

Doctor – Patient Relationship



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The Doctor-Patient Relationship

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Hippocrates viewed the physician as 'captain of the ship' and the patient as someone to take orders

Patient-Physician Relationship

- **Why does it matter?**
- **Types of relationship**
- **What is the ideal patient-physician relationship of the 21st century**

Why Does It Matter

- The patient-physician relationship is fundamental for providing and receiving
 - excellent care
 - to the healing process
 - to improved outcomes

Therefore, it is important to understand what elements comprise the relationship and identify those that make it "good."

Why Does It Matter

- Because of the rapidly changing environment that characterizes health care today
- We need to understand what physicians and patients must do to protect and nurture the relationship

The Patient

- **Patients are individual human beings with problems that all too often transcend their physical complaints**
- **The patient are not “cases” or “admissions” or “diseases”**

The Parsons' model

- Parson saw the doctor and patient as fulfilling necessary functions in a well balanced and maintained social structure
- Sickness is considered to be necessary, providing a brief exemption for patient from social responsibilities

Parsons' - Ideal Patient

Permitted to:

- Give up some activities and responsibilities
- Regarded as being in need of care

In Return:

- Must want to get better quickly
- Seek help from and cooperate with a doctor

Parsons' - Ideal Patient

- Apply a high degree of skill and knowledge
- Acts for the good of the patient
- Remain objective and emotionally detached
- Respect the position of privilege

4 Types of Doctor Patient Relationship

- Paternalism
- Consumerism
- Mutuality
- Default

Control based Doctor Patient Relationship

-Doctor controlled

-Patient controlled

Prototypes of doctor-patient relationship

	Physician control (Low)	Physician control (High)
Patient control (Low)	Default	Paternalism
Patient control (High)	Consumerism	Mutuality

Paternalism

- Traditional form of doctor-patient relationship
- Doctor takes on role of parent
- Doctor is the expert and patient expected to cooperate
- Tightly controlled interviewing style aimed at reaching an organic diagnosis
- Passive patient and a dominant doctor
- Focus is on care, rather than **autonomy**

Advantages of Paternalistic Approach

- The supportive nature of paternalism appears to be important when patients are very sick at their most vulnerable
- Relief from the burden of worry is curative in itself, and the trust and confidence implied by this model allows doctor to perform **“medical magic”**

Mutuality

- The optimal doctor-patient relationship model
- This model views neither the patient nor the physician as standing aside
- Each of participants brings strengths and resources to the relationship
- Based on the communication between doctors and patients

Mutuality

- Patients need to define their problems in an open and full manner
- The patient has right to seek care elsewhere when demands are not satisfactorily met
- Physicians need to work with the patient to articulate the problem and refine the request
- The physician's right to withdraw services formally from a patient if he or she feels it is impossible to satisfy the patient's demand

Advantages of Mutuality Approach

- Patients can fully understand what problem they are coping with through physicians' help
- Physicians can entirely know patient's value
- Decisions can easily be made from a mutual and collaborative relationship

Disadvantages of Mutuality Approach

- Physicians do not know what certain degree should they reach in communication
- **Is the patient capable of making the important therapeutic decisions**

Consumerism

- We can simplify the complicated relationship with “buyer and seller” relationship
- The patient can challenge to unilateral decision making by physicians in reaching diagnosis and working out treatment plans
- Reversing the very basic nature of the power relationship

Consumerism

- **PATIENT** : Health shoppers so consumer behaviour
 - Cost-consciousness
 - Information seeking
 - Exercising independent judgment
- **DOCTOR** : Health care providers
 - Technical consultant
 - To convince the necessity of medical services

Default

- When patient and physician expectation are at odds, or when the need for change in the relationship cannot be negotiated, the relationship may come to a dysfunction standstill

Patient Centred consultation style

- Dr is less authoritarian , encourages patients to express their own feelings and concerns , empathic , listen more than talk
- Dr use open end questioning , show interest in psycho-social aspect of patient's illness

Patient controlled consultation



“You’re paid to do what I tell you!!”

"nothing about me without me."

Doctor controlled consultation



“If I’ve told you once I told you 1,000 times, stop smoking!!”

Length of Consultation



Average 8 minutes

Doctor-patient relationship in the past

- Paternalism
- Because physicians in the past were people who have higher social status
- “Doctor” is seen as a sacred occupation which saves people’s lives
- The advices given by doctors are seen as paramount mandate

Doctor-patient relationship at present

- Consumerism and mutuality
- Patients nowadays have higher education and better economic status
- The concept of patient's autonomy
- The ability to question doctors

Principal elements essential to the relationship

- **Communication**
- **Office Experience**
- **Hospital Experience**
- **Education**
- **Integration**
- **Decision Making**
- **Outcomes**

Communication and Treatment

Advice reassurance and support from the doctor can have a significant effect on recovery

The placebo effect

Communication

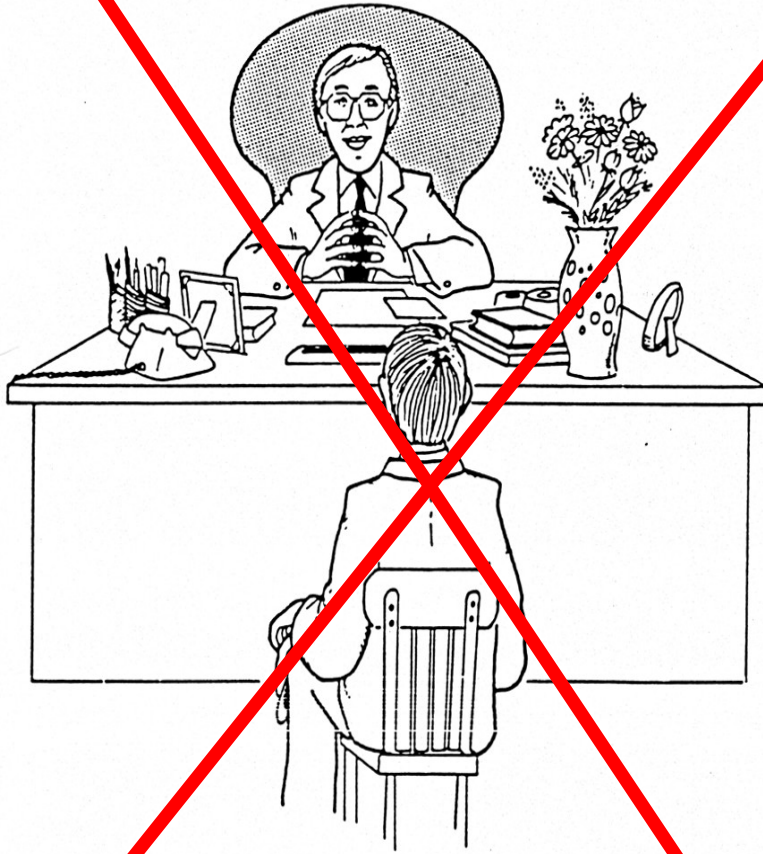
- Seven Essential Elements in Physician-Patient Communication
 - Build the doctor-patient relationship
 - Open the discussion
 - Gather information
 - Understand the patient's perspective
 - Share information
 - Reach agreement on problems and plans
 - Provide closure

Gathering data to understand the patient

Nonverbal skills

- Attentive and interested body posture
- Facial expression
- Appropriate eye contact
- Touch





The headmasterly 'I am in charge' setting: a grave barrier to communication



'Is anything worrying you?'

Communication with pt includes

- An integrated approach to information gathering
- Seeking to identify physical psychological and social factors
- Will likely to produce a better outcome of health care

Who are “difficult” patients?

What characteristics make a patient “difficult”?

- Mental health disorders
- Multiple symptoms
- Chronic pain
- Functional impairment
- Unmet expectations
- Lower satisfaction with care
- High users of health care services

Dr. Tom O’Dowd coined the term “heartsink patient”

BMJ, 1988

Conclusion

- Relationship between patients and doctors are often unstated, and they are dynamic
- As conditions change, the kind of relationship that works best for a patient may change
- Doctors and patients should choose a “relationship fit”
- Effectiveness of the patient-physician relationship directly relates to health outcomes



THANKS