

Communication skills of specialist doctors

I read with insight the publication "Communication skills of specialist doctors: Assessment with SKAF Scale a new tool"¹, recently published in Pakistan Journal of Medical Sciences.

I would like to appreciate the pioneer endeavor of the authors to quantify a non-physical quality of Communication Skills. I further want to add that Communication Skills come into play in history-taking process by the physician too. Unlike other components of communication skills that basically have a psychological effect on patient's satisfaction; history-taking has a physical effect on patient's well-being. Improper history-taking many a times, has adverse effects on patient's management.

Moreover, a physician should not only prescribe and treat the patient, but also explain the patient of the disease he/she is suffering from. The entire process and outcome of the treatment should be briefed to the patient too. My reason accepts the idea that a well-informed patient's satisfaction will also increase after knowing the nature of his/her problem and treatment and would be assured of doctor's up-to-the-mark aptitude. If a doctor does not explain the patient his disease and treatment, the doctor might be suspected for quackery.

In this manuscript, females scored better on SKAF scale. The authors rightly argue that this could be due to better command of females on talking¹. However, the larger determinant for this difference could be more sensitive, emotional, sympathetic and empathic nature of women, as previous studies have reported women to be more emotional than men²⁻³. Women communicate better as health care providers out of their innate altruistic nature and love and care for humanity.

Furthermore I'd like to comment that as communication skills and physician-patient relationship also vary with race, ethnicity, language, socioeconomic status, workload, and workplace⁴⁻⁶, one cannot establish that lower score on SKAF Scale of those who did not attend workshop was *solely* due to lack of training. To establish this notion, other variables of culture, race, ethnicity, etc. need to be constant. But of course, it does point out that it might be *one* of the causes of their lower score.

Lastly, this was a thoughtful paper that caught my sight and made me get my point-of-view across.

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