

**Dr. Mark Weinert**



# The 1-Minute-Doctor



A stylized illustration of a stethoscope. The tubing is dark teal, and the earpieces are light teal with dark teal tips. It is positioned on the left side of the cover.

**Dr. Mark Weinert**

A stylized illustration of a stethoscope. The tubing is dark teal, and the chest piece is light teal with a dark teal center. It is positioned on the right side of the cover.

# The 1-Minute-Doctor

**Communication Made Simple**

**The Practical Guidebook  
for People in Healthcare**



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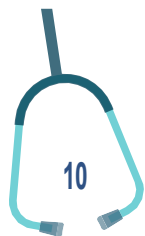
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## Preface to the English Edition



Though often overlooked, and routinely understated, the importance of effective communication in the breakneck-paced world of medicine cannot be overstated. Whether between a physician and patient, amongst interdisciplinary medical teams, or within the broader orbit of the healthcare umbrella, high-quality communication remains the bedrock upon which successful treatment and compassionate care are built. It is with great pleasure that I introduce *The 1-Minute-Doctor*, a comprehensive exploration of communication in the medical field by my friend and communication mentor, Dr. Mark Weinert.

As a physician, I perform high-risk, complex interventional procedures often in patients with advanced malignancies or with immediately life-threatening illnesses. As such, I face challenging conversations on a near daily basis with patients and their families who entrust their care to me at their most vulnerable stage. I provide unfavorable diagnoses when necessary and disclose adverse events that occur under my care, and the expectation is that I am able to communicate with grace, humility, honesty and integrity. Similar qualities are imperative during interactions with colleagues within the care team. While achievable, effective communication requires effort and intention.

This book provides an insightful blend of sociologic theory and practical scenarios from real world medicine, addressing the full spectrum of communication in the healthcare domain. From the intimate, one-on-one conversations with patients to the complex dialogues that occur within multidisciplinary teams, to the intricate interactions with mass media and legal representatives, this book encompasses the variety necessary to understand the nuances of such delicate interactions.



*The 1-Minute-Doctor* is written in a conversational tone, making even the most challenging concepts mentally digestible and engaging for all readers, particularly those entrenched in the demanding realities of medicine.

Real-life experiences permeate this work, providing physicians with invaluable, actionable insights that can be applied directly to their daily routines. The case studies and examples discussed within these pages will resonate with practitioners at every stage of their careers, offering both guidance and inspiration. Dr. Weinert's deep understanding of the medical profession, combined with his unwavering commitment to improving patient care through better communication, shines throughout this book.

This work should function as an invaluable resource for all healthcare professionals who strive to enhance the quality of their interactions with patients, colleagues and interrelated personnel alike. I applaud Dr. Weinert for his exceptional work and masterful ability to simplify the complicated dance of communication within the medical field. His ability to weave together scientific rigor with the human element of medicine makes this book not only informative but also profoundly human.

May this book serve as a guide to fostering deeper, more meaningful conversations in medicine, and ultimately, to improving the lives of those we care for.

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## Foreword

### Words are an instrument

Words and their mere meaning can do wonderful things and be terrible at the same time, because they aren't a solo instrument but one of many embedded in an orchestra called communication.

This orchestra can achieve great things or even cause great damage because wrong tones can quickly make a song sound crooked or unintentionally different, and a botched concert can even cause one to question the entire concert hall. Where would wrong tones of communication have a more serious impact professionally than in high-risk areas such as aviation, a nuclear power plant or medicine?

As a physician, I've been working in high-risk medical areas for almost 20 years, cared for people in the resus room, in the intensive care unit and operating theatre, saved lives and lost people to death, accompanied the dying and cared for relatives, experienced thousands of stories and certainly made just as many decisions that then had to be explained in discussions under the most varied circumstances and in the most varied situations. Today, I also face many communication challenges as a chief physician and the associated leadership role, and regardless how different the examples described here may be, they have one fact in common: success and failure are always significantly dependent on the type of communication. This book conveys in a refreshingly colloquial way what matters in medical communication: that there is more to it than simply the spoken word.

Why is it important to distinguish between empathy, compassion and pity? To what extent do emotions play a role and can communication really be learned? What is closed-loop communication, how can I best give feedback, and how can I succeed in being quick-witted despite being in danger of being torn apart for a moment in a discussion?

With the help of practical examples, doctors will quickly find themselves in situations that are familiar to them from everyday life. All essential topics are covered and all essential questions about communication in medicine are answered. Among other things, the book deals with communication in emergency management and the communicative aspects of the doctor-patient relationship, including tips and tricks for managing employees, conversations with relatives, addresses communication with the media and lawyers, and so much more that many would have wished for in medical school.

The author Dr. Mark Weinert benefits from the fact that he himself is a specialist in anesthesiology in a leadership role as a senior physician. His obvious intuition and keen interest in communication in the sensitive environment of medicine are palpable throughout every chapter of his book. Mark wanted to know what good communication was all about from the very beginning. The deficits in medical training on this topic were already fully clear to him early onwards but accepting them was not an option. He therefore embarked on extensive research, committed to a comprehensive and long-term education in various aspects of communication. To this day, he actively applies his knowledge as a presenter in teaching settings and as a trainer in medical simulation centers. The accumulated knowledge gives this book a strong scientific foundation, which beyond the content of everyday experiences, once again consciously brings irrefutable, almost unmasking truths to light: you can't not communicate, and you can learn to communicate.

In order to achieve the intended effect, our instruments must be mastered individually and – like in all other orchestras – in their interplay, regardless of which role one takes on at the respective moments. This book will benefit anyone who is looking for a successful summary, regardless of the current level of training, who enjoys real-life examples and the possibility of gaining deeper insights into the fundamentals of communication.



## Foreword: Words are an instrument

I am grateful for this book, in which Mark easily succeeds in placing the art of communication in medicine where it belongs in terms of its everyday importance: at the center of our actions.

***Sebastian Casu, MD***

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Chief Physician Clinical Emergency and

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## Why at all be bothered? Can't everyone communicate?



**Introduction:** In which I will tell you what I will tell you before I tell you. It should make you curious. I will give you information, opinions and ideas to think about, and to put into practice, seasoned with a pinch of humor.

**"The biggest problem with communication is  
the illusion that it has taken place."**

*George Bernard Shaw*

**"Everything good in life - a cool business, a  
great love, a powerful social moment -  
begins with conversation. Talking to each other, one-  
on-one, is the most powerful way for people to tune in  
to each other. Conversation  
helps us understand and connect with others in  
a way that no other species is capable of."**

*Daniel Pink*

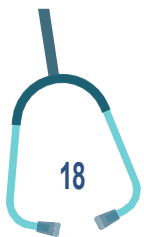
**"A sick person's life can be shortened not only  
by a doctor's actions, but also by his words and  
behavior."**

*Founding document of the American Medical Association from 1847*



Assume you can do magic. You can change and create reality with your magic spells. You can cause physical changes in the world with words. A tempting thought? Well, you can. Don't worry, this isn't an esoteric book. When we say something, our thoughts become electrical signals that cause physical muscle movements in the speech apparatus. This in turn generates sound waves, which are converted into electrical signals in the auditory apparatus of the other person and transmitted via the auditory nerve to the acoustic region of the brain. The other person heard what you said. When enough significance is attached to the circular excitation in short-term memory and the information passes into long-term memory with the help of the hippocampus, new connections are made between neurons, and you have changed matter with words. However, that's not all: depending on the meaning and how the other person attaches to our words, even more can change. He takes the medication, or he doesn't. He stops smoking, or he doesn't. He yells at us, or stops. He doesn't get it up anymore. What do you mean? You've read that correctly. Words have an incredible power. They can have a decisive influence on our lives and the lives of others. The placebo effect is commonly known, accounting for up to 80 percent of an effect, depending on the disease and the grade of intervention. The nocebo effect<sup>[1]</sup> is less known but equally important, as the evil twin of the placebo. Silvestri's study included men aged about 50 years old who had been newly diagnosed with hypertension. The study had three intervention groups, and all participants received a beta blocker and were asked to report any side effects that occurred at their next appointment. The difference was what they were told when they were prescribed the new medication.

In the first study group, the patients were given the drug by the physician, and he said the following: "You'll be given a medication to treat your high blood pressure."



3.1 percent of study participants reported erectile dysfunction at the follow-up visit.

In the second group, participants were told: "You're being given medication for your high blood pressure. This is a beta blocker." 15.6 percent of study participants reported erectile dysfunction at the follow-up visit.

In the third group, the message was: "You've being given medication for your high blood pressure. This is a beta blocker. It can cause erectile dysfunction as a side effect." 31.2 percent of study participants reported erectile dysfunction at the follow-up visit.<sup>[2]</sup>

All three groups hadn't received a beta blocker, but simply a placebo. Those who had reported erectile dysfunction as a side effect received Sildenafil (Viagra®) as therapy. There were two groups here: one group received a placebo, the other Viagra. Both therapy groups were equally successful in treating the side effect. You can do magic with words, and make a major difference with them, or not. This book deals with special situations in which we communicate with other people. Situations that you won't find in every book about communication. I sincerely hope that you will get the most out of these words.

Everyone can speak, except for people who have speech impairments. Most of us can walk, although there are people who run marathons and others who run 100 meters in less than 10 seconds. Essentially, it's the same movement, just faster or farther. It's similar with speaking: we all can talk, it's just hard to get people to listen to you. It's even more difficult to make them grasp what you're saying, and harder still to get the other person to do what you want him or her to do. Just like with running, it's possible to improve considerably with just a little more knowledge and appropriate training. So why is it important to communicate better? Because everything's at stake. We

can't "not" communicate, as Paul Watzlawick rightly wrote, but we can do things right or wrong. Good communication is the oil that keeps the gears running in interpersonal relationships. In the same way, bad communication is like sand in the gearbox.

However, before we start, let me tell you a story. Who am I to tell you about communication? I'm a physician from the last millennium, by background as an anesthesiologist, intensivist and emergency physician. Anesthesiologists aren't necessarily known for talking to patients very much. They usually inject the white stuff and then the others don't talk. Some anesthesiologists think that's particularly good and that's why they chose that specialist field. However, the fact is that anesthesia is more than that and can come with sometimes very rare complications. In the event of an emergency, the correct response must be made very quickly. To train this from early onwards, anesthesiologists began to practice emergencies and incidents in a simulator, like pilots in a flight simulator. The anesthesiologist enters the operating training room, and there lies a manikin, that – depending on the manufacturer – has a lot to offer, such as various medical procedures that can be performed on it or different complications that might occur during an operation. The anesthesiologist who is the main participant of the scenario is called the hotseat because he is in the focus. He gets a briefing on what to do, for example: "This is Mrs. Heiner, she's here on vacation and has come down with acute appendicitis." The anesthesiologist then performs the anesthesia, and he knows something terrible is about to happen, and that's exactly what will happen. There is a complication, and he must react to it, under great time pressure. In addition, the whole thing is filmed from several camera perspectives and discussed in detail in the debriefing after the scenario.