Commentary

Writing to our patients

The information we need to impart to our patients is often complicated and difficult for them to understand. Details concerning their medical disorder and its management need to be concise, accurate, easily understood, and remembered.

Eye care services are now largely outpatient based and in many countries consultations are necessarily brief, with limited time for satisfactory communication, sometimes resulting in the omission of important information. From the patient’s point of view an outpatient appointment can provoke considerable anxiety and it is common for patients to leave a consultation without remembering what was discussed. This is particularly true for the elderly, for whom hearing impairment and memory problems can compound the difficulties. It is well recognised that the amount of new information that can be retained after verbal communication alone is limited. It has also been reported that patients receiving personal letters outlining their consultations are more satisfied with the amount of information given and have greater and more accurate recall of the consultation. Additional communication by writing to our patients can therefore go a long way towards addressing these problems.

Word processing provides the opportunity to write to our patients utilising a size and style of print that we know they can read without difficulty. For practical purposes, point size approximates to the near reading acuity value, with N14 and point size 14 (Times New Roman), for example, being equivalent. Bold face print with a wide letter format in a point size significantly larger than the acuity threshold facilitates reading for the visually impaired patient. A laminated sheet offering a choice of font styles and print sizes allows our patients to choose the most suitable print for them.

Disorders of the visual system in children are a particular source of anxiety for parents. Not only do such parents want to know as much as possible about the disorder, its aetiology, and treatment, they also need to acquire a thorough understanding of all the measures they need to take to help their child. It is also recognised that parents, immediately upon being told that their child is significantly visually impaired, tend to go into a state of shock and are consequently unable to retain further information. Written communication with parents subsequent to the consultation allows many of these concerns to be addressed. The provision of copy letters which parents can give to other professionals working with the child allows the distribution of relevant information to appropriate parties without concerns about confidentiality. The parents’ role of advocate on behalf of their child is also enhanced.

For many people with eye disease, particularly if vision is threatened, fear of the unknown is a major cause of stress and anxiety. Carefully structured correspondence, written in a format that can be read easily and understood, can significantly enhance the management of many of our patients.

G JAYAKRISHNA MENON
GORDON N DUTTON
Tennent Institute of Ophthalmology, Gartnavel General Hospital, Great Western Road, Glasgow