Consultation Etiquette

Starting consultations well

- Meet your patient standing, offer a handshake and introduce yourself as doctor [surname].
- Address your adult patient as Mr or Mrs or Miss [surname] unless they ask that you use their first name.
- Ask the patient to please take a seat.
- Ask the patient how you may be able to help them.
- Remember the ninety second rule: allow the patient to speak uninterrupted for at least ninety seconds or longer until they have finished. It will save you time in the long run.
- Do not start interrogating the patient – ask open-ended questions that invite the patient to expand on their concerns.
- Before starting any examination explain what you need to do. If a patient needs to disrobe, provide screens and sheets for modesty. Also offer the services of a chaperone if required.
- Wash your hands at the completion of any examination or at the end of the consultation, and not immediately after the welcoming handshake with the patient.
- Except during a proper examination, where the purpose of the examination has been clearly explained to the patient and they have consented, it is usually inappropriate to touch any patient except by a handshake.
- Write up patient notes while the patient is in the room. Do not wait until after the consultation to update their medical record. Your recollection of the discussion may not be accurate after the fact, and you will not have the opportunity to confirm your conclusions with the patient.

References
1 Makoul G, Zick A, and Green M: An Evidence-Based Perspective on Greetings in Medical Encounters. Arch Intern Med. 2007

Further Reading
Gevirtz S. Shaking Hands - Temple Education August 2009 <http://www.temple.edu/chain/1_ gevirtz.html>

Disclaimer
This is general information relating to legal and/or clinical issues within Australia. It is not intended to be legal advice, nor and should not be considered as a substitute for obtaining personal and specific legal and/or other professional advice. Whilst we endeavour to ensure that professional documents are as current as possible at the time of their preparation, we take no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently. Avant Mutual Group Limited and its subsidiaries will not be liable for any loss or damage, however, caused (including through negligence) that may be directly or indirectly suffered by you or anyone else in connection with the use of information provided in this forum.

Clinical value of shaking hands

As well as helping to establish rapport, a polite handshake can also provide helpful diagnostic information. The sweaty hand of anxiety, the warm dry hand of thyrotoxicosis, the persistent clasp of myotonia, and the weakness or paralysis of neurologic disorders are well known examples.

© Avant Mutual Group Limited

'I was ushered into the doctor’s room. I stood in the doorway while he continued looking at a computer screen. I coughed to get his attention but still he didn’t acknowledge my presence. Feeling somewhat embarrassed I took a seat on the side opposite from him across his desk. He then made a telephone call about something to do with his car. Finally he looked my way after glancing at the file on his desk and asked ‘What brings you to see me?’ From that point on things seemed to go from bad to worse. I was becoming increasingly agitated while he seemed oblivious to any need for the common courtesies. Well before I received a prescription I had determined not to ever come back to this rude man.’ – Patient story

Complaints and claims against doctors usually contain a core of communication failure. When things go wrong patients are far less likely to make a fuss if they feel that they have been given information and treated with courtesy and respect.

Formality, good manners and establishing good rapport

With new patients particularly, but also with those you know well, the beginning of a consultation is the most important part of the encounter. Yet some doctors – possibly through boredom or ignorance – neglect what is simply good manners.

Patients expect a degree of formality during a visit to the doctor. Without a proper introduction and greeting it seems inconceivable that a patient would willingly consent to having a rectal examination a few moments into the consultation.

A 2007 study of the use of greetings in medical encounters found that 78% of respondent patients wanted the doctor to shake their hand. Fifty-six percent preferred the doctor to introduce themselves using both their first and last names, and 50% wanted the doctors to call them (the patient) by their first name.1

These attitudes vary little across cultures, although occasionally a patient may not accept an outstretched hand because of pain, or personal or religious reasons. Others may wish to shake hands repeatedly during the consultation. The key rule for shaking hands with patients is to offer your hand only if you perceive it is a comfortable thing to do for you and the patient. It is important to remain aware of non-verbal cues that will indicate a patient’s level of comfort for both formal and informal greetings.

Experimental Ophthalmology (Online Early Articles). doi:10.1111/j.1442-9071.2006.01383.x