

The Doctor-Patient Relationship



Dr Than Htut Oo

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Dr. Shahida Khatoon

Assistant Professor

LUMHS

Liaquat University of Medical and

Health Sciences, Jamshoro

(Pakistan)

Patient-Physician Relationship

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

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

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”

Types of Dr-Pt 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

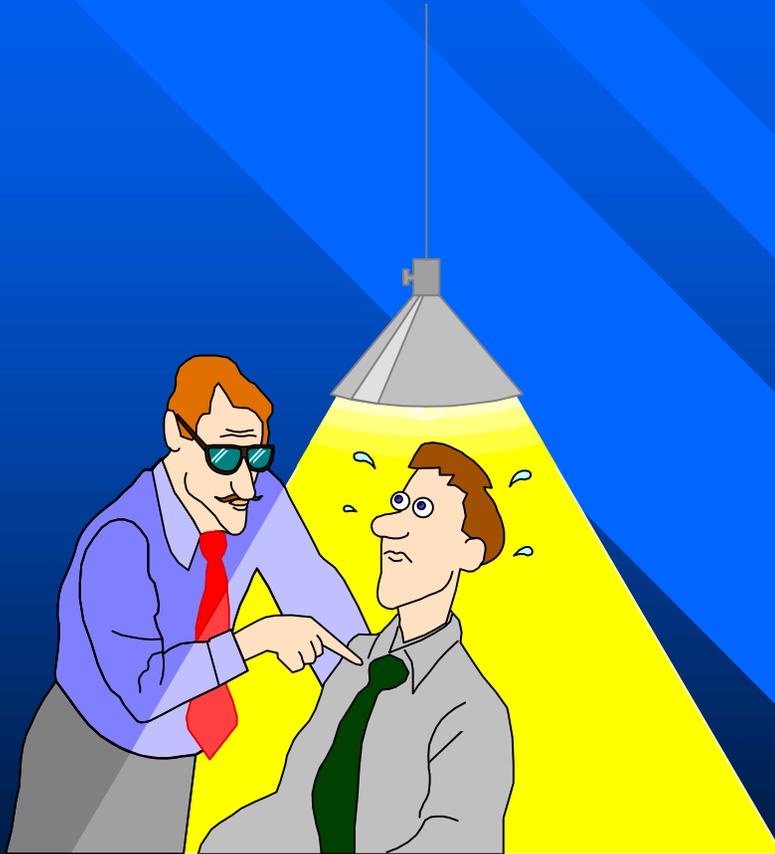
Types

- four prototypes of doctor-patient relationship
 - Paternalism
 - Consumerism
 - Mutuality
 - Default

1. 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**

The Paternalistic Approach



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

Advantages

- 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”**

Patient controlled consultation

“You’re paid to do what I tell you!!”



*"nothing about me
without me."*

*“shared decision-making” to
become the norm: no
decision about me without me.*

- *International evidence shows that involving patients in their care and treatment **improves their health outcomes***
- ***boosts their satisfaction***
- ***increases** not just their knowledge and understanding of their health status but also their **adherence** to a chosen treatment*

- *significant reductions in cost*
- *strong participation in clinical trials tend to have better outcomes.*

2. 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

- 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

- 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

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

3. 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.

PATIENT; Health shoppers so consumer behavior

- Cost-consciousness
- Information seeking
- Exercising independent judgment

DOCTOR : Health care providers

- Technical consultant
- To convince the necessity of medical services

4.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.

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

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How well can you predict the
outcome of your actions?

Complexity

Multiple key decision
factors

Volatility

Rate of change

Ambiguity

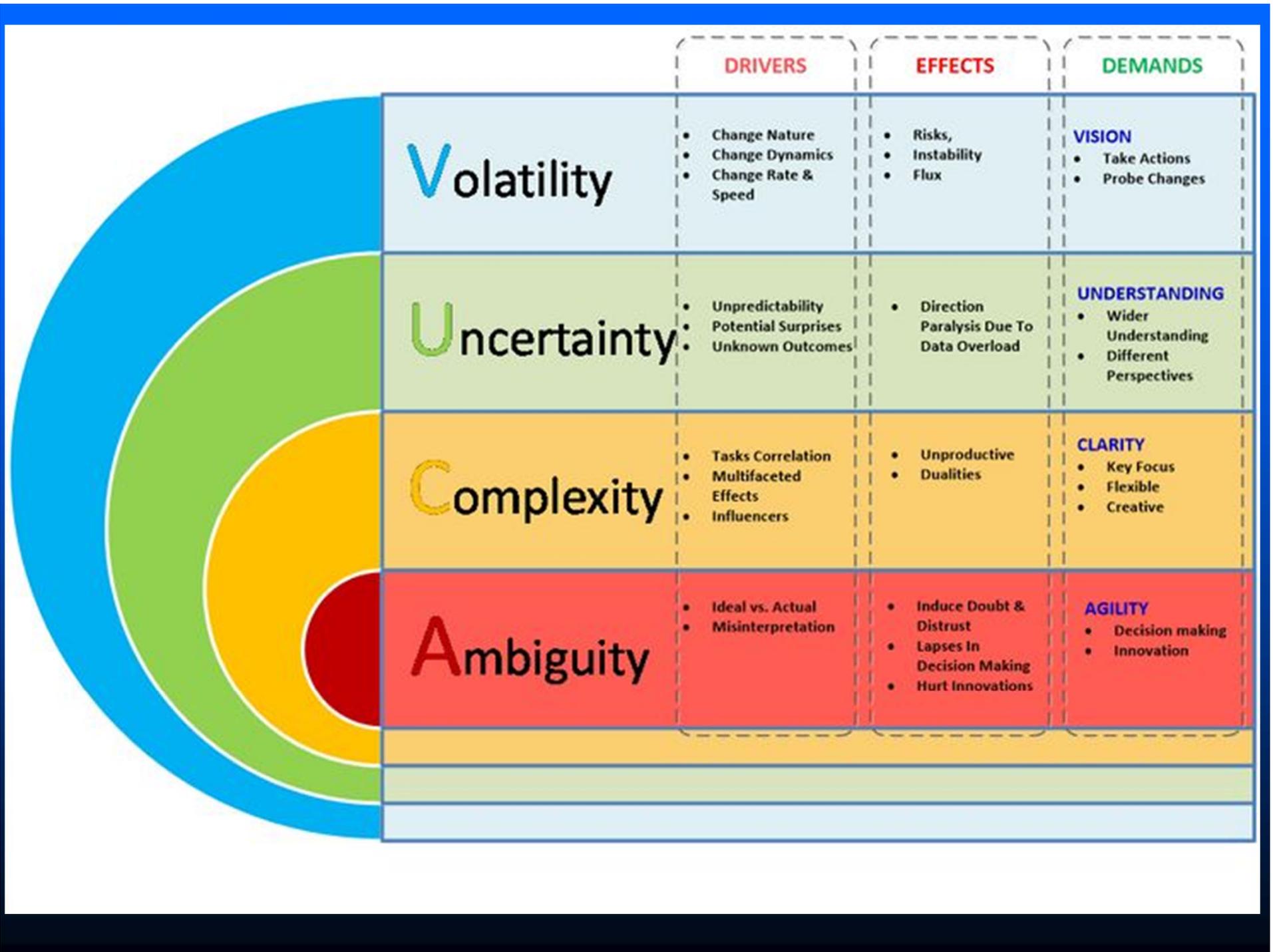
Lack of clarity about
meaning of an event

Uncertainty

Unclear about the
present

How much do you know about the situation?

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Volatility



Vision

Uncertainty



Understanding

Complexity



Clarity

Ambiguity



Agility

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.

