



The dance of the medical consultation

The doctor and the patient often start a consultation with different rhythms and conversational patterns, and then after a few minutes, they start to achieve a shared rhythm and common ground. The speech rates tend to equalise, and sometimes the hands and body movements may synchronise. It is part of the way in which we are hardwired to unconsciously mirror (called motor mimicry) the behaviour of other human beings.

This happens when you draw the anxious patient into your own rhythm (provided that you are not in a bad mood yourself) and help to slow things down a bit. We are often hardly aware that we are doing this. The author, Malcom Gladwell, calls these manoeuvres “super-reflexes”. Our body movements then start to follow the conversation. This is called interactional synchrony, and occurs when the movements of the doctor’s and patient’s hands and bodies are synchronised with the conversation. It is the start of the dance of the medical consultation.

Sometimes it takes longer to synchronise with someone from a different culture or background owing to cultural microrhythms. It can take quite a while for the doctor and patient to get onto the same wavelength and to synchronise their footsteps.

Toes can be trodden on owing to a mismatch of agendas. When this occurs, the words are often dissonant and the movements discordant. According to the theory of neurolinguistic programming, even very small movements can be perceived and used as a turning point, where the doctor or patient changes direction on the dance floor. A microsmile, taking no more than a few milliseconds, can start the change and transmit good emotions and feelings that are detected by the patient or doctor. This helps to coordinate the dance. In this way, some doctors become what is referred to as “senders”, in other words, more emotionally contagious than the rest of us, and able to influence patients to change their behaviour and reflex reactions.

The dance of the consultation starts with the handshake. When the patient enters the room, the doctor rises from his or her chair and

walks forward and shakes the patient’s hand with both hands. One hand is placed around the patient’s wrist, and the other gently, but firmly, within the patient’s palm. The doctor is the leading partner. The handshake can be held for just that little bit longer and provides the added connection of touch.

During the consultation, the doctor may find him- or herself leaning forward too much because of having to concentrate or because of tension. He or she needs to lean back in the chair to allow the consultation and dance to flow more easily.

The dance of the physical examination starts with the patient placing his or her left hand in the right hand of the doctor and being led up the stairs to the examining couch. This is followed by the double-chassis turn onto the bed and the start of the rituals with the stethoscope, the patella hammer and the shaking-like castanets of the tuning forks. The music is provided by the slow rhythms of breathing, the intestinal drums, and the pulses and murmurs of the heart.

At the end of the dance of the medical consultation, the doctor rises from his or her chair to accompany the patient to the door. The doctor places his or her right hand gently, but firmly, behind the left upper arm of the patient to guide him or her into the outside world.

I find that some of my consultations are slow foxtrots, while others are fairly brisk tangos. As you know, much of medical practice consists of listening to the music and getting the footwork right.

Dr Chris Ellis

Family Physician, Pietermaritzburg, KwaZulu-Natal

e-mail: cristobalellis@gmail.com

A new book by our columnist, Chris Ellis, entitled *Out of Chaos Comes a Dancing Star: Notes on Professional Burnout*, aims to help doctors suffering from burnout. Details can be obtained from the author’s website, www.lastoutpost.info/