



# Facts on Communication with Physicians

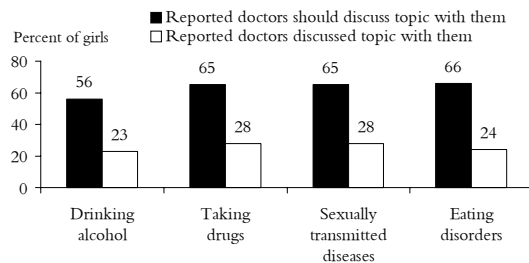
September 1997

## The Commonwealth Fund Survey of the Health of Adolescent Girls

Effective communication between physicians and adolescents depends on a trusting relationship and the ability to speak openly. Given that adolescents visit a doctor's office an average of three times each year, it is important that doctors use these opportunities to convey health information, provide counseling, and catch emerging health problems. A new survey by The Commonwealth Fund, however, found that many adolescents are embarrassed to raise sensitive topics with their doctors, and doctors appear to prefer talking about safer issues.

*The Commonwealth Fund Survey of the Health of Adolescent Girls* found considerable discordance between the topics adolescents wish to discuss and what they actually discuss with their physicians. As the chart below indicates, adolescent girls want far more information on a range of topics, such as drinking, taking drugs, sexually transmitted diseases, and eating disorders, than they currently receive. Older adolescents in particular feel their doctors should discuss risky health behaviors with them.

### Adolescent girls believe their physicians should discuss more topics--including sensitive issues--with them.



*The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997*  
Louis Harris and Associates, Inc.

Half of older girls and 39 percent of older boys surveyed also believe doctors should discuss physical or sexual abuse with them.

Only one-fourth to one-third of adolescents, however, said their doctor had discussed sensitive topics such as these with them. Discussions about violence and abuse were particularly rare: only 10 percent of older girls and boys said their doctors had ever discussed these topics with them. Doctors appear more likely to discuss safer issues, such as good eating habits and the importance of exercise.

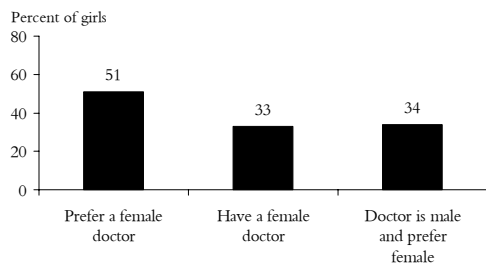
### CHOICE OF PHYSICIAN IMPORTANT

One way to facilitate better communication might be to match adolescents with physicians of their preference, with whom they feel comfortable and willing to discuss sensitive health topics. The survey, however, found a substantial discrepancy between the types of physicians adolescents wish to see and those whom they actually see. The survey asked girls and boys about their preferences of female versus male doctors, having a chance to speak privately without their parents present, and having the same physician as their parents.

A particular mismatch was found between the gender of physicians girls actually see and those whom they would prefer to see. Of all the girls surveyed, 51 percent said they would prefer to see a female doctor. One-third of girls see a female physician and two-thirds see a male physician. Of those seeing a male physician, 34

percent would prefer to see a female physician, while most other girls with a male physician have no preference. Of those seeing a female physician, three-fourths prefer a female, and only 1 percent would prefer a male physician. Overall, 23 percent of girls do not see a physician of their gender choice.

**Girls' preferences for doctors are not always met.**



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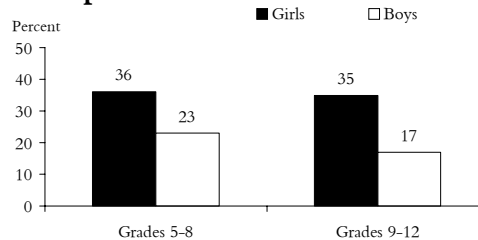
Communication with doctors might also be enhanced by giving adolescents the chance to confer privately with them, without parents in the room. Many adolescents in the survey said they had this preference but were not given the opportunity. Desire to be alone with their physician ranged from 18 percent for younger adolescent girls, to 41 percent for older girls, to 52 percent for older boys. Two in five girls (44 percent), however, said they did not have a chance to speak privately with their doctor. This was particularly true for younger girls (56 percent), but remained high for older girls (31 percent). Of all girls preferring to be alone, one-third did not have this opportunity. Among boys, one in four preferring privacy did not get a chance to talk to his doctor without his parents.

**COMMUNICATION A SUBSTANTIAL BARRIER**

The survey found that much of the lack of communication between young people and their doctors may spring from adolescents' embarrassment about discussing health issues: 35

percent of all girls said there had been a time when they were too embarrassed to discuss a problem, compared with 21 percent of all boys. Issues high on the girls' list of being too embarrassing to talk about were sexuality, menstruation or cramps, changes in their bodies, physical or sexual abuse, birth control, pregnancy, and sexually transmitted diseases. Embarrassment was particularly a problem for younger girls—half of those surveyed said they would be embarrassed to discuss changes in their bodies, compared to one-third or less of older girls and older boys.

**Communication with physicians may be lacking because young people, especially girls, are embarrassed to discuss sensitive health topics.**



*The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997*  
Louis Harris and Associates, Inc.

Adolescent girls who reported physical or sexual abuse, or engaging in risky behaviors such as using drugs or drinking, were only marginally more likely to say that they had discussed sensitive topics with their doctors. Of girls who reported abuse, only 20 percent said their doctor had discussed abuse in general with them; only 11 percent said their doctors had discussed safety, violence, or incest. Only 7 percent of abused girls had discussed their actual abuse with their physicians.

*The Commonwealth Fund Survey of the Health of Adolescent Girls, conducted by Louis Harris and Associates, Inc., from December 1996 through June 1997, consisted of in-class questionnaires completed by 6,748 adolescents—3,586 girls and 3,162 boys—in grades five through twelve. The classroom sample included a nationally representative cross-section of schools, with 265 public, private, and parochial schools participating.*