# HASTA - SAĞLIK PERSONELİ İLETİŞİMİ: HASTA HAKLARI YÖNÜYLE BİR BAKIŞ

**ÖZET**

İnsanların başedebilecekleri zor hallerinden birisi hatta en önemlisi hastalık durumudur. Kendini bir şekilde hasta/rahatsız hisseden kişi, bir diğerinden özellikle de profesyonellerden yardım ve destek beklentisi içindedir. Sorununu karşısındakine aktarmakta güçlük yaşayan hastanın, sağlık personeli ile başlattığı iletişim sürecinden doğru sonuçlar elde etme olasılığı düşüktür. Hasta, sağlık sistemi karşısında zayıf durumda olduğundan hasta hakları kavramı ortaya çıkmış, hukuki düzenlemelerle genel anlamda çerçevesi belirlenmiştir. Literatür taraması şeklinde gerçekleştirilen çalışmada, hastalarla ilgili uluslararası ve ulusal düzenlemeler ile hasta sağlık personeli iletişimi incelenmiştir. Düzenlemelerde ayrıntılı olmasa da sağlık personelinin hastalarla nasıl iletişim kuracağına ilişkin bilgiler bulunurken iletişim konusu genel olarak bilgi verme veya bilgilendirme başlığı altında ele alınmıştır. Yine düzenlemelere bakıldığında, iletişimin iki temel yönüne yapılan vurgular dikkat çekmektedir. Karşıdaki ile anlaşmak istenildiğinde, kişinin yapması gereken iletişimin iki önemli boyutu vardır. Bunlardan ilki karşıdaki ile iletişime geçerken mesajların içeriğinin oluşturulmasıdır. İkincisi ise mesajların alıcıya iletilme şeklidir. Literatür taranmasından elde edilen bulgular ışığında, düzenlemelerde iletişimin bu iki yönüne ait bilgilere rastlanmıştır. Hastalarla ilgili düzenlemelerde iletişim konusunun varlığının yanında, nasıl iletişim kurulacağına dönük bilgileri tespit etmek amaçlanmıştır.

**Anahtar Kelimeler:** İletişim, Hasta, Hasta hakları, Bilgilendirme

## INTRODUCTION

The knowledge, know-how and democratic developments which mankind acquired in the historical process have led to internalization of 'rights' concept. Increasingly individualizing mankind is not in favor of leaving his ownership of inalienable rights over his own body to others. In this context, paternalistic approach of the past in the area of health began to disappear. People are more willing to participate in the decision-making processes on their health.

From the perspective of the service providers, it is also accepted that the patients should be included in clinical decision-making process, and even the decision makers should be the patients in the light of adequate information. However, the field of medicine hosts a very complex process and specialization. The existence of approximately 80 specialties in Turkey determined by regulation is a concrete indicator of its complexity. So, someone who worries about his health is not expected to have much information about this huge field of medicine. At this point, in order to be considered a good medical staff, the success of health care personnel in communicating with patients is as important as the medical skills of them. Since health care cannot be postponed, prevented and indispensable, providing service in the frame of patient rights designated by law is through good communication.

The patients are not only in anticipation of diagnosis or treatment from their doctors. They consult to the doctor in order to overcome their concerns and fears. For patients, their daily lives which is impaired, restricted due to illness; loss in quality of their lives; complaints such as pain, insomnia and consequent question marks, poor expectations and fears are more important than the disease itself (Özlü, 2003: 153). Therefore, it is very difficult for the doctors who just focus on the treatment of the disease to please their patients. If the patient must be at the center of health care delivery and if the majority agree on this issue, to understand the patient and explain himself is among the main responsibilities of health personnel.

In a study on the interaction of the medical staff and patients, it is found out that patients do not make a personal conversation with the doctors spontaneously. When doctors behave friendly, patients ask more questions and propose more remark. In the study, the patient's personal characteristics have been found to affect the communication while they are in contact with the doctor: For example, educated patients are found to ask more questions, propose more remark and, express their concerns better (Richard and Street, 2003: 71).

The most important basis of patient-centered health care, is that the confidence of citizens to the doctors and to the health system. Trust is an important cornerstone in the improvement of one's health. The patients who trust their doctors tend to accept the treatment recommendations of their doctors and fulfill their own tasks. Next to the implementation of the

recommendations, confidence to the doctor leads to psychological relief of the patient and also effects the moral improvement.

The expressions related to the communication of patient and health care personnel have been examined in the regulation on patients' rights in the field of health. First, the review of the literature in the field of communication has been conducted, and health communication has been focused on in detail. The description of communication in the international and national regulations about patients has been compared with the literature and the results obtained have been discussed.

## 1. HEALTH PROFESSIONAL – PATIENT COMMUNICATION

The importance of the health care system, which everyone needs in a period of their lives, is obvious. People, who want to take advantage of the health care system, are required to take advantage of health professional's communication skills, in addition to their occupational skills. Conducting the communication with the patient successfully is not a good faith effort of health professionals, but in fact it is a professional and legal obligation.

The people have an assumption that in the majority of their lives, they will easily communicate with each other. Only a part of this assumption is correct. Perhaps it is easy to communicate, but it is really difficult to communicate well. The people who are in constant contact with others shall show effort to be in accord with each other; they sometimes succeed but none can be an effective communicator at all times. Human communication occurs when a person responds to a message and adds a meaning to it.

There are two key parts identified in the communication: message an interpretation. Messages are the processes in which people are involved and interpret (Kreps and Thornton, 1992: 14). In this sense, the patients will be more difficult to communicate with.

Since the communication is "to share and to establish a partnership", all sort of problems can be solved by talking in communities where individuals can communicate well with each other (Işık, 2011: 12). People have an unsatisfied appetite to create meaning. They constantly strive to make sense about what is happening around and about the processes they interact with others. Communication is a good tool to improve understanding of the situation and the people. Usable messages are

collected and successful meanings are derived in order to cope with the world we live (Kreps and Thornton, 1992: 20).

Besides carrying feelings, thoughts and knowledge, there are cases where the message contains its own message. According to Demiray (1993: 35), two levels can be mentioned in mutual communication which is a combination of more than one person such as events, meetings. The first of these is the subject; and the second one is the level of relationship between the subject and the related message (except the content dimension).

Watzlawick, Beavin and Jackson (1967) proposed five basic assumptions about communication. These five basic assumptions are as follows (Cüceloğlu, 1999: 19):

1. It is impossible not to communicate. It is impossible not to communicate for the people who perceive each other in the same social environment.

2. There are relationship and content levels of communication; Relationship-level establishes the framework that gives meaning to the content level and is therefore more important.

3. The sequential structure in the exchange of messages has its own meaning and these sequential formats plays an important role in determining the communication relationship.

4. There are two types of messages: verbal and nonverbal. Oral communication refers to reasoning and logic, nonverbal communication refers to the feelings and relationships.

5. The people communicating are in equal or unequal relationships.

Judging by a general definition, the communication of which source and target is human is called "interpersonal communication". Here the people in mutual communication continue their communication by generating information / symbol, by transferring them to each other and by interpreting (Dökmen, 1999: 23). In communication by generating knowledge and symbol, there are some unexpected and unrecognized mistakes and deficiencies. The emergence of such a situation is perhaps one of the most important reasons for communication breakdown.

The expressions in the regulations that describe the communication between the health personnel and patients should be evaluated according to the above mentioned communication approaches. In particular, the approach put forward by Watzlawick and his colleagues about the

relationship and content level of communication shall be evaluated within the context of regulation. Primarily, communication between health care personnel and patients and their relatives, and unintentional communication problems shall be discussed.

### 1.1. Patient-centered Communication

The communication to be established in the relationship between the patient and health care professional is different from the others. The patient-centered communication helps the patient to understand correctly, while also ensuring the health care professional to fulfill his responsibilities in the right manner. The patient-centered communication offers a significant opportunity to eliminate the negative effects of asymmetric information existing between the patient and the health care professional. The presence of asymmetric information leads to trouble for the patient in terms of 'perception and understanding' and right decision.

The basic starting point of the Hippocratic ethic approach is to be useful and not to harm. When the patient's benefit is concerned, the role of the physician in decision-making process is quite high. This process has started to change with the rise of the concept of patient autonomy followed by the developments in liberal political philosophy experienced in 1970s (Veatch, 2010: 18). The patient autonomy has allowed greater participation of the patients in decision making process, and moreover, it has been accepted in course of time that the patient is the one to say the last word in decisions. As a result of these developments, a patient-centered communication perspective has emerged.

Cooperation, while ensuring the participation of the patient to the basic decision-making processes, also helps them to protect their freedom of choice. It leads to a reduction in their professional judgment and clinical responsibilities. Extreme paternalism and autonomy in relationship is not compatible with responsive, responsible and moral health environment, therefore, it should be agreed on these two values (Aggarwal et al, 2014: 6). Patient-centered approach during the medical interviews can have serious effects on the physicians, psychologically and demographically. For example, ethnic differences may create obstacles for effective communication. Workload and time pressure also affect the physician's communication with the patient in a negative way (Mead and Bower, 2000: 1103-1104).

The authors' (Michie et al, 2003: 204) study on patient centered communication in chronic health problems, determined that the communication behavior of health care professionals affected the patients' health and self-consciousness to perform their own plans. Affected patients become motivated and sure of themselves. In another study, the importance of the physician's behavior when communicating with cancer patients has been studied and it has been found out that positive behavior of physician may possibly generate significant benefits for patients (Arora, 2003: 802).

In their studies on theoretical and practical subjects of patient-centered communication during the physician-patient interview, the authors address the operational definition of patient-centered communication as follows (Epstein et al, 2005: 1517):

1. To uncover and understand the patient's perspective, concerns, thoughts, expectations, needs, feelings and mechanism
2. To understand the patient's psycho-social characteristics is unique
3. To be consistent with the patient's values during communication to understand the problems and treatment
4. To help the patient in order to enable him to choose what he wants.

The authors (Ishikawa et al., 2013: 152), who analyzed patient-centered approach in patient- physician communication based on four perspectives, conceptualized these as follows: (1) functionalism; (2) conflict theory; (3) utilitarianism; and (4) social constructionism. According to the authors, expected roles and objectives in patient-physician communication may be defined differently from the point of view of each other and the conceptual and operational confusion can be explained as a result of this. The study also emphasizes that it is necessary to investigate the competency of the patients in the patient-centered communication based on physician behavior, and the application areas.

The authors (Mead and Bower, 2000: 1107), who studied the empirical measurements and multiple conceptual definition of patient-centered communication, state that the intelligibility of physician-patient relationship in terms of different dimensions can be achieved with several approaches. They also emphasize that further researches should be made and new analytical methods should be developed in order to progress in the conceptual dimensions and complexity of patient-centered communication. The authors (Mead et al., 2002: 296), who studied on the

effectiveness of primary care physicians on patient centeredness in terms of post-consultation satisfaction and enablement, point out that the empirical evidence can offer suggestions despite the limitations of the study. In their studies entitled patient-physician communication assessment tools, the author's (Boon and Stewart, 1998: 173) recommend reviewing the existing communication tools rather than determining goals for building a strong future.

### 1.2. Difficulties Due to Language Use

The fact on the basis of the difficulties experienced in health communication is the status of the patients. Many factors such as the patients' age, education, cultural status, gender, ethnic identity, regions of residence and language lead to positive or negative communication. In addition, the medical terms used by health personnel, particularly by doctors, and the corporate jargon used by the employees are the other major difficulties in establishing the communication.

The researchers, who believe the important role of communication performance in the delivery of health care and the promotion of health (Kreps and Thornton, 1992: Vll), argue that the quality of health care depends on the health care providers' ability to communicate effectively. They highlight the importance of effective communication skills of not only direct health care providers, but also of health care system administrators.

Use of language in institutions may create difficulty both for the employees and as well as the people from outside the institution. Medical language has also a complex structure as each institution language and used as required by the institution (Elçioğlu et.all, 2007: 21-22). While this structure constitutes a problem for the patients and their relatives, perhaps it accelerates the understanding among the health personnel.

The most important problem of the communicative process is the use of corporate language by health personnel in their communication with the patients. The use of professional terminology especially by the doctors in their relation with the patients may lead to negative experiences in health care provider-receiver relationship (Yağbasan and Çakar, 2005: 609).

In their study, the researchers briefly indicate that there is a linguistic problem in doctor-patient relationship. As a result; it has been concluded that "patients do not understand what doctors say ". According to the researchers, given the fact that the majority of subjects were

educated, the situation becomes even more alarming. On the other hand, some basic assumptions have been verified as a result of the research, such as: there is a doctor-oriented communicative process in the doctor-patient relationship, the attitudes and behaviors of the doctors are not approved by the subjects, the majority are being disturbed of these kind of communicative actions and all these adversely affect the treatment process (Yağbasan and Çakar, 2005: 628).

In another study, the researchers have made observations on 200 doctor - patient interviews. According to a first view from these observations, there is no clarity on what the patients ask the doctors during the medical interview. Most patients are directing their questions to doctors without structuring them. Without understanding what doctors say and do, some prioritize the explanation of their disease or acceptance of their treatment. Cultural and personal factors are effective in patient's being compatible and volunteer in briefing of the disease. The patient's knowledge about his disease and problem, his capabilities in preparing questions, his spontaneous questions, briefing during processes and results is quite important (Cegala and Broz, 2003: 110).

Many factors such as the patient's education, social status, economic conditions, understanding and perception capacity, etc. bring success or failure in correctly perceiving the messages sent by the doctor and interpreting them in a way the doctor wants. The doctors should sometimes use medical terminology depending on the understanding level of the patients of these technical descriptions (Richard and Street, 2003: 69).

Insensitive communication between the health care providers and their patients is another problem. Insensitivity (indifference) is perhaps the greatest source of dissatisfaction which people feel about the health care system (Kreps and Thornton, 1992: 9). Depersonalization is often caused by the working conditions of health personnel and it can occur involuntary and spontaneously due to facing with severe cases frequently. However, since his "disease" is a single case for patients and their relatives, they expect the health personnel to care about the issue as they care.

### 1.3. Helping Communication (Supportive Communication)

Perhaps the most difficult moments of people are the moments when they are patient or their relatives are patient. In such a difficult process, the

patient, who is unaware of the diagnostic and therapeutic adventure, wants assistance from the doctor. This assistance may sometimes be physical intervention, and sometimes may be an expectation of communication with the health care personnel in order to understand his situation and to eliminate his fear and concerns.

The person's age, gender, vision of life, socio-cultural level, values, belief system, psychological maturity and self-esteem are highly effective factors in coping with the illness. The belief systems developed by individuals on health and disease are being influenced by various factors. These are the information which individuals heard around or obtained from various sources of information. This information is not always true and its compensation may lead to difficult mistakes. In such a situation, the attempt of people to cope with the illness may be disrupted (Palabıyıkoğlu, 1999: 138-139).

Supportive communication is an important concept that will provide direct assistance to patients, and contribute to combating the illness in their difficult moments. Because, it is not always easy for patients to get rid of their illnesses. They may face a long-term, hopeless treatment option. The “Bad Diagnosis" faced by the patients may lead them to some processes in coping with this situation: Rejection, anger, anxiety, depression, bargaining, guilt and acceptance (Gordon and Edwards, 1997: 199). Supportive communication of health care professionals shall provide significant benefits for the patients in order to face less damage in each of these stages.

The health care personnel, who act in a supportive communication manner, should pay attention to respect for patient autonomy without adopting paternalistic understanding (overbearing). Significant difference between being supportive and deciding on behalf of the patient should not be overlooked.

## 2. PATIENT RIGHTS AND COMMUNICATION

Communication requirement plays an important role among the indispensables of individuals in their entire lives. In health communication, the main communication with the patient is interpersonal and even face to face communication. In face to face communication, the primary goal is to solve the problem. At this point, there are important tasks of health care professionals. Because, the patient, by nature, may be in a tense, troubled,

restless and responsive mood. He may even misunderstand what is being for the sake of him; he may interpret them differently.

In general, when mentioning about communication between health care professional and patient, it is understood as if mentioning about two "parties". But this is never something like banker-depositor relation or salesperson-customer relation. It is only possible to mention a "partnership" in health communication. Because the needs which are patients unaware are medical needs and are usually determined by the doctors serving to patients. The main difference of health services from the other market products and services arises at this point. The demand in health care is determined by service providers, not by the user (Engiz, 1997: 64). The people, more or less, know what they want when going to another institution. But when they go to the health care provider, they start to wait in anxiety what they will hear from the doctor. After the doctor's statements such as "this is your case, you should do the following in this case, you need this", the demand and needs of people start to shape.

The subjects of the patient complaints done to the patients' rights system shall contribute to the determination of patient dissatisfaction and problems between the patients and health care professionals. Interesting data were achieved in a study conducted on this subject. In a study investigating the causes of the patients' applications, communication based problems are found out to be more common than the other problems. In this study, the biggest reason of application to the patients' rights is communication based complaints with 40.4%, and the medical reasons are only 17.9% (Uludağ, 2011: 655). As can be seen from the study, good communication between health care professionals and patient is very important. Because, good communication helps the patient to be satisfied with the health services, to cope with the illness and to cooperate for treatment; on the other hand reduces the exhaustion of employees due to possible malpractice (bad practice) cases (Bredart, 2005: 351).

In the context of mutual interaction of the patient and the doctor, the patient should be involved in the treatment process. In order to increase the patient involvement, it is necessary to pay attention to certain issues. First of all, one of the issues that affects patient involvement, is which communication source is used for briefing the patient. Because it is observed that information mechanisms could be improved with successful communication strategies. In the treatment, coming together in priority of

the needs and expectations of patients will increase the involvement in the process. The patients should be supported in terms of information gathering and new approaches, in order to play an active role in treatment options, because it will contribute to the development of decision-making aspects of the patients in treatment process (Brown et.all, 2003: 146).

### 2.1. Communication in Regulations

The emergence of the patients' rights concept starts with the overbearing relationship in the health care system coming from its past. If in a relation, one of the parties is more powerful, is in an advantageous position than the other, then it is possible to mention the rights of the other party. The strong party has also interests, but they are not needed to be protected from the weak. It can be mentioned from the assignments of the strong party then their rights. The law is next to weak party. But that doesn't mean that the law is against the strong party (Özlü, 2005: 16). The authors Gordon and Edwards (1997: 38), handled this issue specific to the situation to arise when the health personnel attempt to use the said power authority, even though they actually do not have that authority. It is argued that if people are in a habit of unquestioned obedience to the authority as a learned response, and then they regret, this case may not be a problem, however, a significant number of other patients may become distanced from the health care personnel.

The patients' rights which are the fundamental rights of people should be taken seriously at all stages of health care delivery. The Patients' Rights Directive draws attention to the fact that "patient rights is a reflection of fundamental human rights in health care system", and it states that the attitudes and behaviors while doing the operations and business should be "worthy of human dignity" ("Patients' Rights Directive" 1998, art. 1).

The Decree Law No. 663 restructuring the Ministry of Health mentions about "patients' rights" concept in a few parts. The most remarkable part in the related decree law is the provision in Article 27 (7.b.) on Health Professions Council, stating that *"the health professionals who get more than two written warnings due to violation of patient rights practices or ethical principles, or who are applied disciplinary action in accordance with the relevant legislation are subjected to training programs on patient rights or ethical principles*". In this legal regulation, the emphasis on the training regarding patient rights or ethical principles upon mistake of the health care professional is very important.

Examining the Patients' Rights Directive and other national and international regulations, it is seen that "communication" is mostly discussed under the title of "giving information". Important clues are included in these regulations on how to provide information to the patients. Mainly, it is focused on helping the patient to "understand". Otherwise, it is not possible to talk about concepts like clarification of the patient, and patient autonomy.

### 2.2. Providing Information – Briefing

Article 18 of Patients' Rights Directive on "Procedure of Providing Information", is regulated as "*Information is provided as simple as possible, without causing hesitation and doubt, according to the patient's social and cultural level, in a way that he can understand*". The communication with the patient is clearly is described in this article. Accordingly, first of all, the message should be "*simple, without causing hesitation and doubt*". It should be paid attention that the message has a clear meaning and is not complex. The right way to communicate has been emphasized with the description: "*according to the patient's social and cultural level*". In Article 39 on "Respect for Human Values and Visiting", it is stated that "*The patients are entitled to benefit from health services in accordance with personal values and in suitable environment. All personnel involved in health care must behave friendly, courteous and compassionate to the patients, his relatives and visitors, and in accordance with the provisions of this Regulation and other legislations on health care*". Here, it is again emphasized that the health care personnel must behave "friendly, courteous and compassionate" not only to the patients but also to his relatives and visitors. Again the way of transmitting message is emphasized; in other words the relation level of communication stands out more here.

The Medical Code of Ethics which came into force in 1960 in Turkey states that *"it is not permissible for the doctors and dentists to demoralize the patient or their relatives or to say ambiguous and suggestive things that may cause hesitation and doubt for them"* during briefing about the result (Article 26). Here, it is emphasized that the message should carry "definite" statements.

In September 1995, Lisbon Declaration on Patients' Rights has been reviewed in a meeting held in Bali, Indonesia by the World Medical Association, and then Bali Declaration has been published. In "Right to

Information" section (7.c.) of the declaration, it is indicated that "Information should be provided in accordance with the local culture and in a manner that the patient can understand"; this demonstrates the importance given to understanding of the patient. In addition to this, under the "Information" title (2.4.) of European Declaration on the Promotion of Patients' Rights, also known as Amsterdam Declaration, it is declared that "*The information should be provided in a manner appropriate to the patient's capacity to understand and minimizing the use of foreign technical terminology. Translation may be done it the patient does not speak a common language*". Again here, a patient-centered approach and focus on the importance of understanding of the patient draws attention.

In the Declaration of the Patients' Rights (Turkish Medical Association, 2010: 12), the emphasis on "*…informing the patient in a manner that they can understand*" attributes importance to the patient's understanding. It is emphasized in regulations that the health care personnel who provide information in their own style are not communicating in a right way and they even cannot get rid of their information obligation. The most important point here is that in communication with the patient, the content of messages is as important as friendliness and courtesy. As a conclusion, the health care personnel have the obligation to ensure that the patient understands the information related to himself. The communication skills of health care personnel will provide an important contribution to the patient's "understanding".

### 2.3 Informed Consent and Communication

In the case of more serious health problems such as patient's hospitalization, any medical intervention, etc., the problems due to information shows itself mostly in informed consent. Informed consent may be considered to be the most concrete indication of patient autonomy leading to the legal regulations. This section will focus on communication and how "information" should be provided.

One of the topics discussed often are "providing information" before the surgery. Providing information is not an invention or success of modern times. On the contrary, as an indicator of a responsible physician behavior, it has been an important part of daily surgical practice for a long time as an informative, descriptive and soothing speech between a patient and doctor before the surgery. In western countries, it is even legally required since 1892 (Engelhardt, 2000: 192).

But in Turkey, we face a problem on how informed consent will be done and its scope. Since a major part of the medical language consists of foreign terms, that causes new challenges for doctors and researchers when informing the patients. The consent process becomes no longer valid when the patient does not understand or he is not fully informed and clarified (Aydın, 2006: 21).

The authors (Cegala and Broz, 2003: 113) state that many doctors could not fully demonstrate proficiency during face to face interview with the patient and evaluate the performance of nurses likewise. Their determination on the main problem is timelessness due to tasks of which borders are identified with instructions or lack of skill.

The success in diagnosisis and treatment depends on the positive relationships established with patients (Cirhinlioğlu, 2001: 59). The success of providing information is also through a good communication. Health care staff is undisputedly the party who should be successful in communication. Because the patient is in the lack of knowledge and he is the subject of the medical intervention.

Article 26 of the Code of Professional Ethics of Medicine gives clues on how providing information will take place during informed consent: "*Information should be provided according to the cultural, social and mental situation of the patient. Information should be provided in a way that can be understood by the patient…If informed consent is received under pressure, with threats, or via deception, it is invalid*".

The Declaration of Informed Consent of Turkish Medical Association adopted in 2008 also puts forward that "*Information should be provided according to the cultural, social and mental situation of the patient*", and the "age" factor has also been included in the points to be considered during informed consent.

Examining the Disciplinary Regulations of the Turkish Medical Association, in paragraph (s) of Article 4 regulating the "fines", it is stated that "*Medical intervention without receiving the patient's informed consent in a proper manner*" is one of the reasons for "fine".

Awareness on providing information will ensure to get the consent in a right way. While providing information, it is not given much importance to the understanding of the patient (or their relatives). However, it the person will be provided information, he should have fully understood what is told to him. Therefore, providing information is a more troublesome and

time consuming action when compared to just letting know. Asking the patient to read the printed documents and expecting him to understand the issue will not work most of the times. For these reasons, it is very important that information is provided to the patient by the health care professionals who will make the medical intervention, using the correct communication techniques.

**CONCLUSION**

Within the context of patients' rights, it is observed that there are important regulations on communication efforts with the patients. These regulations include statements such as “how to communicate” and “what to pay attention in the content of the message”. The patient's "understanding" is taken as a basis. In spite of the existence of the communication related sections in the regulations, dissatisfaction is observed in some patients when we examine the research results and the complaints to the patients' rights system.

The reasons may be the use of medical terminology and corporate jargon, the working conditions of medical staff, lack of communication skills, and patients' mental-physical-socio-cultural circumstances. The patient's past experiences, prejudices, fears, expectations, concerns, and capability to understand himself is also highly effective. But in any case, the health personnel should use their communication skills to inform the patient, and to relieve them. If he cannot provide this himself, he should get help from other health professionals. The most important issue to note is the fact that the efforts made to ensure the understanding of the patient is not only a good human characteristic, but also an obligation given to health personnel by legislation. Good communication established with the patient is both to the benefit of the patient, and of health care in terms of ethical and legal aspects.

In recent years, the hottest topics in health care are: how will be the communication between the medical staff, patients and their relatives, what kind of rules shall be adopted, etc. Many ideas and approaches have been suggested on this issue. The understanding of "there is no disease, there is patient", which is considered to be the basis of medicine, offers a perspective on how to communicate. Therefore, it will not be the right approach to formulate the communication efforts to be established between the patients and health care personnel in a limited scope. Because,

socio-demographic characteristics of individuals, the urgency of the circumstances, pain etc. will directly affect the method of communication.

In our country, some problems may occur in providing information to patients, in selected words, in the intonation, in details, and in the use of body language. There are also some cases where no information is provided. Is seen even in cases not provided any information. The large number of patients, time problem, and the physician's attitude may be listed as the reasons.

If people suffering from the same disease react differently, this may also reflect on understanding and compromising zone. The characteristics of people, the way they cope with the disease is different; as well as their beliefs, social and cultural experiences, perceptions, etc.; for this reason, health care personnel should pay attention to those kinds of data about the patient. Of course, they should adopt the universal communication behavior, but they should also choose the way of information according to the circumstances of the patient. It should be noted that the approaches such as “That's my style; I do not care if he understands or not” will neither provide any benefit to the patient, nor to the health care personnel. Briefly, determining an information providing style according to the other person will also be in accordance with the principle of “there is no illness, there is patient”.

When we look at the regulations in the field of health, reference to the two key aspects of communication is noteworthy. There are two important dimensions of communication which one should do in order to understand each other. The first is to determine the content of the messages when contacting with the others. The second is the way the message is delivered to the recipient. If both do not complement each other, then it will be difficult to attain the desired communication success.

Briefly, health care personnel who are expected to have a good communication skill should be subjected to communication education at all stages of health education. Besides, in-service training focused on practical implementation should also be organized in order to gain communication skills.

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