

PATIENT COUNSELING

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PRINCIPLES OF COUNSELING

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Definition

The term Counseling denotes a wide variety of procedures for helping individuals achieve adjustment, such as giving advice, therapeutic discussions and the administration and interpretation of tests and vocational assistance.

Counseling is termed as a helping relationship that helps the individual to become self-sufficient, self-dependent and self-directed and to adjust themselves efficiently to the demands of a better and meaningful life. According to Carl Rogers, an effective counseling consists of a definitely structured permissive relationship that allows the client to gain an understanding of himself to a degree that enables him to take positive steps in the light of his new orientation. This simply means that, the process of counseling is one where in the counselor provides accurate and up to date information to the client (counselee) regarding the situation, and helps the counselee to take an informed decision which will allow him to lead a better and more meaningful life.

What does counseling involve?

Counseling is a special area for providing services, as it involves clients who may or may not be directly in medical settings. Counseling is a set of activities, wherein the counselor uses his skill and expertise when working with the clients. These may involve different methods and activities like rational-emotive, psychoanalytic or behavioral, and is a continuous interaction between two or more persons. The counselor provides the facilities to help the counselee make a suitable choice, that in turn will help achieve the desired change or help to arrive at a suitable choice. The counselor assists the counselee to make an inter-

pretation of the facts relating to a choice, plan or adjustments which he needs to make. In effect, it is a process that takes place in a one to one social environment, in which the counselor who is professionally competent in relevant psychological skills and knowledge, seeks to assist the client in bringing about a voluntary change in the client. Medical counseling involves a combination of medical, holistic and mind -body techniques that reduce stress and anxiety and promote healing.

Characteristics of a Counselor

A counselor is a therapist who serves as a model for the client. A counselor plays many roles while working with a counselee. He may be an educator, a source of support, an agent of change, a preventive counselor or a resource consultant. To be effective as a counselor, it is essential to possess certain qualities. The relationship of the counselor with the counselee should be honest and dynamic, and the counselor must be a humane person, who is capable of empathizing with the client or counselee. To be effective, the counselor must possess the following qualities:

Authentic , sincere and honest- the counselor must be totally honest with the counselee, as regards the choices that are available , the possible outcomes, the long term prognosis and the approximate cost of therapy. It is of utmost importance to gain the confidence of the counselee and this is impossible by being ambiguous, or hiding behind a façade of honesty.

Listen attentively and express thoughts and ideas clearly.

Maintain confidentiality. This is an essential and unique feature of the relationship of the counselor with the counselee, and allows the client to completely confide all the personal secrets. This is essential for the counselor to understand and evaluate the client's problems and offer adequate solutions.

Understand that you are dealing with emotional individuals who

are under stress, and hence the counselor needs to be compassionate and empathetic towards the counselee.

Have a sense of humor- the counselor must have the capacity to accept his mistakes and to laugh at his own contradictions.

Make choices that are life oriented- the counselor must be committed to live life fully, and to offer choices that are life supportive rather than merely existential.

Have a sincere interest in the welfare of others- based on respect, trust, care and value of human life.

Be deeply involved in their work and derive meaning and satisfaction from it

Appreciate the influence of culture and respect the diversity of values espoused by other cultures. They must be sensitive to the differences in response arising out of social class, gender and race.

Maintain healthy boundaries with the counselee, despite being fully involved and empathetic with the client or counselee. The counselor must not carry around the problems of their counselees during their leisure hours, and this is essential to maintain balance in their lives.

Need for counseling

The need for counseling could occur under varied circumstances in order to counter various problems, worries, misgivings or issues that a client may face. These may include:

Fear of the unknown: Most often in medical settings, the patient maybe seriously or terminally ill or maybe in an emergency situation that requires immediate surgery, specialized diagnostic techniques, or expensive medications that need to be administered urgently. The patient and attendants are fearful, and may be unaware of the gravity of the situation and hence need to be adequately counseled to understand the seriousness and possible prognosis of the condition. The patients themselves need counseling regarding the severity of their condition,

available treatment options and possible outcome and prognosis. In chronic conditions like drug abuse, HIV/ AIDS, malignancy or emergency situations, the patients are fearful as to what the future holds for them, despite taking adequate treatment.

Fear of death, dying and grief: the patient who is seriously ill with a life threatening ailment, maybe fearful that he will not respond to treatment and would die soon. It is essential for a counselor to provide emotional support to the patient as well as the family members to face the difficult circumstances. Family members may have feelings of grief and phobias of loss of a loved one. All these need to be handled by the counselor in a very sensitive manner. Death of a family member especially offspring, spouse, parent etc can cause severe mental stress and grief, and the counselor needs to handle the delicate situation with immense care.

Denial: is a common feeling amongst the patient as well as those close to him. Often the patient is unable to accept the fact that he suffers from a serious illness. Denial is a natural response and needs to be confronted only if it causes harm. Sometimes, denial can affect the counselors and they need to be constantly aware of this and be able to confront and overcome it.

Shame and guilt: the patient suffers from guilt because he has neglected his health, or if he suffers from stigma bearing diseases like HIV/AIDS, alcohol or drug addiction, etc and failed to take the necessary precautions/ medication to avoid the grave situation. The family members also suffer from guilt at having someone close to them suffering from grave disease.

Powerlessness, helplessness and loss of control-the patient feels helpless as he is totally under the control of the physician and he has no control over his own body and his life and decisions. The family too feels a sense of powerlessness, as they are unable to do anything to alleviate the suffering of their loved ones.

Frustration- this sets in chronic illness cases, where they need to repeatedly visit the hospitals or meet the physician at regular intervals. Sometimes, the medications do not show the desired results, or the results appear very slowly. Under these conditions, the patient may develop extreme negativity which could lead to depression, low self esteem and feelings of extreme inadequacy. It could lead to self injurious behavior and suicidal tendencies, which need to be prevented by early recognition and adequate counseling.

Anger, rage and hostility- patients often feel anger and extreme rage when diagnosed with severe or terminal illness. They develop feelings of hostility and inadequacy and may refuse to accept the available treatment options. It is essential to empathize with these patients and explain the benefits of accepting and continuing the recommended treatment options.

Essential features of a counseling meeting

The meeting between the counselor and counselee has a specific purpose and goal and would end as soon as is therapeutically possible. It is understood that while the counselor has more expertise and is responsible to make the meeting go well, it is the counselee who is more important.

The interactions are structured to make efficient use of the time available. No time is lost in unnecessary talk. The relationship is one of interpersonal influence, in which the counselor seeks to promote change in the client through his skills and persuasive tactics.

Both the counselor and the client must come to an agreement as to the causes and etiology of the presenting complaints and what must be done in order to make things better. The most effective relationships are characterized by agreement on goals, consensus on methods and open communication and collaborative partnership.

The relationship is multidimensional, dynamic and changes over time. What is important in the early stages is less important during the

working stages, when an inter-actional pattern is developed to accomplish therapeutic tasks. Likewise, when counseling is ending, the relationship could return to an egalitarian pattern, much different from the initial stage.

The counseling meeting

The meeting between the counselor and the counselee should take place at a predetermined time and place. The duration of the meeting may also be predetermined.

Both the parties should be made aware that what ever is discussed would be absolutely confidential. Both parties could freely ask and clarify any doubts arising during the session.

At the outset, the counselor must enquire about the language with which the counselee is familiar and comfortable and every attempt must be made to use this language during the entire meeting.

During the meeting, the counselee is encouraged to speak out and clear whatever apprehensions, doubts and thoughts have been disturbing the mind.

In acute medical conditions or in emergency situations, the counselor must give the client a complete and concise evaluation of the patient's condition, its seriousness and the possible outcomes, along with the likely cost of the entire treatment.

In chronic disabling diseases like HIV/AIDS or malignancies, the client must be motivated to accept and follow the physician's recommendations in terms of medication usage. The adverse effects of the medications or radio-therapy, the likely outcomes of therapy and the subsequent quality of life must all be discussed. In long drawn treatments, it is essential to discuss the possible costs and economic burden to the family as well as the follow up treatment ,medications, investigations and reviews that may be needed.

Avoiding medical jargon and using language appropriate to each

parent's level of understanding is important. For example, early use of the term cerebral palsy to explain motor dysfunction of infancy or spastic paresis desensitizes parents to it and may open avenues of explanation regarding neurologic dysfunction and therapeutic intervention.

At the end of every session, it is essential to document all that transpired during the meeting, including what was conveyed by the counselor, the queries raised by the client, the clarifications offered and the possible solutions available. In cases of medical counseling, it is also essential to document the final decision taken by the client as regards the therapy options, with specific mention of the financial expenses that could be incurred. It is pertinent to mention, that in cases of medical counseling, it may be mandatory to place the client's signature at the end of this documentation.

Counseling approaches-

Client-centered approach: Client-centered approach is a relatively simple method, in which the client feels reassured that he is deeply understood and his feelings are accepted. The counselor adopts a stance of active listening, and communicates with the client using a posture of empathic understanding, intently attending to the client's verbal and non verbal messages and interpreting the surface and underlying meanings. The counselor allows the client to reflect on his feelings. The client's situation and his feelings are viewed objectively, and it provides him an opportunity for emotional catharsis, by releasing the pent up tensions and pressure. The client is encouraged to move from a more superficial plane to explore deeper concerns and significant problems.

Existential counseling: The main goal in existential counseling is to make the client understand and find personal meaning in their actions, their lives and their suffering. The emphasis here is on helping to make the client more aware of himself. It is basically an attitude towards living, and emphasizes the understanding and insight into the human condition. This has been described as a more abstract and may be difficult to apply in everyday living as well as for those with severe cognitive and emotional disturbances.

Psychoanalytic counseling: Psychoanalytic counseling is the traditional Freudian method, which deals with different layers of awareness. Through the sessions of counseling, it is possible to peel away all the outer layers and reveal the unconscious thoughts, which are the allowed to surface. Often, the client uses various defense mechanisms, like projection, sublimation and fixation, in order to avoid accepting the undesirable or the responsibility of the irrationality, thus resulting in pain, stress and undue suffering. The psychoanalytic method is time consuming and could take several years to complete the treatment, hence is not too useful in situations where a large number of people require the services of a counselor, or in acute emergency situations.

Gestalt counseling: Gestalt counseling is a method that focuses on the "what" and "how" of behavior and on the central role of "unfinished business". The client is encouraged to experience the present, and this facilitates greater self awareness and understanding. The technique involves making the client answer all questions with complete honesty and sincerity, thus converting the guilt into sentiments. By encouraging him to explore and express the internal resentment, the person can become unstuck and work through his unfinished business. However, this method has a high potential for abuse, as it encourages a "do your own thing" attitude, which may create a sense of irresponsibility.

Alderian counseling: Alderian counseling is a remarkable theory that combines a pragmatic approach with some amount of psychoanalysis. The client is made to understand that reality is as we perceive it and not absolute, hence one need not be afraid of making mistakes. One must learn to do one's best and accept the outcome, without any feelings of inadequacy.

The counselor is free to choose any method that he is familiar and comfortable with. Sometimes, it may be essential to use a combination of the methods in order to achieve the desired results.

The Counseling Process

The counseling process consists of six components that proceed in a sequential manner

- * Diagnosing problems
- * Setting appropriate goals
- * Specifying objectives
- * Generating and deciding among alternatives
- * Preparing action plans
- * Implementing and evaluating plans.

These steps follow a circular path rather than a linear path, as the sixth step may lead back to previous steps in case there is no satisfactory progress in the results.

Diagnosing problems: This is the first step that must be undertaken before any counseling can begin. Through a series of questioning techniques, statements or communications, it is essential to gather as much information as possible regarding the current problem, the background of the problem and the financial situation of the client. As further rapport is built up, the client may reveal sensitive information that may not be available at the beginning of the counseling relationship.

Setting appropriate goals: Once the problem at hand is understood, it is essential to set up goals. The goals are of two types:

- Process goals
- Outcome goals

Process goals are set by the counselor to build a productive relationship that could support the resolution of the client's problems and move towards the achievement of results.

Outcome goals are the responsibility of the client, which includes setting targets for getting out of problems and moving towards achievement of results. These should be specific, achievable and measurable goals, which can encourage the client to achieve the set goals.

Specifying objectives: It is not always possible for the client to achieve his goals, especially those that are long term. Hence it is essential to set interim objectives which can affect the client's behavior leading up to the final objective or goal. These objectives must also be precise, achievable and measurable and they act as milestones to show the client his progress towards his goals.

Generating and deciding among alternatives: Once the objectives are set up, the next step is to decide on how to accomplish the goals. First of all, ask the client if they have considered any methods to achieve their goals. By allowing them to do this, the counselor is encouraging them to attempt to regain control of their lives. Once the client has done this, the counselor may offer alternative suggestions, ask pertinent questions and mention the consequences of each suggestion. Allow the client to decide the alternative that he would like to adopt, as this is the only method by which he will learn to make life decisions and evaluate the results of his decisions.

Preparing action plans: By creating a written action plan, the client can be helped to understand the real cause of the problem and identify the remedial alternatives that are available to overcome the problem. The counselor can assist the client in planning action steps that will help to realize the selected remedial action. The counselor must urge the client to be committed to carry out the action plans and achieve the desired goals.

Implementing and evaluating plans: Both positive and negative feedback come into play at this stage. The constructive feedback will help to reinforce the client's actions that have resulted in achieving the desired goals. By tactfully suggesting methods that can be followed to achieve the goals that have not been fulfilled, it is possible to minimize the negative feedback, and keep the client continuously motivated to follow the action plan to achieve all the desired goals.

Counseling the patient and their care givers is an integral part of medical management. If provided in a scientific manner with compas-

sion it will be effective. It is important that the counselor knows his client's personality, the situation of the client and the options that can be offered and explained to the client.

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MEDICAL COUNSELING IN SPECIAL SITUATIONS

Introduction

Counseling is an art as well as science. In medical sphere it is of utmost importance. Though the principles of counseling are the same across the board, some of specialties have unique situations which warrant more precise counseling techniques. Some of the salient ones are described below.

Counseling in Pediatrics

Pediatrics is the branch of medicine that deals with the medical care of infants, children and adolescents, with the age range from 0-18 years. As such, every medical practitioner who handles children, should possess some counseling skills, as the major challenge is that not only does the child have to be treated, but the parents and the family too needs considerable counseling.

Concepts in pediatric counseling:

Children deal with similar stress factors as adults do, and their responses are varied due to their immaturity. Hence, children also may be faced with and need to deal with crime, addiction, disease, death and divorce in the family.

Children also face conflicts at home with issues related to medical problems like bed wetting, asthmatic attacks, chronic debilitating illnesses like malignancies, congenital anomalies, dermatitis etc. Apart

from this, issues related to academics, homework etc may produce immense stress at home. This may also result in conflicts with the teachers leading to behavioral changes. Peer pressure is another potent cause of conflict and disturbance both at home and at school. Older children and adolescents attempt to establish their own identity, which can lead to immense conflict, aggression and if unchecked can result in behavioral disturbances.

Behavioral disturbances:

Children can manifest any of the following disturbances, which would point towards an underlying disturbance and point to a need for counseling. These include:

- Aggressive or violent behavior
- Using abusive language
- Inability or difficulty in following rules
- Lack of friends, inability to interact and maintain social contact
- Extreme timidity or withdrawal from social interactions and activities
- Over dependent behavior
- Irritable, anxious, extremely fearful
- Uncontrollable crying, hysteria
- Sleep disturbances, nightmares

The responses of each child is different not only from adults, but amongst themselves. This is related to the

- age of the child at exposure
- the intelligence and capacity to accept changed situations
- the emotional stability of the child
- the method of reacting to stressful situations.

Under stress, the child develops various feelings and emotions which are related to the immaturity and lack of understanding of the

situation. These include feelings of

- Insecurity
- Stress
- Panic
- Fear
- Anxiety
- Separation

Children are disturbed when they witness others crying. They are also afraid of new situations and environment, like hospitals with large machines, unknown persons and equipments. Some children detest exposure to other child patients, and most children are afraid of injections.

Counseling by the primary care givers can help to provide a safe home environment which could go a long way in preventing disease, injury and accidents in children. Written consent for counseling sessions, surgery or any other interventions in children is given by the parents until the child achieves adulthood. In case the parents are unavailable, the next of kin or guardian must sign the consent form.

Methods of pediatric counseling:

The conventional methods that are used in counseling can be used in pediatric counseling. These include the behavior and cognitive therapy, besides the psychoanalytic theory. Apart from this, play therapy is an extremely useful method for counseling children.

Play therapy is a technique whereby the child's natural means of expression via play is used as a therapeutic method to assist in coping with emotional stress or trauma. Children are provided therapeutic toys to enable them to express what they are unable to convey via words. The child is allowed to choose play items that have been placed on the table. By playing with selected materials, and with guidance from the counselor, the child plays out his feelings and brings the hidden emotions to the surface.

are a special group, as the parents and family require extremely delicate handling as well as counseling. The commonest query that exists on the parents' mind is "will my baby survive?" and "will my baby be normal?" The parents experience extreme amounts of psychological trauma, fear of the unknown and feelings of guilt.

Counseling the parents of the high risk infants is challenging, as the staff need to be extremely compassionate while delivering information. It is ideal to plan a session as soon after the infant is admitted to the NICU, as this is the time to ascertain the parent's expectations regarding the outcome and follow up care of the infant. It is best to avoid medical jargon, use language appropriate to the parent's level of understanding and explain in simple terms even complicated issues like cerebral palsy, neuro-motor disabilities and likely outcomes.

While planning discharge and follow up, the counselor must stress the uncertainty of outcomes especially in ELBW infants, as well as the propensity of the later appearance of dysfunction must also be discussed. A stable and consistent home environment always improves the outcomes, while disruption of the family unit only serves to potentiate unfavorable outcomes in the infant.

Counseling in Obstetric patients

Prenatal genetic counseling plays an important role to identify families that maybe at risk of having a baby with a birth defect or a genetic syndrome. Genetic counseling may be offered prior to conception in order to discuss issues related to maternal age, family history concerns, history of miscarriage and other reasons.

Patients may be referred for genetic counseling for a variety of reasons, which include:

- First trimester screening
- Abnormal maternal serum screening
- Advanced maternal age

- Abnormal ultrasound examination
- Recurrent miscarriage
- Family history of a birth defect or genetic disease-

Obesity in pregnancy is associated with higher risks of complications. These women require preconception counseling during which it is mandatory to provide specific information regarding maternal and fetal risks. Obesity is associated with increased risks of premature delivery, ante partum still birth, as well as higher risk of congenital malformations including neural tube defects which are harder to detect by Ultrasonography. Intra partum complications include emergency cesaerean delivery, challenges with anesthesia, intra operative respiratory events, excessive blood loss, wound infection, endometritis etc. These women must be counseled about all the complications and must be encouraged to undertake a weight reduction program, nutrition counseling and recommended exercise regimen.

Fetal loss and stillbirth

Perinatal loss is a unique bereavement for parents and families, as it is unlike that of mourning on the death of a loved one. Miscarriage, stillbirth, fetal anomalies and therapeutic abortions for genetic or congenital anomalies, creates a loss of self esteem in the parents, apart from the actual loss of the wished-for child. There is a sense of loss of confidence in the capacity to produce a healthy child. A sense of despair and confusion appears in the family that was anticipating a joyous event. This grief is usually a long term process, that extends much beyond the discharge from hospital. The process of counseling during the prenatal, intra partum and postpartum phase along with continuation of support after discharge, promotes healthy grieving and avert a pathological process. The surviving siblings also need to be cared for, as they may be vulnerable to the effects of unresolved or unacknowledged grief. The counselor needs to empathize with the family and assist them to give up some of the feelings that they have invested in a person who no longer exists.

In case of medical termination of pregnancy (MTP) due to medical reasons like congenital anomalies, genetic defects or maternal causes like severe anemia, ABO incompatibility etc which threaten the existence of the mother or fetus, the parents must be counseled regarding the risks involved in continuing such pregnancy. Under such conditions, after all the risks and possible outcomes are explained, it is essential to take a written consent from the parents for performing the termination of pregnancy. This must be in a language that is known and easily understandable by both the parents.

Cesarean section delivery and Instrumental delivery

In cases where the possibility of a normal vaginal delivery has been ruled out, the obstetrician must explain in detail the reasons why this would not be possible. The risks involved to mother and fetus, in attempting the vaginal delivery is explained to the husband as well as the close family members. The procedure is explained, the outcome and the possible complications must be told to the husband. A written consent to perform the caesarean section or insertion of forceps, is taken by the obstetrician. At the same time, the anesthetist must, after explaining to the husband and the family members, take a written consent for the administration of anesthesia- both epidural and general anesthesia. The risks involved and the possibility of any side effects of the anesthetic used must also be explained to the husband and family members.

Gynaecological surgery

Postmenopausal women may develop manifestations of pre existing lesions that may warrant the need for hysterectomy. Sometimes this may need to be done even during the earlier years of life. This involves, permanent removal of internal organs, the woman must be counseled by her gynecologist regarding the implications of this procedure on her future life. There may occur the need to administer continuous hormone therapy post surgically. The indications for this and the

possible side effects must be explained in detail. While the consent for surgery must be taken from the patient and the nearest kin, the procedure, risks involved and the post operative progression must also be completely explained to the patient and the family members.

Counseling in Critical Care patients

Patients undergoing critical care treatment in the ICU settings develop feelings of psychological distress, with increasing morbidity. These symptoms are related to the total dependency on others, fear and lack of awareness of the disease process and its outcome, as well as the worry regarding the financial capability to clear the hospital bills.

Need for counseling in ICU patients

For most ICU patients, the experience is synonymous with immobility and total dependence on high technology equipment. Most patients are overwhelmed by what they see around them and may be reluctant to even move, despite being able to do so. This would further complicate the underlying morbidity and worsen the patient's dependence on others. Those who have been immobilized for long durations, have low endurance, generalized weakness, low tolerance to sitting etc, all of which needs to be reversed at the earliest.

In the ICU family visits are restricted to a few minutes, with no privacy at all. The ICU is termed as " low stimulus environment" as it results in sensory deprivation, exposure to meaningless or unpatterned stimuli, social isolation and immobilization, all of which may lead to generalized disorientation of time and thought and occasionally result in delirium.

In case the ICU patient's condition deteriorates while on treatment, the family members must be immediately informed regarding the change in status. They must be counseled on the available treatment modalities and they should be allowed to decide whether aggressive methods must be adopted for treatment or not. In case they do not

agree to the suggested therapy, it is essential to document it and take a signature of the responsible family member. In case there is any delay in instituting therapy, this also must be documented and the family members should be informed with a signed documentation of the counseling done.

ICU stress disorders

Not only during stay in the ICU, but also after discharged from there, several patients persistently have stress and psychological disorders. These include anxiety, depression, and post traumatic stress disorder (PTSD), with a frequency ranging between 40-60% of cases. The quality of life has been found to be the worst in those who had undergone mechanical ventilation or in those who had suffered from severe trauma or sepsis. The symptoms of PTSD vary based on the cause of ICU admission. In those who had sustained trauma, there may be re-experience of the trauma and avoidance of stimuli that may act as reminders of the pain. Nightmares, vivid details during waking hours and intrusive memories can recur. Hyperarousal with sleep disturbances, irritability and concentration difficulty may further aggravate the psychological disturbance. All these disorders may persist for a long while even after discharge from ICU.

Counseling outcomes

Intra ICU counseling of critical care patients can go a long way in reducing the morbidity and improving the patient outcome, in terms of recover and rehabilitation. Counseling to provide motivation to live and participate in life saving medical regimens will improve outcome. Interventions to restore activities of daily living along with encouragement to participate in these activities will restore a sense of daily routine and personal independence. Relaxation techniques together with individualized activity program using meaningful tasks will help to promote cognitive and motor recovery.

Together with counseling of the patient, it is essential to counsel the family on a regular basis, with updates on the clinical evolution, the requirement for various investigations must be explained in detail along with the costs and its impact on treatment. The counselor must understand the family's expectations for the ICU patient and empathize with their feelings of fear, guilt or anxiety. In cases where death is imminent, it is important to discuss the change in the treatment goal. The family is counseled regarding the futility of further aggressive treatment, and the goal of treatment can be changed to "comfort care" where the patient would be kept comfortable, with no aggressive or heroic interventions.

Counseling in surgical care

Patients are advised surgery for various reasons, which may be elective surgery or emergency surgery. Usually in case of emergency surgery, the patient and the family members do not have much time nor desire to contemplate. nor negate the advice given by the medical practitioner. However, in cases of elective surgery, the patient himself and his family members may want complete details and counseling regarding the need for the procure, details of the surgery to be performed, the possible risks and likely outcomes along with post operative care and return to normalcy.

The patient and the family usually have a fear of the unknown- the reason and severity of the disease process, the surgical procedure and possible risks. There is also a fear of death in case of surgical mishaps or complications.

Need for counseling

Surgical procedures are considered as something that can have a life changing impact on the patient. it is essential for the treating doctor to spend time in explaining all the facts related to the surgical procedure in a language that is easily understood by the patient and the

family members. it is essential for the surgeon to don the role of a counselor. He must explain the need for the surgery as well as the surgical process in terms of what would be done during the procedure and the possible complications.. A brief must be given regarding the immediate post operative period, and should be followed up by the life style changes, diet modifications or medications that would be needed and the duration of all this must also be explained clearly. If possible the anaesthetist should also be a part of the counseling team.

In case the patient has any co-morbid medical problems, for which he is referred to a physician, it is necessary for the physician to explain the surgical risks that may occur due to the associated morbidity. While the counseling is done in the patient's own language, it is essential to document the same and affix the patient's signature to ensure that he has well understood all that has been conveyed during the session.

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