we investigated placebo and nocebo effects in medicine, which originate from the whole therapeutic context, including attempted and also unconscious suggestions, negative expectations, and verbal and non verbal communication of the participants (1).

In potentially life-threatening situations as experienced in hospital environment patients are especially receptive to suggestions due to a natural trance-like state. In this state of consciousness patients are more attentive and more vulnerable to misunderstanding arising from literal interpretations, ambiguities, and negative suggestions.

Medical vocabulary used in induction of narcosis depicts negative suggestions. Even negotiations will not neutralize words like "pain", "anxiety", "twitch", "burning feeling", and "syringe". Negative suggestions may also be conveyed by rhythm and melody of speech, deep breath, sigh, facial expression and bearing (2).

It rather seems useful to use positive suggestions which allow for patients comfort and even improve hemodynamic stability and therefore abets postoperative outcome (3).

A number of techniques known from hypnotherapy may be useful in communication as well. Words like "inner peace" and "safety" together with adapted speech rhythm can lead to a reduction of anxiety and calm the patient. Patients never want to lose self-control. In order to address such fear it is favorable to use the German word "kann" (may or can), which express both an opportunity and a potential. This way the patient receives a chance to make an individual decision and to gain self-control.

Results from research in the field of hypnosis have shown that a variety of suggestive interventions work in a different way and can add to each other.

Advantages of such communications for doctor and patient are anxiolysis, a way out of passiveness and being committed towards re-gain of self-control, self-management and self-consciousness (4). A special training may be useful but is not mandatory for such approaches.

References

1. Häuser W, Hansen E, Enck P. Nocebo phenomena in medicine: their relevance in everyday clinical practice. *Dtsch Arztebl Int* 2012; 109 (26): 459-65
2. Hansen E, Bejenke C. Negative and positive suggestions in anaesthesia. Improved communication with anxious surgical patients. *Anaesthesist* 2010; 59: 199-209

3. Lang EV, Benotsch EG, Fick U. Adjunctive nonpharmacological analgesia for invasive medical procedures: a randomised trial. *Lancet* 2000; 355: 1486-1490
4. Wobst AHK. Hypnosis and surgery. Past, present and future. *Anaest Analg* 2007; 104: 1199-1208

Correspondence address:

Dr. med. Angela Alms
Klinik und Poliklinik für Anästhesiologie
und Intensivtherapie
Universitätsklinikum Rostock
Schillingallee 35
18057 Rostock, Germany
angela.alms@uni-rostock.de