

An Observation of Patient-Professional Communication in the Cambodian Dental Setting

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Abstract : Introduction: The evolution of the dental consultation from paternalism to partnership has been well documented in developed Western countries. Great emphasis is now placed on the importance of empowering patients to make decisions regarding their care, obtaining informed consent, and maintaining patient privacy and confidentiality. With the majority of communication occurring non-verbally, clinicians often adopt behaviours which suggest an approachable and positive attitude. However, evidence indicates that in Asia, a paternalistic model may be favored in medicine. The power imbalance occurring in doctor-patient relationships worldwide may be exacerbated by various factors in Southeast Asia: the strong hierarchical culture, and the large education gap between doctor and patient. Further insight into this matter can be gained by observing patient-dentist communication in Cambodia. The dentist:population ratio in Cambodia is approximately 1:33,000, with rural areas remaining extremely underserved. We have carried out an observational study of communication in a voluntary dental clinic in Cambodia with the aim of describing whether the patient-dentist relationship follows a paternalistic or patient-centred model. Method: Over a period of two weeks, two clinicians provided dental care as part of a voluntary program in two Cambodian settings: a temporary, rural clinic and a permanent clinic in Phnom Penh. The clinicians independently recorded their experiences in diaries, making observations on the verbal and non-verbal communication between patients and staff. General observations such as the clinic environment were also made. The diaries were then compared and analyzed using a thematic approach. Results: The overall themes that emerged were regarding the clinic environment, verbal communication, and non-verbal communication. Regarding the clinic environment, the rural clinic was arranged in order to easily direct patients from one dentist to another, with little emphasis on continuous patient care. There was also little consideration for patient privacy: patients were often treated in the presence of many observers, including other waiting patients. However, the permanent clinic was structured to allow greater patient privacy, with continuous patient care occurring throughout the appointment. Regarding verbal communication, there was a strongly paternalistic approach to gaining consent and giving instruction. Patients rarely asked questions regarding their treatment, with dentists doing little to encourage patient involvement. Non-verbal communication between patients and dentists was generally paternalistic, with the dentist often addressing the supine patient from above. Patients often avoided making eye-contact, which may have indicated discomfort or lack of engagement. Both adult and paediatric patients rarely raised verbal concerns regarding pain during treatment, despite displaying non-verbal signs of experiencing pain. Anxious paediatric patients were sometimes managed with physical restraint by their mothers to facilitate treatment. Conclusion: Patient-professional communication in the Cambodian dental setting was observed to be generally paternalistic in nature, although more patient-centred aspects were observed in the established, urban setting. However, it should be noted that these observations are subjective in nature, and that the patients' actual perceptions of their communication experience were unexplored. Further observations in variety of dental settings in Cambodia are needed before any definitive conclusions can be made.

Keywords : patient-dentist communication, paternalism, patient-centered, non-verbal communication

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