

## Protocol and Etiquette

Throughout our personal and professional lives a myriad of societal "rules" have been developed to guide and facilitate our daily interactions. For the most part, these guidelines are nothing more than indications of respect and courtesy, facilitating mutually pleasant and frictionless interactions. In business they may indicate a recognition of the hierarchy that may exist, and a desire to work together synergistically. Often these acts are very subtle, and are performed unknowingly. At other times, what should be done with subtlety may be performed solicitously and in an overly accentuated manner. Synthetic etiquette (almost an oxymoron) is usually recognized as obsequious and is counterproductive.

In some languages different words or word forms are required when speaking to an elder or to indicate respect. Gestures such as standing when someone enters a room or bowing to acknowledge another's presence are also a matter of culture. Societies have developed different ways of showing respect, deference, and diplomatic grace. Hand gestures, body posture, or amount of personal space required are all culturally dependent. Regardless of what gestures or words are used, these acts make up what we call etiquette or protocol. In one's own culture, these are readily recognized by those who routinely practice them, and are natural acts of refinement and social aptitude. Those who ignore them, whether from ignorance or disdain, are usually quickly identified and dealt with accordingly. Within one's own society the structure is rather well known and quite easily learned by those who choose to do so. However, when traveling abroad or interacting with foreign visitors, the protocol may be much more arcane. The experience of learning of these guidelines and thus becoming aware of the errors that have been unknowingly committed is sometimes humbling and embarrassing. The reactions of others who

anticipated different responses begin to become understood. International social or business relationships can be quite complex, and transitioning smoothly between societies is an art that is mastered by few. Nonetheless, those who make the effort to recognize, learn, and practice social etiquette are more welcome and successful.

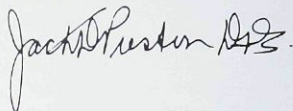
I use this introduction, assuming that the majority of readers of this Journal are well-seasoned international travelers and can recall several instances of having erred in dealing with those whose culture they did not understand well. It was pointed out to me by a friend from South America that just as these rules for gracious living and working are an essential part of peaceful, functional, and pleasant co-existence, so too are the rules of protocol and etiquette in dealing with patients. As I thought about this, the parallel became clear. Our relationship with our patients must take into consideration their societal values and culture as well as their relative understanding of dental matters and individual needs. These may not be readily apparent, but we must be alert and open to perceive clues that point to the patient's orientation for the interpersonal relationship that is to follow.

Just as a *faux pas* in meeting someone from another culture can mar the relationship and work against a successful interaction, so too can a poor first impression mediate against a successful doctor-patient relationship. Little wonder that every treatise on diagnosis and treatment planning stresses the essential need to listen to the patient before drawing any conclusions, and certainly before beginning any direct examination. Listening must be accompanied by a search for visual clues that might alert one to subliminal, uncommunicated patient expectations and concerns. The crush of a busy schedule or economic pressures may tempt one to circumvent the

niceties of human interaction and proceed directly to the dental examination. The prosthodontist particularly must avoid such temptations. Unlike some specialty or general practices, prosthodontists almost always must develop long-term relationships with patients. Such relationships must be built on mutual trust, which, in turn, must be founded on respect and understanding. I have found that after a brief introduction, an (ungloved) handshake, and a review of the patient's history, five simple words open the door to good relationship. I usually ask "how may I help you?" This early indication of caring and openness seems to allow patients latitude to express their concerns and feel an initial trust. I am sure that other practitioners have a similar phrase that allows their patients to begin trustful communication. It is then that the practitioner must listen to every clue and try to understand what the patient both needs and wants. It may be necessary to rephrase what the patient has said to ensure that one has a clear understanding of what was *meant* by what was *said*. In every phrase and every gesture, we communicate our attitude to that patient. I doubt that the etiquette required at a formal dinner in a for-

eign country is any more demanding than the professional grace and diplomacy necessary for that initial interview. Yet, if the motivation is correct, the two very different settings have much in common—they are born of caring concern for the feelings of another human being and the desire to obtain a mutually respectful, comfortable relationship in the time to follow. Of course, this also requires some etiquette on the part of the patient. No sound relationship is unilateral.

Just as the observance of protocol and etiquette improves personal, social, and business relationships, the protocol of doctor-patient interaction should occur naturally and easily. As in its business or social counterparts, when the initial interview is done well, it eases stress and tension, facilitates communication, and engenders a long-term friendly and trusting relationship.



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