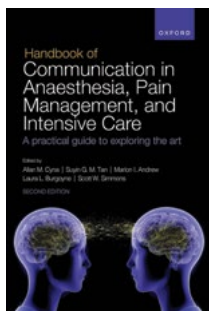


Book review

Handbook of Communication in Anaesthesia, Pain Management, and Intensive Care: A practical guide to exploring the art

Authors and Editors: Allan M Cyna, Suyin GM Tan, Marion I Andrew, Laura L Burgoyne, Scott W Simmons
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The first edition of this book was published in 2011. This second edition has been edited and updated to include communication in pain management and social media.

The book is clearly set out into five

sections: (1) principles of communication; (2) routine clinical applications; (3) specific clinical contents; (4) communication with colleagues; and (5) advanced communication techniques. Twenty-five authors from a range of specialties contribute to the individual chapters. It is acknowledged that none of them are general practitioners (GPs).

At first glance, this publication seems more relevant to anaesthetists and critical care or pain specialists; however, the sections set out principles of communication structured for a raft of clinical scenarios. Many of these are relatable to general practice.

Communication skills are taught in medical school, evolve during hospital practice and are then honed during general practice. Active listening, non-judgemental language and clear explanations underpin patient interactions in general practice.

However, GPs are less skilled in use of language therapeutically. This book outlines what is known as nocebo language – words

creating a negative expectation – and illustrates the impacts in a range of scenarios. Many vignettes are given. Alternative language, which might be described as therapeutic language, is offered and discussed.

Throughout the book, two concepts of communication are emphasised. LAURS – listening reflectively, acceptance, utilisation, reframing and suggestion – describes a process of gaining rapport. GREAT – greeting, rapport (using LAURS), expectation, addressing concerns and tacit agreement – is a template to structure any interaction. This is a more described approach than many GPs have learned but would greatly assist those at the beginning and indeed at all stages of their careers.

Of particular interest to GPs is the chapter on pain management. Patients experiencing chronic pain can contribute to some of the most challenging clinical interactions in general practice. Creative alternatives are substituted to the word ‘pain’, and some useful scripts are given to deal with patients who experience chronic pain. Reframing strategies are discussed in detail, and again detailed vignettes are given.

Those GPs who subspecialise in anaesthetics and obstetrics will find much to like here. Chapters on communication with colleagues, conflict resolution and education are also very useful. Reference to using language on social media has been included, which reflects increasing use in clinical work.

Some areas are not traditionally covered in texts on communication. Interprofessional communication, particularly in the event of an observed error, is discussed in detail. Ethical means of obtaining consent while avoiding nocebo language are covered in several of the chapters.

The book is quite densely written and somewhat repetitive but serves to emphasise the concepts and reflects the multiple authors.

Each chapter has an initial outline of its contents, with key points outlined at the end. There is referencing – at times extensive – at the end of the chapters.

There are no similar books on communication for general practice. Elements of language used in psychology, clinical hypnosis, sales and marketing are combined together with medical language by health practitioners with experiences in many disciplines of medical practice. Although the intent of the book is primarily for anaesthetists – and this is clearly stated – there is much that GPs can gain from this book for use in everyday clinical practice.

Author

Penelope Dargaville MB BS, FRACGP, M Clin Ed, Dip Clinical Hypnosis, General Practitioner, Wellend Health, Adelaide, SA; General Practitioner, Drs Health SA, Adelaide, SA; Committee Member, South Australian Society of Hypnosis (SASH), Adelaide, SA; Examiner, SASH, Adelaide, SA

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correspondence ajgp@racgp.org.au