<Extended Abstract>

Never Say "Smoking is Bad for Your Health!": Empathy before Educating the Patients.

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Background

Communication is one of the core competencies expected of medical students. The 2022 revision of the Japanese Model Core Curriculum for Medical Education emphasizes not only providing appropriate medical care but also building a good relationship with patients and supporting their decision-making. In my first-year medical English course, I use Good Patients, a discussion activity developed by Professor Peih-Ying Lu at Kaohsiung Medical University. The activity encourages students to think about what makes a "good patient." In recent years, I have added a short role-play after the discussion to help students reflect on how their own values influence their communication with patients.

The Good Patients Activity

Students read five patient profiles written in English. The patients differ in age, educational background, socioeconomic status, English proficiency, and health-related behaviors. Working in groups of four, students discuss—in English—which patient they consider a "good patient" and agree on a group ranking. The purpose of the activity is not to find the correct answer. Instead, students are encouraged to reflect on the reasons behind their own decisions. Many groups rank Betty and Theresa highly because they seem cooperative, well educated, and easy to communicate with. Jin, who continues smoking despite repeated medical advice, is often ranked last. I tell students that the ranking itself is not important. What matters is recognizing the values that influence their judgments. Many students realize that they tend to feel more comfortable with patients whose educational and cultural backgrounds are similar to their own.

Extending the Activity

After the discussion, I introduce a short role-play using Jin. I play the role of Jin, and one student plays the physician. The only instruction I give is simple: "Build a connection with Jin." I do not ask students to persuade him to stop smoking. However, most students begin the conversation by saying, "Smoking is bad for your health." or "You should quit smoking." These are medically appropriate comments. Nevertheless, as Jin, I respond, "Oh, another lecture?" "What do you know about my life?" The conversation usually ends after only a few exchanges.

Reflection

After the role-play, I ask the class two questions. "Did I ask you to make Jin quit smoking?" The answer is always "No." I then ask, "What was the only instruction?" Students answer, "To build a connection with Jin." At this point, many students begin to notice something important. Before trying to understand Jin, they first tried to change him. Their opening remarks reflected an assumption that the physician's role is to provide correct

medical advice as early as possible. The role-play helps students recognize that the values they identified during the Good Patients discussion also influence their first words in a clinical encounter.

Educational Implications

The role-play adds another step to the original Good Patients activity. The discussion encourages students to reflect on how they view different patients. The role-play then gives them an opportunity to experience how those views influence their communication. Rather than simply teaching communication skills, the activity encourages students to think about what kind of relationship they should build before offering medical advice.

Take-home Message

Medical knowledge is essential. At the same time, patients may not be ready to accept medical advice unless they first feel understood and respected. Helping students recognize this may be just as important as teaching them what to say.

Topic: Communication (1st Part: Group discussion)

【Individual patients】

Rank the following patients in order, from 'good' (1) towards 'bad' (5). Be prepared to justify your opinion.

A) Connie is a quiet Filipino woman, who works as a maid. She attends the clinic and says very little. She does exactly what the doctor advises. She never asks questions and is always grateful for any treatment suggested.

B) Jin is from mainland China. He smokes a lot and refuses to give up. This is not helping his condition. He makes jokes and is very easy to get along with, but sometimes he does what he is told, and sometimes he just doesn't.

C) Betty is a well-educated woman from Brazil. She checks out her symptoms on the internet and always has questions when she attends the clinic. If she doesn't understand why the doctor is giving her certain advice, she is not afraid to challenge it. Sometimes she suggests a course of treatment before the doctor does. Once she agrees to an action plan, though, she sticks to it.

D) Tony is from Italy. He is a manual worker and he is not very communicative in the clinic. He says he is following the doctor's advice, but you cannot be sure that he is. He says his English is poor but he seems to understand more than he claims to.

E) Theresa is a wealthy and well-educated Turkish woman. She has health insurance and you know that she consults several doctors, including you, about her condition. She seems to listen to several medical opinions and then she chooses the treatment that she prefers.

(Peih-ying Lu & John Corbett (2012). *English in Medical Education: An Intercultural Approach to Teaching Language and Values.* Multilingual Matters)

My mother died first. The death certificate called it an "expected" death. We had discovered her colon cancer when I'd gone down to see her the previous summer. I was able to quit my job and go care for her during her last six months. My sister was there a lot too and my brother came down when he could. Chris, my partner, was able to be there sometimes too, including the night my mother died.

Then six weeks after my mother, my father died. His death was not expected. Although for decades we had wondered how anyone could live the way he did, there was no "precipitating event" that made his death seem imminent. His wife told us he'd said he felt like taking a nap and headed down the hall to their room but an hour later, when she saw the light on in the bathroom and knocked and there was no answer, she opened the door and found him on the floor and he was dead.

Between them my parents had three kinds of cancer—colon, skin, and prostate—as well as high blood pressure, bad circulation, anemia, shortness of breath, and heart and respiratory failure. I have no doubt their smoking contributed to, if it didn't actually cause, these conditions.

But I also think, for years their smoking saved them.

Within a few years of when they were married, the exact date of which I have never known because they never, at least in my or my siblings' memories, ever acknowledged much less celebrated an anniversary, my parents were deeply unhappy with one another. Smoking allowed them to take a break and get away for a while from whatever was making them miserable. Smoking was something they could each look forward to. They, each alone, could get away from us kids, the noise, the crap, for a quiet smoke. Or they could, each alone, drive to the grocery store for a new pack when the cartons my mother had bought at the Navy PX had run out, then make their way back home as slowly as they could. Smoking was a pleasure that, though they had once enjoyed together, they grew to prefer alone. He could do something for only himself and imagine he was strong and tough, a hero of the war. She could do something for only herself and imagine she was above it all, unfazed and cool, like a woman in the movies. They each could imagine other lives. They could each imagine their shitty lives weren't shitty.

I'm grateful for this. I'm grateful they had something to help them get through their terrible years. I'm grateful they got to live long enough to quit and then to finally, for however brief a time, live happily until they had to die.

"The Smokers" (Rebecca Brown)