

## DOCTOR – PATIENT RELATIONSHIP – A REVIEW

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### ABSTRACT

*Doctor patient relationship is the heart and art of medicine. It is central to the clinical practice and is essential for the delivery of high quality health care in the diagnosis and the treatment of disease. Much patient dissatisfaction and many complaints are due to the breakdown in the Doctor-Patient relationship. This review gives you an insight into the evolution and theories of doctor patient's relationship and its importance in the diagnosis, treatment and prognosis.*

**KEYWORDS:** Doctor-patient relationship; Health care; Theories

### INTRODUCTION

The goal of medicine as a profession dedicated to healing and caring of the sick in a dignified manner depend very much on a stable and trusting doctor patient relationship. Doctor's communication skills are the core clinical skills in the practise of medicine, with the ultimate goal of achieving the best outcome and patients satisfaction which are essential for the effective delivery of health care. Doctor patient relationship is best served by a patients centered framework, which strives to understand the patient's illness within "a combined biological, psychological and social perspective", taking into account the patients individual experience and personal meaning of illness.<sup>[1]</sup>

### EVOLUTION OF DOCTOR PATIENT RELATIONSHIP

Talcott Persons was the first social scientist to theorize the Doctor-Patient relationship and thus functionalist, role based approach defined analysis of the Doctor-Patient relationship for the next two decades. Parsons began with the assumption that illness was a form of dysfunctional deviance that required reintegration and physician's role is to communicate to the patient to control their deviance. Parsons also based his model on the assumption of a long-term

relationship with family physicians. Growing medical specialization and the decline of the family physician makes this dyadic role model incomplete.<sup>[2]</sup>

### PATERNALISTIC MODEL

This historical model for Doctor-Patient relation involved patient dependence on the physician's professional authority. Believing that the patient would benefit from the physician's actions, patient's references were generally ignored. In this model, the patient passively acquiesces to the professional authority by agreeing to the doctor's choice of treatment for centuries, the concept of physician beneficence allowed this paternalistic model to thrive.

### INFORMED MODEL

The informed model involves a partnership between doctor and patient that is based on a division of labour. The doctor communicates to the patient information on all relevant treatment options and their benefits and risks to enable the patient to make an informed treatment decisions. This model assumes that the deliberation and decisions making steps and the role prerogative of the patient.

### SHARED MODEL

During the second half of the 20<sup>th</sup> century, the Doctor-Patient relation has evolved towards

shared decision making. There is a two way exchange of information; both doctor and patient reveal treatment preferences and both agree on the decision to implement. This model respects the patient as an autonomous agent with a right to make choice and to take decisions.<sup>[30]</sup> Information exchange is the dominant communication model, and the health consumer movement has led to the recent model of shared decision making and patient centred communication.

### **IMPORTANCE OF DOCTOR-PATIENT RELATIONSHIP**

Good Doctor-Patient relation is central to the clinical practice. The three main goals of current Doctor-Patient communication are creating a good interpersonal relationship, facilitating exchange of information and including patients in decision making.<sup>[4,5]</sup> Good Doctor-Patient relation has the potential to regulate patients emotions, facilitate comprehension of medical information and allow for better identification of patient's needs, perception and expectations.<sup>[6]</sup> Most of the essential diagnostic information arises from interview and the physicians inter personal skills also determine the patients satisfaction and compliance and positively influence health outcomes.<sup>[7]</sup> Studies have shown correlation between a sense of control and the ability to tolerate pain, recovery from illness, decreased tumor growth and daily functioning.<sup>[8]</sup> Enhanced psychological adjustments and better mental health have also been reported.<sup>[9]</sup> Reduction in blood pressure was significantly greater in patients who, during visits to the doctor, had been allowed to express their health concerns without interruptions.<sup>[10]</sup> Explaining and understanding patient concerns, even when they cannot be resolved, results in a significant fall in anxiety.<sup>[7]</sup> Greater participation by the patient in treatment plan improves satisfaction, compliance and outcome of treatment. The level of psychological distress in patients with serious illness is less when they perceive themselves to have received adequate information from the doctor.<sup>[11]</sup> The nature of the Doctor-Patient relationship changes over the course of illness. Perhaps nowhere is that truer than in oncology. Each and every stage of illness in critical for patients due to the impact the communication of a diagnosis/relapse/progression of the illness can have on their lives in both physical and psychology terms. Doctor should

understand the importance and delicacy of the movement when communicating bad news.<sup>[12]</sup> Good communication between doctor and patient has positive effects on the patients adjustment to cancer and its treatment, including good pain control, adherence to drug regimens and diets and good psychological functioning of patients.<sup>[13]</sup> The oncologist and patient's movement together through a sequence of both predictable and unpredictable steps in their best efforts to treat and defeat cancer creates partnership that can be demanding and difficult but also treasured.<sup>[14]</sup> Continuing of doctor patient relationship during follow up visits will improve Quality Of Life of cancer patients.<sup>[15]</sup> The quality of doctor patient relationship is positively correlated with improved health outcomes. Doctor needs to have knowledge of patient's cultural factors and socio-economic backgrounds; to best communicate with their patients.<sup>[16]</sup> A good doctor-patient rapport reduces the perception of postoperative pain.<sup>[17]</sup>

### **CONCLUSION**

Doctors are in a unique position of respect and power. Effective Doctor-Patient relationship and good communication can be a source of motivation, reassurance and support.<sup>[18]</sup> Doctor – patient relationship is central to the practice of health care and is one of the foundations of contemporary medical ethics. There is considerable healing power in Doctor-Patient relationship. The better the relationship in terms of mutual respect, knowledge, trust, shared values and perspectives about disease and life, the better will be the amount and quality of information about the patient's disease and enhancing accuracy of diagnosis. Doctor-Patient relationship deserves our serious attention.

*"The patient will never care how much you know, until they know how much you care."* (Terry Canale in his American Academy of Orthopaedic Surgeons Vice Presidential Address).<sup>[19]</sup>

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