A BRIEF ANALYSIS THE RELATIONSHIP BETWEEN DOCTOR-PATIENT

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ABSTRACT

The relationship between patient and doctor has been analyzed since the early 1900's. Prior to when medicine was more science than art, physicians worked to refine their bedside manner, as cures were often impossible and treatment had limited effect. It is the opinion of some people that the differential in power between the patient and doctor is necessary to the steady course of medical care. The patient seeks information and technical assistance, and the doctor formulates decisions which the patient must accept. Though this seems appropriate in medical emergencies, this model, known as the activity-passivity model, has lost popularity in the treatment of chronic conditions, such as rheumatoid arthritis and lupus. Some rheumatologists may feel that the optimal doctor-patient relationship model is somewhere between **guidance-cooperation** and **mutual participation.** In reality, the nature of the doctor-patient relationship likely changes over time. Early on, at the time of diagnosis, education and guidance are useful in learning to manage the disease. The importance of patient engagement and a strong doctor-patient relationship has recently become a growing topic among healthcare providers. As research on the subject has begun indicating that there may be better outcomes when a patient is actively involved in their healthcare, it has also prompted a controversial discussion on the matter as well. A growing body of evidence demonstrates that patients who are more actively involved in their healthcare experience better health outcomes and incur lower costs. As a result, many public and private healthcare organizations are employing strategies to better engage patients, such as educating them about their conditions and involving them more fully in making decisions about their care. The doctor-patient relationship is a personal interaction that transcends ethnic, socio-cultural and economic differences and generates trust and responsibility. It is based on the trust and understanding that the doctor puts the needs of patient first. For a sound DPR, doctors should not only be well equipped with bio-medical aspects of patient care but understand psychological, social, cultural dimensions of health and illness.

KEYWORDS-DOCTOR, PATIENT, THOUGHTS, RELATIONSHIP, SUGGESTIONS, ILLENESS, TREATMENT.

1. INTRODUCTION

Impacting the Success of Treatment

Have you ever wondered what patients want from an encounter with a doctor? In the thoughts of one physician

- Patients want to be able to trust the competence and efficacy of their caregivers.
- Patients want to be able to negotiate the healthcare system effectively and to be treated with dignity and respect.
- Patients want to understand how their sickness or treatment will affect their lives, and they often fear that their doctors are not telling them everything they want to know.
- Patients want to discuss the effect their illness will have on their family, friends, and finances.
- Patients worry about the future.
- Patients worry about and want to learn how to care for themselves away from the clinical setting.
- Patients want physicians to focus on their pain, physical discomfort, and functional disabilities.

2. The Relationship

The relationship between patient and doctor has been analyzed since the early 1900's. Prior to when medicine was more science than art, physicians worked to refine their bedside manner, as cures were often impossible and treatment had limited effect.

In the middle of the century when science and technology emerged, interpersonal aspects of health care were overshadowed. There is now a renewed interest in medicine as a social process.

A doctor can do as much harm to a patient with the slip of a word as with the slip of a knife.

3. Instrumental and Expressive Components

The doctor-patient relationship crosses two dimensions:

- instrumental
- expressive

The "instrumental" component involves the competence of the doctor in performing the technical aspects of care such as:

- performing diagnostic tests
- physical examinations
- prescribing treatments

The **"expressive"** component reflects the art of medicine, including the affective portion of the interaction such as warmth and empathy, and how the doctor approaches the patient.

4. Common Patient-Doctor Relationship Models

The Activity-Passivity Model - Not the Best Model for Chronic Arthritis

It is the opinion of some people that the differential in power between the patient and doctor is necessary to the steady course of medical care. The patient seeks information and technical assistance, and the doctor formulates decisions which the patient must accept.

Though this seems appropriate in medical emergencies, this model, known as the activity-passivity model, has lost popularity in the treatment of chronic conditions, such as rheumatoid arthritis and lupus.

In this model, the doctor actively treats the patient, but the patient is passive and has no control.

5. The Guidance-Cooperation Model - The Most Prevalent Model

The **guidance-cooperation model** is the most prevalent in current medical practice. In this model, the doctor recommends a treatment and the patient cooperates.

This coincides with the **"doctor knows best"** theory whereby the doctor is supportive and non-authoritarian, yet is responsible for choosing the appropriate treatment. The patient, having lesser power, is expected to follow the recommendations of the physician.

6. The Mutual Participation Model - Shared Responsibility

In the third model, the **mutual participation model**, the doctor and patient share responsibility for making decisions and planning the course of treatment.

The patient and doctor are respectful of each other's expectations, point of view, and values.

Some have argued that this is the most appropriate model for chronic illnesses, such as rheumatoid arthritis and lupus, where patients are responsible for implementing their treatment and determining its efficacy.

The changes in the course of chronic rheumatic conditions require a doctor and patient to have open communication.

7. Some common Mistakes made by Doctors while communicating:

- Overestimated compliance
- Belief that talk is unimportant **"chatter"**
- Dependent language
- Talking to many persons including patients simultaneously.
- Yes or no questions(closed ended questions)
- Ignoring patient's questions

How it can be improved:

- Get down on eye level with patients
- Be genuinely interested-smile and add chitchat to medical interview
- Trust patients as reliable narrators of symptoms
- Be sensitive to patients' physical and emotional state
- Monitor use of medical jargon
- Explain actions during physical exam
- Involve patients in decision making

8. What Is Truly the Optimal Model for Chronic Arthritis?

Some rheumatologists may feel that the optimal doctor-patient relationship model is somewhere between **guidance-cooperation** and **mutual participation.** In reality, the nature of the doctor-patient relationship likely changes over time.

Early on, at the time of diagnosis, education and guidance are useful in learning to manage the disease.

Once treatment plans are established, the patient moves towards the **mutual-participation model** as they monitor their symptoms, report difficulties, and work with the doctor to modify their treatment plan.

9. The Effectiveness of Treatment

The effectiveness of treatment is largely dependent on the patient carrying out the directions of the physician (i.e., compliance). Treatment options for arthritis may involve:

- taking prescribed medications
- range of motion and strengthening exercises
- joint protection techniques
- natural remedies
- pain relief techniques
- anti-inflammatory diet
- weight control
- physical therapy

Non-adherence to the treatment plan presupposes a negative outcome, with the assumption that:

- The treatment is appropriate and usually effective
- There is an association between adherence and improved health
- The patient is able to carry out the treatment plan

10. What Are the Effects of an Effective Patient-Doctor Relationship?

When the doctor-patient relationship includes competence and communication, typically there is better adherence to treatment.

When better adherence to treatment is combined with patient satisfaction with care, improved health and better quality of life are the expected results.

Bottom line: The success of treatment can be greatly impacted by the doctor-patient relationship.

11. The Importance of a Strong Doctor-Patient Relationship

The importance of patient engagement and a strong doctor-patient relationship has recently become a growing topic among healthcare providers.

As research on the subject has begun indicating that there may be better outcomes when a patient is actively involved in their healthcare, it has also prompted a controversial discussion on the matter as well.

A growing body of evidence demonstrates that patients who are more actively involved in their healthcare experience better health outcomes and incur lower costs.

As a result, many public and private healthcare organizations are employing strategies to better engage patients, such as educating them about their conditions and involving them more fully in making decisions about their care.

The study has been collected on the topic to verify if there are better outcomes when patients are actively involved in their healthcare.

According to a study published in the journal Health Services Research, the relationship between a physician and their patient is the key to high patient engagement.

The experts found that there were three factors that had a huge impact on a patient's engagement levels. These included:

- The quality of the patient-physician relationship especially how well the doctor communicates in the office
- The amount of respect and fairness patients felt they received
- The frequency of patient-physician communication outside of the office (through email or phone)

The study found interesting results. Patient communication was one of the most critical elements of success: for every one unit increase in the quality of interpersonal exchanges, patients reported a 10 unit increase in their overall engagement levels.

New Surface Sensor Technology has been designed to help foster doctor-patient communication without needing unnecessary, in-person appointments while simultaneously improving the relationship between physician and patient.

TracPatch, a two-piece device that adheres to a patient's leg above and below the knee following total knee surgery, was created to continuously collect activity data including range of motion (ROM), exercise compliance, pain scores,

PROM survey submissions, and ambulation, through a centralized patient app. The data is then sent to the cloud and shared with the patient's healthcare provider through the healthcare provider app and web portal.

TracPatch allows healthcare providers to review a patient's progress remotely and then send exercise reminders and make changes to individual recovery plans based on how the individual is progressing.

The technology was created to help foster an enhanced doctor-patient relationship as it gives physicians the ability to monitor their patients no matter where they are located and patients the opportunity to communicate with their physician whenever necessary, without an in-person appointment. It's reassuring to know that

TracPatch has already begun helping patients take an active role in their recovery process. For more information about TracPatch contact us today.

12. Some Thoughts on the Patient-Doctor Relationship

There is an inherent power differential in the patient-doctor relationship: The patient comes to the doctor as an authority on his/her physical or emotional state and is thus either intellectually or emotionally dependent on the doctor's treatment plan and advice.

It is therefore absolutely essential that the doctor respect the patient as an equal participant in the treatment.

Although the doctor certainly has knowledge about how similar conditions were successfully treated in the past, hopefully a medical professional will display an attitude of respect and mutual collaboration with the patient to resolve his/her problem.

Listening is a key component of conveying an attitude of respect toward the patient. Nowadays practitioners are most often taking notes at their computers while speaking with the patient.

This is certainly time efficient and may in fact be necessary in order for a medical practice to remain solvent with the demands of Medicare and insurance companies.

However, multitasking does not convey to the patient that they are connecting with the doctor. Listening is a complex action, which not only involves the ears, but the eyes, the kinesthetic responses of the whole body, and attention to the patient's nonverbal communication.

13. Some of the key faux pas to avoid when listening to the patient include:

- Not centering oneself before engaging in a "crucial conversation";
- Not listening because one is thinking ahead to his/her own response;
- Not maintaining eye contact;
- Not being aware of when one feels challenged and/or defensive;
- Discouraging the patient from contributing his/her own ideas;
- Not allowing the patient to give feedback on what s/he heard as instructions; and
- Taking phone calls or allowing interruptions during a consultation.

It is always helpful to give a patient clear, written instructions about medications, diet, exercise, etc., that result from the consultation. Some doctors send this report via secure email to the patient for review, which is an excellent technique.

The art of apology is another topic that greatly impacts the doctor-patient relationship, as well as the doctor's relationship with the patient's family members.

This art is a process that has recently emerged in the medical and medical insurance industries. Kaiser Permanente's director of medical-legal affairs has adopted the practice of asking permission to videotape the actual conversation in which a physician apologizes to a patient for a mistake in a procedure.

These conversations are meant to help medical professionals learn how to admit mistakes and ask for forgiveness. Oftentimes patients are looking for just such a communication, which may allow them to put to rest feelings of resentment, bitterness, and regret.

'Our patients' well-being is our ideal goal. Knowing that they have been heard and their feelings understood may in the long run allow patients and their families to heal mind/body/soul more powerfully than we had ever thought. Of course, in our litigious society this may well be an art that remains to be developed over the long term.

14. CONCLUSION

- The doctor-patient relationship is a personal interaction that transcends ethnic, socio-cultural and economic differences and generates trust and responsibility.
- It is based on the trust and understanding that the doctor puts the needs of patient first.
- For a sound DPR, doctors should not only be well equipped with bio-medical aspects of patient care but understand psychological, social, cultural dimensions of health and illness.
- Patient's participation in decision making is an important component in Doctor-patient relationship.
- Re-examining the ethical tenets of medical practice and their application in new circumstances has become a necessary and ongoing exercise.
- Our future doctors must be sensitized to human rights, ethical considerations and gender issues.
- Restoration of the dignity of noble profession was never more required than it is today. The road of ethical practice is not a journey of dos and don'ts, right and wrong. It is one in which the patient and doctor walk hand in hand.

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