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# "The Anamnesis Interview is Molecular Biology of the Little Man"

## Paris Parasiris<sup>1</sup>, Tobias Mühling<sup>2</sup> and Felix Gundling<sup>2\*</sup>

<sup>1</sup>Department of Cardiac Surgery, Germany

<sup>2</sup>Department of Gastroenterology, Hepatology and Gastrointestinal Oncology, Germany



\*Corresponding author: Felix Gundling, Department of Gastroenterology, Hepatology and Gastrointestinal Oncology, Academic Teaching Hospital Bogenhausen, Technical University of Munich, Englschalkinger Str. 7781925 Munich

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#### **ABSTRACT**

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#### **Editorial**

Although the anamnesis interview should represent the basis of the doctor-patient communication, serious deficits might exist regarding its practical implementation. The main reasons are the frequent use of leading questions or time limitations by the attending physician. Examinations of anamnesis interviews by general practitioners revealed that on average patients were interrupted after 11 to 24 seconds [1]. In addition to the negative influence on the patient's overall satisfaction and adherence, ineffective medical communication often leads to a misjudgment of the main problem or to the use of unnecessary diagnostic and therapeutic procedures. In addition, misconceptions exist about medical terms and symptoms among lay people, leading to a risk of overconfidence or mistaken conviction of patients. We aimed to investigate the extent to which the subjective perception of patients differs from the objectifiable level of medical knowledge. Therefore, we performed a cross-sectional study to analyze healthliteracy of Inpatients using a standardized questionnaire consisting of 43 questions about common medical terms, clinical symptoms and frequently occurring diseases. Furthermore, we correlated patient's knowledge with biographical and socioeconomic factors for the association of the patient's medical knowledge with various potential influencing factors. A total of 196 patients (female 38%, male 62%, mean 63.5 years) were enrolled during in-patient treatment at internistic and surgical wards during the period 11/2011 - 05/2014.

Among all questions of the questionnaire, more patients claimed to know their meaning than this was the case by an objective review. The correct definition of certain "common diseases" (eg constipation or arterial hypertension) were only known to a small proportion of respondents (<25%). In terms of gender, women tend to have more correct medical knowledge than men. Age was significantly negatively correlated with medical knowledge. The length of school education was significantly associated with better medical knowledge. In terms of insurance status, there was a significant knowledge advantage in patients with private health coverage compared to statutory health insurance. Newspaper and television consumption had little influence on the degree of health-literacy. The enormous media presence of certain medical terms (eg, angina pectoris or atherosclerosis), guarantees no real "medical knowledge" on the part of the patients. Therefore, doctors might overestimate patient's medical knowledge. In anamnesis interviews doctors must make sure by actively asking whether their questions are understood correctly by the patient.

## Conflicts of Interest: none

## References

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Felix Gundling. Biomed J Sci & Tech Res



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