

# How to Generate Productive Conversations with your Prescriber

by Dr. Jayne L. Violette, Associate Professor of Communication Studies  
Department of Social Sciences, University of South Carolina Beaufort

**The purpose of this document is to provide you with suggested communication strategies likely to be most effective when approaching your prescriber with educational literature published by the *Alliance for Benzodiazepine Best Practices* about prescribing practices.**

Unless your prescriber is benzo-wise (see [“Tool to assess if your prescriber is benzo-wise”](#)), the information presented in the literature will likely conflict with their beliefs about benzodiazepines or Z-drugs.

As someone struggling with any number of physically and emotionally debilitating symptoms, communicating your thoughts and feelings with your prescriber can be quite difficult, even intimidating. Patients suffering from Benzodiazepine Withdrawal Syndrome (BZWS) or Benzodiazepine Injury Syndrome (BZIS) consistently report that their prescribers don't listen to them or that prescribers “block” them, essentially communicating their unwillingness to consider competing evidence outside prescribers' standard protocol of treatment. Many prescribers are not aware of the potential harm benzodiazepine and Z-drug medications may have on their patients, nor are they completely informed about how to help their patients to safely taper from their benzodiazepine prescriptions. It's therefore understandable that you may be unsure about how, exactly, to approach your prescriber to discuss the experiences, needs, and concerns you have about benzodiazepines. You may also be worried about being completely honest, for fear that your prescriber will insist on a rapid taper or “detox”, or will simply decide not to work with you, refusing to renew your prescription.

**The information in this document is designed to help you become a better self-advocate.** It is not necessary or even desirable to memorize a specific script verbatim to communicate effectively with your prescriber, as each patient's encounters with his or her prescriber is unique. However, it is important to understand the potential impact of your verbal and nonverbal communication when initiating honest conversations with them. Effective patient-prescriber communication requires mutual understanding and commitment to reaching positive health outcomes. Both the prescriber and you, the patient, have active roles in developing a **collaborative relationship** with each other to that end.

But how is a true collaborative relationship formed between patients and prescribers?

**FIRST, KNOW THAT...** Tailoring your message to your prescriber's way of thinking and communicating is of paramount importance. Simply *talking to* prescribers is **not** the same as *communicating with* them. Initiating authentic, effective communication with your prescriber



first requires that you understand who they are, how they think, and how they are trained to interact with patients. Mischler (1984) and other health communication scholars convincingly argue that prescribers are trained to communicate via **“The Voice of Medicine”**: a generally scripted, controlled, accurate, scientific manner of speaking. Because of this, prescribers don’t always respond in ways that confirm *your* **“Lifeworld Voice”**, your lived experiences with these drugs, your stories, or your thoughts and feelings... and therein lies the problem.

Prescribers generally think and respond in precise scientific terms and in ways that reflect the learned protocols of their medical educations, **not** in terms of feelings or context. It must also be acknowledged that prescribers don’t receive much training on how to bridge the communication gap between their “Voice of Medicine” and your “Voice of Lifeworld”. Furthermore, prescribers are often rushed to complete meetings with patients, may be uncomfortable or even resentful about discussing research with which they are not familiar, and/or are reluctant to acknowledge a different treatment protocol, for fear of making errors for which they could be legally liable.

**SECOND, KNOW THAT...** Your actions (your nonverbal communication) often speak louder than your words. The “Patient Information Pamphlet” (PIP), Prescriber Pamphlets, and other educational documents offered by the *Alliance for Benzodiazepine Best Practices* provide very high quality, scientific, evidence-based **content** that your prescribers can check, if they wish. **How** you present this new information to them and **how** you speak and act while presenting the documents, however, represents *your* unique contribution to the conversation. Your tone of voice and facial expressions, in particular, will have tremendous bearing on prescribers’ willingness to listen and consider what you are saying.

**Work to make eye contact with your prescriber as you speak**, to communicate your sincere attempt to connect with them honestly, from the heart.

**Keep your tone of voice and volume as steady and calm as you can manage.** Your voice is the closest reflection of your emotional state, and it’s possible that you’ll feel and sound a little “shaky” as you speak... but this is okay, *because it’s real*. If your prescriber hears that you are doing your best to communicate sincerely, they likely will “tune in” to your desire to express your ideas.

**Avoid coming across as angry or accusatory**, as your prescriber’s defenses will go up and they will probably not only stop listening to you altogether, but they will likely disregard the Pamphlet you are presenting in this conversation. This is not to say that you *aren’t* or *shouldn’t* be angry and upset, nor am I suggesting that you need to speak like a robot. The important idea is to **keep your communication goals in mind** when initiating conversation with your prescriber.



**Gaining compliance from your prescriber requires a mindful, *strategic* approach to communication.** Remember your communication goals: (1) You want your prescriber to listen to you and (2) you want your prescriber to read the Pamphlet that you give them and to eventually accept information that is possibly conflicting with their current beliefs about benzodiazepines. Understand that your prescriber is likely entrenched in believing that benzos are helpful. Finally, (3) you want to build an informed **partnership** with your prescriber to develop a plan for a slow, safe taper.

**THIRD, KNOW THAT...** Prescribers are more likely to listen if they see and hear the effort you're making to communicate clearly to them. In concert with numerous published studies about collaborative patient-prescriber relationships, I recommend that **you plan what you are going to say before you visit your prescriber.** Your plan doesn't need to be a word-for-word monologue. **Create an outline of the points you want to make and openly use your outline in the appointment.** When your prescriber sees that you've prepared what you want to say and notices that you've jotted down the key ideas and questions you want to communicate, they will view your apparent preparation as an indication of your investment in healing *and* a respect for their time.

**Don't worry about saying the exact right words and don't be afraid if you stumble a little when trying to convey your concerns.** Your sincerity alone will speak volumes, along with your words. You may even benefit from practicing out loud what you want to say ahead of time. Please refer to a few suggested communication prompts and responses, provided later in this document, designed to give you some language you could use to prompt collaboration with your prescriber.

**ALSO KNOW THAT...** Health communication research on patient-caregiver communication confirms that you are more likely to generate a positive communication experience with your prescriber if you strive to:

(1) **Be concise.** Speak from the heart but get to the points you want to make, while inviting dialogue. Remember that your prescriber has limited time and appreciates clarity.

(2) **Use polite, inclusive language and ask questions to invite collaboration.** Employ "we, us, our" pronouns and avoid "you" language. Collaboration with your prescriber is more likely if you said something like "Last year, we worked together to get my anxiety under control and we decided that a prescription for Klonopin would be a good treatment plan. Can we talk through that decision again?" versus "Last year, you prescribed Klonopin to me and now I'm worried that you did the wrong thing. Look at me! I'm a mess!"



(3) **Weigh the pros and cons of having friend of loved one sitting in on your appointment.** Be sure, if you invite another person to attend the appointment with your prescriber, that you review the communication best practices summarized in this document with that person and explain your communication plan. It is important that prescribers don't feel like you and others are "ganging up" on them or trying to elicit a reaction that might suggest malpractice. Keep reminding yourself that your goal is to communicate with honesty and respect and to facilitate an educational, collaborative relationship with your prescriber.

(4) **Suggest solutions you believe will work for you.** If you are seeking to taper off of these drugs, you will more likely succeed in connecting with your prescriber if you come prepared with a taper plan from an evidence-based publication (e.g. from the Ashton Manual). **Request your prescriber's partnership to help you take the next healing step.** At this point, you may present your prescriber with the Pamphlet to look over and gauge the response. If your prescriber doesn't agree with your suggested solutions, fight the urge to respond defensively and instead calmly ask why they believe differently and point to the references at the end of the Pamphlet. Ask again if your prescriber is willing to collaborate with you and explain why you want to pursue your plan (a slower taper, transitioning to a different drug, to feel more secure and in control of the process, etc.) Emphasize that you are not comfortable with the dependence and effects of benzodiazepine medications. EX: "Can we work together on this?" or "Will you partner with me to figure out what's going to work better for me?" or "I need to have some control over what's happening here and am hoping you will partner with me."

**Using the communication strategies above, let's take it from the top with a communication scenario to illustrate how this conversation might unfold.**

Let's assume that you've spent some time thinking about what you want to say, have created a short written outline of the points you want to cover in your meeting with your prescriber, have the Pamphlet that you want to present in hand, and have committed to a mindful approach to communicating with your prescriber.

**It might go something like this:**

The prescriber walks in, greets you, and asks "What brings you here today?"

**YOU:** (Smile and make eye contact) "I sure appreciate your time today. I'm here to get some help from you with my (name of drug you were prescribed) and talk to you about some problems I'm having with it. I jotted down a few notes for myself here that I'm going to use as we talk, if you don't mind, to make sure I don't forget anything and to keep things concise because I know you have a lot of patients to see today, OK?"

**PRESCRIBER:** "Sure! Sounds good."



**YOU:** “Well, as you know, we’ve been working together to get my anxiety under control and we decided that a prescription for (drug) would be a good treatment plan. Can we talk through that decision again? I really want to feel better and to be able to function much better than I have been. That’s what brought me to you in the first place and I know that you are as committed as I am to get me there. So, I’ve been doing some research on (drug) and wanted to talk to you about what I learned. I don’t want to question your role in my care, but I did want to show you some information about (drug) that I thought we should discuss.”

**PRESCRIBER:** “OK. What is it?”

**YOU:** (Hand your prescriber the Pamphlet.) “This is a summary of evidence-based research indicating some potential problems with remaining on benzodiazepine medications for more than a few weeks. There are hundreds of studies that support this information. Based on this evidence and other information I’ve been learning about lately, I’d like to work with you to help me taper off of (your prescribed drug) and come up with another treatment plan.”

**PRESCRIBER:** (looking over the Pamphlet) “Hmmm...”

**YOU:** (referring to the Pamphlet) “It has a lot of information and I know it will take some time for you to read through all of this. I know you don’t have time right now to read it all, but the bottom line is... I am not comfortable being on (drug) and I want to work with you to slowly taper off, because I realize my body is likely quite dependent on it.”

After you introduce the Pamphlet to your prescriber and briefly explain your concerns, your prescriber may respond in a variety of ways. **I want to reassure you, based on everything I know about communicating with health care professionals, that if you follow the communication strategies I’ve provided earlier in this document, it is *highly unlikely* that your prescriber will respond angrily or defensively.** Using the recommended communication strategies I recommend in this document, it is more likely your prescriber will either respond relatively positively (i.e. ask you more questions about how you are feeling, seem open to learning more, indicate some interest in the Pamphlet, promise to look over the information) OR dismiss the Pamphlet (i.e. ignore what you said, only glance at the Pamphlet and then set it aside without comment, change the subject) and then continue with the general protocol of the appointment/examination.

**PLEASE NOTE: Regardless of your prescriber’s initial reactions, you should not expect immediate, wholehearted acceptance of the information you are sharing with your prescriber,** as the research provided in the Pamphlet may be conflicting with information learned in their medication education. Remember that your initial goals at this meeting are to:

(1) express your concern about taking benzodiazepines,



- (2) motivate your prescriber to read the Pamphlet, and
- (3) request collaboration for a slow taper and/or to explore a different treatment plan.

**If your prescriber dismisses the Pamphlet and your request**, what does this mean? What might you say and do? Here are some additional suggestions:

Again, keep your emotions and frustrations in check, as much as possible. Ask your prescriber what alternative treatments might be available to you, and request again that your prescriber help you to do a slow taper, driven by you and your needs. You could phrase this message something like this:

“I know you are doing all that you can to help me and believe me, there is nothing I want more than to feel better too, but I need you to work *with* me to come up with a plan that I am comfortable with and can have some control over. Are you open to that?” <Wait for a response.>

- <If the response is positive and you are presenting the Prescriber Information Pamphlet (PIP), continue:> “The second page of the pamphlet has an evidence-based protocol for tapering off of (drug). Can we look at that?”
- <If the response is positive and you are presenting the “I Need Your Help” Pamphlet, continue:> “There are several Pamphlets designed specifically for benzodiazepine withdrawal. Can we look at them?”

A prescriber may also say something like, “I’ll review it, just not now.” It may take two or more office visits for your prescriber to review and take the Pamphlet seriously. Our recommendation is that you **present a new copy of the Pamphlet to your prescriber at each subsequent visit until the prescriber commits to help you**. It is up to you to determine how long to persist. If the prescriber has not committed to help you by the second visit after you have presented the Pamphlet, it is unlikely that your prescriber will ever make that commitment. They will not be able to provide benzo-related help to you other than by continuing to write prescriptions. At this point, you must decide between managing your withdrawal and recovery on your own – which we do NOT recommend - and trying to convert another prescriber to become benzo-wise.

