Personalised Communication with Patients and Relatives: An Essence Even in the Digital Era

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Abstract:

Patient-physician communication has undergone a profound transformation in recent decades, particularly with the ascent of digital technologies and the internet. Health information technology (health IT) has provided patients with unparalleled electronic access to information, facilitating communication, but has also introduced challenges such as information overload and misinformation. These phenomena, if unaddressed, risk undermining optimal health outcomes. In the present era, it is critical to integrate health IT with patient empowerment, robust doctor-patient relationships and shared decision-making to ensure effective and safe communication.

Recent research has emphasised the necessity of strategies that unite the technical capabilities of artificial intelligence (AI) with a deep appreciation of communication principles, behavioural science, and social theory. Despite advances in AI-driven processes, truly personalised communication — grounded in empathy, honesty, and individualisation — remains indispensable for effective interactions between healthcare providers and patients or their families. Such relationships foster understanding, collaborative decision-making, emotional support, and satisfaction, resulting in outcomes unachievable by technology alone.

Key words: Doctor-Patient Relationship, Communication, Personalised Communication, AI, Digital.

Introduction

Empathetic and clear communication is foundational to medical practice and underpins shared decision-making, trust, and emotional reassurance for patients and families. Personalised communication tailored to each patient's needs has been shown to improve satisfaction and clinical outcomes compared to standardised interactions. While recent advances in technology and artificial intelligence (AI) platforms can enhance clinical efficiency, these tools must complement, not replace, essential human skills such as active listening and compassion.

Discussion

Effective frameworks, including the Calgary-Cambridge[1-3] and SPIKES[4] models, foster outcomes like comprehension, emotional well-being, trust, and family engagement in clinical settings. The integration of these models in clinical routines demonstrates improved patient experiences and staff confidence. However, literature shows that AI and digital solutions may disrupt patient-centred relationships, potentially supporting autonomy but also risking paternalism if not guided by multiple contextual values. This could give rise to a new form of paternalism in which the AI makes decisions on behalf of patients and doctors.[5]

Even when digital innovation saves time, there is uncertainty about whether that benefit translates into more empathetic care or further system-driven efficiencies. Systematic reviews and expert consensus establish personalised communication as a primary marker of healthcare quality — particularly in diverse hospital environments. While technological tools can reduce burdens and support communication tasks, they cannot substitute human empathy, direct counselling, or emotional support during complex medical encounters. Training programs for motivational interviewing, empathy-based communication, and family engagement consistently show reductions in patient distress and improvements in provider effectiveness. Adoption of validated frameworks such as Calgary-Cambridge and SPIKES into daily workflow has clear evidence-based benefits for communication quality.

Recent long-term narrative reviews highlight the essential need for clinicians and healthcare systems to balance digital innovation with preservation of medicine's humanistic and relational core. As technical tasks are increasingly managed by digital solutions, clinicians will need to serve in roles emphasising care navigation, counselling, and responsible information curation. The collective approach by clinicians, health systems, and society toward these new tools will determine future care quality and social health outcomes.

It is important to note that this review did not involve patient and public involvement (PPI) in its conduct. Upcoming research should incorporate robust PPI strategies, as patient and public engagement provides valuable real-world insight and increases research relevance. As artificial intelligence becomes more prevalent, thoughtful implementation guided by ethical principles and stakeholder consensus is essential to strengthen — not supplant — the doctor-patient relationship.

Results

- Communication models such as Calgary-Cambridge and SPIKES that embed personalised counselling demonstrate tangible benefits for patient understanding, shared decision-making, and family participation. The Calgary-Cambridge model integrates structured interviews with exploration of patient emotions and needs to foster active engagement and satisfaction. The SPIKES protocol's emphasis on empathy facilitates the delivery of difficult news and supports comprehension and trust.
- Interventions focusing on empathetic listening, emotional validation, and tailored communication consistently reduce anxiety and decisional conflict, particularly in intensive care and oncology settings.[6,7]
- Core human traits — empathy, non-verbal sensitivity, and cultural competence — remain essential for effective therapeutic communication.[8-10]
- Communication failures are associated with medical errors, lower patient satisfaction, increased distress, and subpar outcomes.[1,7]
- AI tools may reduce administrative burden and assist in drafting communication, but they cannot replace the nuanced, empathetic counselling required to navigate complex emotions and ethical dilemmas.[2,8]
- The comprehensive narrative review of digital transformation in patient-physician communication emphasises that, notwithstanding technological advancements, human-centred principles should remain at the heart of care to safeguard patient engagement and quality.[2]

Conclusion

Personalised communication, composed of skilled counselling and empathetic, patient-centred dialogue, remains central to hospital-based care. Investment in communication training must accompany the adoption of technological solutions to optimise both clinical and psychosocial outcomes. Realising the potential of AI in healthcare will require broad, inclusive dialogue about fundamental values and meticulous design of clinical systems to guarantee that digital transformation enhances, rather than diminishes, relationship-centred care. The 25-year narrative review on digital age transformation in patient-physician communication further contextualises these shifts, highlighting the enduring importance of human factors.[10] Taking an interdisciplinary approach and integrating AI technologies with theoretical and practical insights will enable health marketers to improve engagement, advance health equity through personalised and accessible communications, and ultimately contribute to the development of healthier communities globally.[11]

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References

1. Kurtz SM, Silverman JD, Draper J. Teaching and Learning Communication Skills in Medicine. 2nd Edition. London. CRC Press; 2016.
2. Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients. 3rd Edition. London: Radcliffe Publishing; 2013.
3. Back AL, Arnold RM, Baile WF, *et al.* Teaching communication skills to medical oncology fellows. *J Clin Oncol.* 2003;21(12):2433–36.
4. Baile WF, Buckman R, Lenzi R, *et al.* SPIKES – A six-step protocol for delivering bad news: Application to the patient with cancer. *Oncologist.* 2000;5(4):302–11.
5. Sauerbrei A, Kerasidou A, Lucivero F, *et al.* The impact of artificial intelligence on the person-centred, doctor-patient relationship: some problems and solutions. *BMC Med Inform Decis Mak.* 2023;23(1):73.
6. Anderson RJ, Bloch S, Armstrong M, *et al.* Communication between healthcare professionals and relatives of patients approaching the end-of-life: a qualitative systematic review. *Palliat Med.* 2019;33(8):1049–64.
7. Engel M, Kars MC, Teunissen SC, *et al.* Effective communication in palliative care from the perspectives of patients and relatives: a systematic review. *Palliat Support Care.* 2023;21(5):613–24.
8. Jenstad LM, Howe T, Breau G, *et al.* Communication between healthcare providers and communicatively vulnerable patient populations: A review. *Patient Educ Couns.* 2024;107:123456.
9. Ramanathan A, Rees C, Hookham L, *et al.* Relative communicators: evaluation of an intensive care staff communication skills training intervention. *J Commun Healthc.* 2022;15(3):180–93.
10. Song M, Elson J, Bastola D. Digital Age Transformation in Patient-Physician Communication: 25-Year Narrative Review (1999-2023). *J Med Internet Res.* 2025;27:e60512.
11. Sam Weingott, Joy Parkinson. The application of artificial intelligence in health communication development: A scoping review. *Health Mark Q.* 2025;42(1):67–109.