

DOCTORS

# Teaching Doctors the Art of Negotiation

By Dhruv Khullar, M.D. January 23, 2014 12:30 pm

By the time I rushed to his room, my patient had already ripped out his I.V., packed his knapsack and was making his way to the door, his hospital gown, on backward, flapping like a cape over the jeans he had hurriedly slipped on. He told me he felt fine now, after coming in feverish and sweating a few nights back, and despite his poorly controlled H.I.V. and the strong possibility that the lump in his neck was lymphoma. We had been waiting several days for the biopsy results, but now he had had enough.

“I’ve got things to do,” he declared. “Call me when you know.”

“Wait! We, uh, almost...” I stammered. He glared at me and continued his bare-chested charge toward the door.

Just then the attending physician arrived and calmly approached the patient. He offered him a glass of water and asked if they could chat for a few minutes. Patients leaving A.M.A., or against medical advice, were not uncommon on this floor. The attending had practice. It showed.

He said he understood the patient’s frustration, apologized for the delay and promised to call the doctors in the pathology department to see why the test results were taking so long. He asked where the patient was planning to go, why he felt it so important to leave and offered to connect him with social services that could help take care of things outside the hospital. He grabbed a napkin and drew a quick sketch

explaining how his disease would likely progress and the many risks of leaving without treatment.

“All right doc, I’ll give you a couple more days,” the patient finally said. Together — in white coat and gown-cape — they strode back to his room.

Doctors negotiate every day, almost constantly — sometimes dramatically, often imperceptibly. They hold family meetings to resolve sensitive end-of-life issues. They address barriers to medication adherence. They encourage patients to receive uncomfortable screenings like colonoscopies and mammograms. They refuse treatments that are requested but not medically indicated. Yet they receive almost no formal instruction in how to do so.

Dealing with medical colleagues creates an additional layer of negotiating complexity—especially in busy academic centers with competing demands on specialists’ time. Medicine is increasingly a team sport. In 1970, only about 2.5 full-time clinical staff cared for the average hospital patient; today, that number is greater than 15.

Doctors consult other doctors many times a day to discuss potential treatment options and decide on the best course of action. They work closely with residents, students, nurses, physician assistants, care coordinators and others to implement those plans. At each interaction, opportunities for collegiality and efficiency — or rancor and resentment — abound. That can mean the difference between a timely or delayed blood draw, accepting or refusing a consult, or getting those biopsy results today versus tomorrow.

Recognizing the importance of negotiation, medical schools are starting to invest in communication training for students — and it seems to be paying off. Research suggests communication training can improve patient adherence, diagnostic accuracy and chronic disease management. But good communication, by itself, is only part of the solution. We need to teach doctors how to negotiate.

Negotiation, in this context, is not about winning or losing, or haggling over price or scarce resources. It’s about exploring underlying interests and positions to bring parties together in a constructive way. It’s about creative, innovative thinking

to create lasting value and forge strong professional relationships. It's about investigating what is behind positions that may seem irrational at first to understand the problem behind the problem.

The medical profession is no longer one in which doctors dictate a given treatment course to patients, who are then expected to follow it. Rather, clinicians and patients deliberate about treatment options, weigh costs and benefits together, and determine the best course of action. This approach requires eliciting patient concerns and addressing underlying fears to arrive at the most effective strategy for maximizing health and well-being. As diseases like H.I.V. and some cancers that were once uniformly fatal become chronic conditions, and a greater diversity of treatment options becomes available, the ability to negotiate long-term care plans will only grow in importance.

Physicians are also increasingly assuming leadership roles. They are expected to negotiate with a vast array of third parties, including health plans, governments and pharmaceutical companies. Health care changes double down on this expectation. The Affordable Care Act creates incentives for doctors and hospitals to band together to create networks known as Accountable Care Organizations — provider groups responsible for caring for an assigned patient population. Under new Medicare rules, providers can be paid less if they have low patient satisfaction scores or excessive readmissions. As quality metrics and cost-effectiveness play a larger role in reimbursement, physicians will need to negotiate with governments and insurers to establish fair and reasonable performance measures.

Each medical encounter, then, becomes a multiparty mini-treaty signed by doctor, patient and family members — and sometimes, consulting physicians, ancillary staff, insurers, hospitals and governments. Law, business and public policy schools all offer classes in negotiation, recognizing the interdisciplinary and interdependent nature of their professions. Isn't it time medical schools did, too?

---

*Dhruv Khullar is a dual degree candidate at the Yale School of Medicine and Harvard Kennedy School, where he is a fellow at the Center for Public Leadership. Follow him on Twitter: @DhruvKhullar.*

