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Komunikácia medzi lekármi a pacientom (Význam komunikačných zručností - aktívne počúvanie) / *Communication in Physician - Patient Relationship (Importance of Communication Skills - Active Listening)*

Abstract

Medicine is not only a strict science, but above all, it represents a human science, in which the focus is on a human being, a patient and his health. Nowadays, clinical medicine is not only about treating a disease (to cure), but also about treating a patient as a whole (care). The object of medicine has remained the same, a man and his health. This article aims at effective communication in physician - patient relationship. There arises a question whether effective communication aimed at active listening may help in physician - patient relationship. More precisely, what could be its outcomes when it comes to patients' compliance of a treatment and their further satisfaction.

Key words: communication, physician, patient, ethics, active listening, empathic responding.

INTRODUCTION

Especially in medicine, it is important to see each patient equally and make no distinctions in the provision of care based on the differences among the patients. The doctor is expected to respect the patients, regardless of their origin, education, race and so on. Of course, this respect should be observed from the position of a patient to a doctor as well. Moreover, it is also not ethical to make any differences among the patients. Nowadays, physicians should allow their patients to ask the questions, give them right to participate in the treatment and agree or disagree with the treatment proposed. Physician and patient should seek alterna-

tive solutions together. Physician should be able to respect a patient as a person who needs help, not only in the terms the treatment, but also in terms of human help. They should be able to use the right words and demonstrate empathy to a patient, who is suffering from disease. Many times a patient comes with fear and expects that the physician will help him. The physician acts as an expert, whose aim is to help, to heal and revitalize. The best way to achieve it is to communicate with a patient effectively and well. This paper highlights the need to improve communication in physician - patient relationship. As one of the possible solution how to manage it, I suggest to improve communication skills, especially active listening strategies and physician's ability to observe patient's verbal and non - verbal cues. This might lead to more effective and ethical communication and less complaints of the patients on physicians' communication skills.

PHYSICIAN - PATIENT COMMUNICATION

The key to effective and mutually comforting relationship is communication, not just what people talk to each other but how they talk together. In our relationships with colleagues and other social relationships, we should try to treat people with politeness and respect to their dignity. It is how we want the others to deal with us (Leebov, 2012, p. 14). Leebov states, choice of words when speaking one to another may have a great influence on communication and relationship as such. Good communication with regard to values as honesty, politeness, respect for a dignity and autonomy of a human being represents the key to a good relationship.

Patient communication, verbal and non-verbal alike, affects the quality of a good relationship between physician and patient. It depends both, on how a physician manages an interview, as well as on the content of about what they communicate. Unwillingness, indifference, tactless behaviour, rudeness, snappishness, vulgarity, arrogance are reflected at physician's language, behaviour and actions (Linhartova, 2007, p. 57). According to Borg, human communication consists of 93 % of body language and paralinguistic clues and only 7% belongs to words in communication (Borg, 2010, pp. 94-95). It is just a benefit for a physician to have knowledge of non - verbal communication such as gestures, eye contact, posture and body movement. Non - verbal communication brings sense of caring, empathy, support and mirrors physician's emotions such as disinterest, anger, disbelief or boredom, too. (Berman & Chutka, 2016, p. 244). As we can see, the authors strengthen here the importance of concentration on the patient as a whole person, not only on his disease. Physician should be able to observe these non-verbal signals, which may help him with further diagnosis and treatment.

The patient - centred interview reminds physicians to be more attentive with patient's verbal and non - verbal cues. Especially non-verbal behaviour of a patient can determine problems and factors, which may influence patient's symptoms or compliance. Posture, eye contact, handshake, hot flushing, speed of speech and other non - verbal cues can reveal a lot about patient's emotional state and his concerns. Physicians usually can detect patient's non-verbal cues, but they try to ignore them sometimes, answer by more information or questions. Ameri-

can Academy of Physician and Patient (further AAPP) recommends responding to a patient rather with a statement than a question (Barrier, Patricia A. et al., 2003, p.212). Using a patient-centred approach a physician should use a phrase that builds a relationship “You seem very sad” (angry, upset, tired etc.). This helps a physician to recognize patients’ emotions and sometimes a patient to reveal more information. The AAPP also suggests for physician-patient relationship building the use of the mnemonic PEARLS.¹

According to Platt et al., physicians should show their “respectful attention” non-verbally as it has a great power for building a relationship with a patient. They expended a bit patient-centred approach and suggest including language, which may help to learn more about a patient as for example: “tell me about yourself—to gain basic psychosocial background; tell me what you expect from this visit—to clarify patient expectations; tell me how this illness has affected you—to determine how the patient perceives the problem; tell me what you think is causing the problem—to learn about the patient’s idea of illness; tell me how you feel about this problem—to learn some of the emotional connections” (Barrier, Patricia A. et al., 2003, p. 213). This approach is very helpful for physicians. Moreover, I think it also gives patient opportunity to express himself, his concerns and satisfies his need to be heard and understood and creates the atmosphere for calm interview with a doctor.

It is proved that the rate of patient compliance relates to verbal and non-verbal communication with the physician, as well as with the healthcare he receives. When a physician is able to communicate effectively with a patient, speaks and discusses the problem well, he already starts to heal the patient. The patient rather overlooks the quality of the treatment, than overall impression of the interview. Therefore there are registered much more complaints about communication than about treatment and care. An experienced doctor knows the patient comes with fear to him (as a child to his parents for help) and tries to leave the doctor’s office like “mature” and above all knowledgeable, hoping for help in emotional and rational peace and balance (Linhartova, 2007, p.58). Medical representatives, not only physicians know well how significant it is to communicate with their patients and their relatives or acquaintances in this way (Leebov, 2012, p.14). Sometimes there may appear barriers as time pressure, personal problems, aggressive patient or just lack of empathy, poor communication skills and there arise communication problems resulting in ineffective communication.

1 Mnemonic Pearls stands for: “*Partnership*- acknowledges that the physician and the patient are in this together; *Empathy*- expresses understanding to the patient; *Apology*- acknowledges that the physician is sorry the patient had to wait, that a laboratory test had to be repeated, etc; *Respect*- acknowledges the patient’s suffering, difficulties, etc; *Legitimization*- acknowledges that many patients are angry, frustrated, depressed, etc; *Support*- acknowledges that the physician will not abandon the patient” (Barrier, Patricia A. et al., 2003, p. 213).

COMMUNICATION AS PROBLEM IN PHYSICIAN - PATIENT RELATIONSHIP

Patients see as the biggest problem in communication with their physicians, lack of communication skills. They identified communication with their physicians as wrong, rude, insufficient the situation or the patient. Patients usually expect an open and equal dialogue, they want to hear the truth and from the physician they expect him to use understandable (comprehensible) language. They also expect to get enough information about their health condition and disease, treatment possibilities and recovery. Mostly they are interested in healthy lifestyle, prevention, specialized place for treatment of disease and where they can discuss their health problems etc. (Linhartova, 2007, pp.53-54). When there are some problems in physician - patient communication, as for example, lack of understanding on the side of the physician, a number of patients' complaints arise. The most frequent complaints of patients in communication with their physicians are mentioned below.²

Northouse and Northouse add that physician - patient relationship and effective communication is affected not only by a specific personal or professional characteristics, but by another four factors. There belong: uncertainty about the role that a patient is expected to play, uncertainty about who is responsible for managing specific aspects of the patient care and illness, unequal "power" in a relationship of a physician and patient (usually a patient is that one with less power), medical jargon that is unknown to a patient (Berry, 2006, p.41). Davis and Fallowfield (1994) also claim that most problems in healthcare communication arise from basic mistakes made by healthcare professionals. There belong: Healthcare professionals do not introduce themselves, do not ask their patients for clarification, do not allow patients to ask questions, do not ask about patients' feelings and do not provide information in such a form that patient could use them (Berry, 2006, p.41). Most patients also complain in media about inappropriate behaviour, lack of given information, especially improper communication by physicians. Physician is expected to start open dialogue, open communication to avoid disappointment. Communication is not a simple process. We must remember that it is necessary to cultivate and develop not only speech itself, but everything that accompanies it (Linhartova, 2007, p.56). Poor communication has negative influence on medical outcomes and patient's compliance. Then patients complain that physicians are hurried, do not listen to them or do not allow participating in medical care. On the

2 *The most frequent complaints of patients in communication with their physicians represent* 1. Lack of information about: treatment, recovering, prevention, alternative treatment, 2. Incomprehensible information given by the physicians (Latin terms), 3. Detraction of patient's problem by physician, 4. Humiliating treatment ("like with children"), 5. Rude and vulgar behaviour of the physician, 6. Lack of space for the patients to express their opinions, 7. Failure to respect patients feeling of shame, 8. Physician did not believe the pain to his patient, 9. Physician did not explain probable (expected) development of the disease, 10. Physician did not ask the patient for his consent of the treatment, 11. A patient was asked to say confidential information in the presence of another person, 12. Physician did not ask him whether he agrees with it or not, (or without patient's consent the information were given away to another person- relatives or others), 13. Long ordering periods for the treatment and too long time spent in the waiting room (Linhartova, 2007, p.54).

other side physicians complain that they are hurried and do not have enough time for their patients. To obtain a medical history that is clear and complete depends on quality of physician - patient communication. Duffy suggests, as physicians must pay more attention to development and of their therapeutic and diagnostic skills, they cannot forget to pay the same attention for development and refreshing of their communication skills (Barrier, Patricia A. et al., 2003, p.211). Above were mentioned some of physician's minuses which do not lead to effective communication. On the other hand, also patient should realize that physician has many other patients with health problems (beside him) and usually not enough time to spend with everyone. Therefore, on one hand, physicians should be more interested in continuous development of their communication skills and on the other hand, patients should think of the values such as respect, politeness, patience in their behaviour and communication with their physicians. Open attentive communication without hesitation, discrimination, humiliation but with mutual respect to individuality and dignity of each individual leads to better understanding on both parts and so to better communication and effective treatment.

ETHICAL COMMUNICATION IN PHYSICIAN-PATIENT RELATIONSHIP

Thus, we cannot speak about effective communication without mentioning ethics. Communication in physician - patient relationship must be also ethical and medicine of today must be humanized. Ethics calls for human physicians with the ability to incorporate ethical values into their daily practice via effective communication.

Childress and Beauchamp introduced four basic principles of biomedical ethics: *respect for patient's autonomy* (Patient's right to make own decisions and choices. Medical professionals should help patients to make the right choice), *beneficence* (do the best on behalf of patient), *Non-maleficence* (do not cause any harm to a patient, similarly as it is stated in the Hippocratic Oath), *justice* (healthcare professionals should be fair to the patients and treat the patients equally). Beside its criticism, these four principles for sure serve as a useful guide for problem solving and decision making in medical ethics and in medical practice. Ethical values in the profession of a doctor are based on ethical principles. These principles provide a simple, accessible and neutral approach to ethical issues in medicine. This approach (principlism) and above mentioned principles offer a common, basic, moral, analytical framework and represent a common, basic moral language (Gillon, 1994, p. 184). The principles provide only the guidelines (instructions) for an action. These guidelines can be derived from ethical theories consisting of moral rules, which are our "learned" values " , for example, sufficient patient information, respect for man's dignity, proper treatment of the patient and many others. (Beauchamp & Childress, 1989, pp. 6-9). Ethical Code of Conduct of a Physician consists of moral principles of physicians in relation to their patients and public, but also to their colleagues. These principles also guide physicians in how to act and treat their patients, how to communicate with them, their relatives and co-workers.

We should not forget also the idea of Hippocratic physician as a “servant of the healing art“. Expression „servant“, is far from something dishonouring, instead we should understand it as humanity, sanctity and humility before life that a physician saves, extends and improves. The art of healing includes the art of communication as well (Linhartova, 2007, p.57). It is human to show respect and understanding to other person, especially to a patient who suffers. Patients seek for physicians who are caring, interested in their well being and willing to communicate and listen to them, physicians who respect and incorporate principles and rules from Code of conduct into their practice and actions.

However, knowledge of the ethical principles and standards in the Code of Conduct does not guarantee that all physicians will act morally. It can definitely lead them at least to think about these matters, or identify with these principles, adopt them and act according to them as well as with one’s own conscience (Mátel, A. et al., 2010, p.18). Continuous education in patient communication should be an integral part of the exercise of medical professions, both from the professional and ethical point of view. (Ptáček, Bartůněk et al., 2011, p. 45). Therefore, one of the great positives of the deontological approach is that it requires from a person unconditional respect for everyone without making distinctions. Patient should never be seen as a mean or instrument, but always as an end. „Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only“(Kant, 1990, p 99). On that basis, it can be concluded that a physician should respect each patient, make no differences, and offer the same quality care to everyone. Kant emphasizes value of human beings and the fact that their value is “above all price“. We show that we value and respect each other via polite communication.

IMPORTANCE OF COMMUNICATION SKILLS

Very interesting is the fact, how differently physicians and patients observe most important factors in their mutual communication. According to research described by Paling (2004) physicians and patients were asked to describe their idea of a good doctor. The physicians mentioned “diagnosis ability” as the most important quality of a good doctor. The patients considered doctor’s “listening ability” as the most important. Moreover, physicians rated it as the least important aspect of a good doctor (Berry, 2006, p.43). These findings are just as stated in an earlier Delamonthe study (1998), where was found, patients’ choice of a good physician influences the following factors. Firstly, how a physician communicates to a patient as well as how he cares about him. Next, how is a physician able to explain medical and technical procedures in a simple and understandable way. Finally, how a physician is able to listen and let a patient ask questions. As opposed to physicians, who rated as the most important “years of practice” and “attendance of well - known medical school” (Berry, 2006, p.43). The length of practice of the physician is unfortunately not related with the quality of communication (Ptáček, Bartůněk et al., 2011, p.43). As we can see patients highlighted physicians’ communication abilities as most important. Whereas physicians length of their practice. Of course, practice is also very important in a profession of a doctor. There

are many problems, which physician and patient have to face and physician is that one who creates atmosphere for calm dialogue, even when there is a complicated patient, patient with difficult diagnosis or patient with problematic (aggressive) behaviour. Therefore, physician should be more interested in the improvement of their communication skills to manage every situation via polite and effective communication, using gained communication skills.

According to Devito, there are following general communication skills: ability to present yourself, relationship building skills, presentation skills, ability to conduct interviews and so gain information, ability to communicate in a small group and leadership ability and finally media literacy (2008, s. 28)³. *Further, we distinguish four important communication skills of the individual*: monitoring verbal and non-verbal signals and speaking ability, active listening, providing a feedback and assertive behaviour, and the art of speaking and presenting. Individual communication skills are very important for all healthcare positions. It is not possible to determine, which one is the most important because they are mutually interconnected (Fülöpova, 2011, pp. 28-29). *Active listening* is attentive listening aimed also at observing verbal and nonverbal signals of another person. To be able to listen effectively and actively, first we need to be interested in person who is speaking. According to Szarkova, a part of effective active listening represents communication pattern of a good listener. This pattern consists of:

- effort to see the world and problems from the perspective of the others,
- ability to actively support the speaking person,
- ability to show interest in speaking person and problem being discussed,
- ability to tolerate opinions and attitudes of a partner,
- ability to be patient,
- ability to use empathy,
- ability to formulate and ask questions,
- ability not to invoke communication barriers (Szarkova, 2002, p.46).

Active listening is very powerful for effective communication. When we listen to the others carefully, we appreciate them and show them our respect. Patient is not interested, in what causes, physicians or other medical personnel act in such a highly unprofessional manner. They are not interested in whether it is usual way of communication of a physician or his reaction at present moment, associated with some personal problems. We should understand expression professionalism and professionally lead communication, in terms of the content (about what we communicate) as well as its form (how we communicate). In the interest of professional behaviour, it would be essential to learn the desired model of behavioural interview schemes, with some degree of sensitivity to the uniqueness of the situation, type of patient and the severity of their health condition. It is a problem of the character, general relationship to humanity and to the occupation as such. (Linhartova, 2007, p.57). Character plays an important role in expressing ourselves via communication and speaking with each other. Positive fact about communication

³ See Devito (2008) for more detailed explanation of above mentioned communication skills.

is that communication skills can be learned, improved and used. They have healing effect if they are used in a correct way. As we can improve communication skills, character can be formed, too. The willingness to want to make a change and realize own minuses is the most important. Arrogance, rudeness or any other negative characteristic trait should not be part of a professional behaviour of any physician. On the other side, ability to apply empathy in mutual communication creates atmosphere for an effective and positive interview between physician and patient. I believe it should be essential trait of a good physician.

Therefore, the ability to *respond with empathy* is also the key to building an effective therapeutic relationship.⁴ Empathy involves trying to empathize with another person to understand her view. In medicine, empathy refers to purely cognitive understanding of patient's emotions – we speak of “a special professional detached concern” (Halpern, 2007, p.696). *Squier addressed the importance of empathy* in connection with adherence to a treatment - his findings are as follows:⁵ These findings are very beneficial for the physicians as well as for the patients. Feeling to be understood strengthens the therapeutic connection in physician - patient relationship and improves patients' compliance with the prescribed therapy (Berger, 2009, s. 49).

In order to become active listeners, we need to forget about our own viewpoint and take into account another view of the communicating person. We should be able *to trust* the other person, push aside our own thoughts, which is sometimes so difficult. Whenever it succeeds, it is associated with a new value based view of the issue (Motching & Nykl, 2011, p. 41). To build trust there are not more valuable skills, than *empathic listening and responding*. Trust is the basis for the therapeutic connection and effective therapeutic relationship (between physician - patient) (Linhartova, 2007, p. 59). Without trust, even the most effective communication will probably not achieve the desired effects. Trust increases when healthcare providers promote communication behaviour, and it may be disturbed by the use of inappropriate behaviour (Berry, 2007, p. 40). I am in accordance with the authors that for successful treatment and good physician - patient relationship, very im-

4 The expression of *empathy* comes from the German word *Einführung*- means that we share the feelings of another. By *empathy*, we understand targeted identification with the affective state of the individual. What empathy requires is courage. We must be open to the affective experience of the individual. It is often a “painful” experience. Of course, we should also be empathetic when it comes to pleasure, happiness and other (Berger, 2009, p. 52). Empathy is a “perceptual” activity that operates alongside logical inquiry. So long as physicians continue to exercise their skills of objective reasoning to investigate their empathic intuitions, empathy should enhance medical diagnosis rather than detract from it. Further, empathy enhances patient-physician communication and trust, and therefore treatment effectiveness (Halpern, 2003, p.673).

5 *Importance of Empathy in healthcare also brings many positive outcomes, there belong:* 1. Patient is more adhered to a treatment, if a doctor allows him to express his feelings, distract a fear from the illness and when he finds a time to answer the patient's questions carefully. 2. Doctors who respond to patient's feelings have the patients, who adhere to a treatment and follow the recommendations; also, they are satisfied with their doctors. 3. Patients who perceive their doctors as caring and understanding follow the treatment plan and ask for further recommendations and assistance if necessary. 4. Physicians, who support their patients to express their feelings and concerns, allow their patients to participate in the treatment plan, have the patients who comply with their recommendations for treatment (Berger, 2009, p.49).

portant is to work on creation of trust between physician and patient that can be achieved by open ethical communication and empathic attitude of both a physician and a patient.

Active listening also carries a risk. If we can do this, to empathize to the other person feelings, to see the world through his eyes, we risk that it will change ourselves, too. Many perceive as “threatening” to give up their own meaning or point of view and take the perspective of others. It is not easy to raise an attitude of profound interest in another person. (Motching & Nykl, 2011, p. 47). Maybe we can realize to identify ourselves easier with affective state of our relatives or people we know well, not with people who are “foreign” to us. Physicians should not worry of being too personal to their patients nor about empathic responding. Sometimes when medicine does not help, empathy may cause a miracle in terms of right words, hope and better understanding of the other’s feelings.

CONCLUSION

There is not a general “guide” for the physicians on how to behave to their patients. First, it depends primarily on the fact, how a physician is prepared for his profession. Modern physician must be a psychologist a sociologist, a philosopher and a professional in one person. Physician’s acting must be professional (educated), creative and above all personalized to each patient, tailored to a patient and his medical problem (Linhartova, 2007, p.59). Even though communication between physician and patient is problematic sometimes, but it serves as an important clinical tool, affecting the treatment process that from a physician requires the training of communication skills through systematic and targeted training, not just gained experience or personality disposition (Ptáček, Bartůněk et al., 2011, p.44). I am in accordance with the authors that the position of a physician is very difficult today. It is not easy to be a professional in the field of medicine, also represent an “ideal” and suit to all of the needs of different patients, in all of the circumstances. To avoid the conflicts in physician - patient relationship, especially to minimize the complaints associated with communication, physicians should be more interested in medical ethics, communication trainings and continuous development of their individual professional as well as communication skills.

Nowadays medicine should be more humane in its attempt to reach the good of the patient and his satisfaction. There has been a period change in recent years and ethics, as well as medicine must reflect on it. With the change of the period, the problems have changed as well. This move from paternalistic model of physician - patient relationship to present model of partnership also brings new issues that need to be solved for the well-being of the patient and for mutual physician - patient relationship. This move calls for the step to solve arising communication problems in the mentioned relationship. Observing verbal and non - verbal signals represents a part of active listening leads to formation of good therapeutic relationship. Ability to listen actively represents essential communication skill a good physician should have. To pass communication skills training is not enough, if acquired skills are not applied in practice. If a patient sees in his physician a partner,

who communicates with him effectively and respects his uniqueness and dignity, it means he shows his respect to a patient as a human being. Sometimes this humane attitude, empathy and understanding in such a relationship are above all that patient needs from his physician. Of course, it requires a lot of physician's energy, time, and sensitiveness - but on the other hand, the positive result may be his consulting room full of the satisfied patients.

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