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Case Report
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The Importance of Communication in Healthcare

João Pedro Augusto*[1], & Hugo Paiva[2]

[1]*Family Medicine Resident, Longara Vida Family Health Unit, Tâmega e Sousa Local Health Unit*
[2]*Family Medicine Specialist, Longara Vida Family Health Unit, Tâmega e Sousa Local Health Unit*

***Corresponding author:** João Pedro Augusto, Family Medicine Resident, Longara Vida Family Health Unit, Tâmega e Sousa Local Health Unit.

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Abstract

Introduction: *Communicating bad news is a complex process in clinical practice and requires specific communication skills to ensure that the emotional impact on the patient is minimized and that the information conveyed is properly understood. Inadequate communication may lead to negative consequences for patients and their families.*

Case Description: *A 34-year-old postpartum woman presented with a two-week history of left breast swelling, without inflammatory signs or systemic symptoms. During imaging examinations, the patient was repeatedly informed in an abrupt manner about a high probability of advanced-stage breast cancer, causing significant distress and anxiety. Based on the lesion description, she was urgently referred to an oncology consultation. However, subsequent investigations revealed a breast abscess which resolved completely after drainage and appropriate antibiotic therapy.*

Discussion: *This case highlights the psychological harm that may arise from inadequate communication processes, emphasizing the importance of structured communication strategies and the role of the Family Physician in patient-centered care.*

Keywords: Communication, Breaking Bad News, Health Care, SPIKES, Quality of Life.

Introduction

Communication in health care is a fundamental clinical skill and a tool that requires continuous training [1]. It is widely recognized as a determinant of health care quality, patient safety and clinical outcomes [6]. Clinical communication involves not only the transmission of information but also the ability to establish a therapeutic relationship based on empathy, trust and mutual understanding [4]. Effective communication enables health professionals to explore patients' beliefs, expectations and concerns, enhancing shared decision-making and promoting adherence to therapeutic plans [1-6].

Breaking bad news represents one of the greatest challenges in clinical communication and is particularly demanding from an emotional standpoint [2-7]. Bad news is defined as information that significantly and negatively alters a patient's perception of his health status or future prospects [2]. This process may involve communicating uncertain diagnoses, severe illnesses or potentially life-threatening conditions and is often associated with intense emotional responses such as fear, anxiety, sadness or anger [7]. For this reason, breaking bad news requires specific skills that combine clinical knowledge, emotional sensitivity and ethical responsibility [3-8].

The process of delivering bad news should be structured and tailored to each patient's individual needs (3,8). Several authors emphasize the importance of preparing an appropriate environment, assessing what the patient already knows and wishes to know and delivering information gradually and clearly [2,3]. It is also essential to recognize, validate, and respond appropriately to the emotions expressed by the patient, providing suitable emotional support [7-9]. Because of the complexity of this task, several communication support tools have been developed, including the SPIKES protocol, which organizes the process of delivering bad news into six key steps: setting up the interview, assessing the patient's perception, obtaining the patient's invitation, giving information, addressing emotions with empathic response and strategizing the next steps [3-9].

Despite the existence of well-defined theoretical models, communication skills continue to be insufficiently addressed in undergraduate and postgraduate medical training [1-6]. Consequently, many professionals rely primarily on personal experience to manage emotionally challenging situations, rather than applying structured strategies [6]. Inadequate communication may lead to significant consequences, including increased psychological distress, difficulties in adapting to illness and loss of trust in health professionals and health care institutions [7]. This impact often extends to family members and caregivers, especially in the context of severe or potentially fatal disease, where they play a central role in emotional support and decision-making [5-10]. In such scenarios, clear, consistent and empathetic communication is essential to prevent misunderstandings and support informed decisions [7-10].

Within primary care, the Family Physician holds a privileged position in addressing clinical communication challenges, due to the holistic perspective and continuity of care inherent to this setting [4]. In-depth knowledge of the patient's personal, family, and social context enables the identification of emotional distress, the clarification of information previously provided by other professionals and the restoration of trust when communication failures occur. Consequently, the development of effective communication strategies is an essential component of family medicine practice, in which continuity of care and patient-centeredness are fundamental pillars. [4-6].

Therefore, this article aims to present and discuss a clinical case that illustrates the emotional and psychological impact of inadequate communication [7]. Reflection on this case reinforces the importance of structured communication training in medical education [1-6] and highlights the central role of the Family Physician in promoting patient-centered care [4].

Case Description

A 34-year-old postpartum woman with a university degree in consultancy. She was married, living with her husband and newborn child and was in stage II of Duvall's family life cycle. She had no relevant personal medical history. Family history was notable for colorectal cancer and hypertension in her father and hypertension in her mother. She reported no alcohol or tobacco use. Her regular medication consisted of a progestin-only hormonal contraceptive, appropriate for breastfeeding.

The patient sought care due to a painful left breast swelling with a two-week duration without systemic symptoms. Physical examination revealed marked breast asymmetry and a hard mass with approximately 7 cm in diameter in the left breast, without local inflammatory signs. Given these findings, a breast ultrasound was performed, revealing a heterogeneous mass with irregular margins measuring approximately 68 × 32 mm, as well as multiple axillary lymph nodes with suspicious characteristics. According to the patient's account, during the imaging examination she was informed by the health professional that there was a "high probability of malignant disease" and that it was likely "advanced-stage breast cancer." These statements were reportedly made without prior assessment of the patient's informational preferences and without adequate explanation of the diagnostic uncertainty involved.

During the subsequent oncology consultation, physical examination revealed inversion of the left nipple, mastodynia and a breast mass occupying a substantial portion of the breast, but also a palpable axillary lymph node measuring approximately 2 cm. Additional imaging studies, including breast MRI and biopsies of the breast mass and axillary lymph node were performed, and the case was discussed at a multidisciplinary meeting. One week later, histological analysis of the breast mass revealed an abscess with no apparent signs of malignancy, while the axillary lymph node biopsy showed reactive lymphadenitis. Despite these results, diagnostic uncertainty persisted, and the patient reported ongoing distress and confusion, particularly due to the contrast between the initial communication by the radiologist and the more cautious explanations provided by the oncology team. The abscess was subsequently drained, and antibiotic therapy was initiated, leading to progressive symptom improvement. Repeated histological analyses confirmed an inflammatory process characterized by abscess formation.

During follow-up consultations with her Family Physician, the patient reported significant emotional distress and distrust. The initial manner in which information was given affected her perception of the future, generating intense anxiety. Equally, she highlighted the more cautious and empathetic communication adopted by health professionals in subsequent consultations, which contributed to partial restoration of trust. At present, the patient remains asymptomatic and continues follow-up in oncology, with discharge under consideration due to the absence of pathological findings on serial imaging studies.

Comments

The case described illustrates the importance of communication in health care, particularly in the context of breaking bad news. The way clinical information is conveyed has a direct impact on the patient's emotional state, perception of care quality, and trust in health professionals [1-6]. In this case, the initial communication of suspected malignancy was abrupt and occurred without prior assessment of the patient's level of understanding or informational needs, resulting in anxiety, distress and mistrust toward health care services [2-7].

The literature shows that inadequate communication can lead to substantial consequences, including increased anxiety, poorly informed decisions and reduced adherence to medical recommendations [1-7]. These effects may persist even when the final diagnosis is benign, demonstrating that emotional impact is strongly influenced by the communication process itself [7]. This underscores the need for a more structured training in clinical communication skills, particularly in managing uncertainty and delivering bad news [6]. The role of the Family Physician is particularly relevant in mitigating communication failures occurring at other levels of care. The longitudinal relationship and knowledge of the patient's personal context allow clarification of previously conveyed information and support emotional processing of the news [4-6]. The use of structured protocols, such as SPIKES, has been shown to reduce emotional distress and improve understanding of clinical information [3-8]. Effective communication involves not only providing information but also active listening, validation of emotions, and adaptation of the message to the patient's individual needs [2-8].

This case reinforces the need for effective communication in clinical practice, recognized as an essential competence of health professionals. Its absence may cause avoidable suffering for patients and families, negatively influencing future clinical decisions and adherence to care [1-7]. It is therefore imperative to invest in continuous and structured communication training, particularly in the empathetic, humanized and patient-centered delivery of bad news [6-8].

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