Doctor- Patient Relationship

Dr. Rawan Masri

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The doctor-patient relationship remains a keystone of care, the medium in which data are gathered , diagnosis and plans are made, compliance is accomplished and healing , patient activation and support are provided.

Medical Practice

1-Seeking medical care

The patients' **behavior** and their **expectations** of physicians are influenced by their culture, previous experiences with health care, physical and mental conditions, coping skills, personality types and personality disorders.

2-Seeking psychiatric care

Many patients fail to seek help for their problems because of the **stigma**.

It is important for patients to seek help since there is a strong correlation between **psychological** problems and physical illness.

Medical Practice

3-The "sick role"

Parsons *sick role*: a person assumes a special role in society and certain behavioral patterns when he or she is ill.

The sick role includes **exemption from usual responsibilities and expectation of care** by others, as well as working toward becoming healthy and cooperating with health care team in getting well.

Medical Practice

4-Telling patients the truth

- Adult patients usually are given directly the truth about their **diagnosis**, the **treatment** and its **side effects**, and the **prognosis** of their illness.
- With the **patient's permission**, the physician **can tell close relatives** information about the illness in conjunction with, or after, telling the patient.
- **Relieving** the relatives` **fears** of a seriously ill patient can **uphold** the support system, and thus help the patient.
- **Children could** be given information about their illness if the parents decide that.

Medical Practice

5-Special situations

- It is the physician's **responsibility** to ask the patient about **embarrassing** issues like sexual problems by using special ***Communication skills*** to address them truthfully and fully with the patient.
- It is the primary physician's **responsibility** for dealing with **compliance** issues**, angry , seductive , suicidal or complaining** behavior by their patients, and to reserve referrals for medical and psychiatric problems outside of the treating physician's range of expertise.

Informed consent

Informed consent: The process by which a patient learns about and understands the purpose, benefits, and potential risks of a medical or surgical intervention, including clinical trials, and then agrees to receive the treatment or participate in the trial. Informed consent generally requires the patient or responsible party to sign a statement confirming that they understand the risks and benefits of the procedure or treatment.

There are four models for approaching DPR.

1. **Paternalistic approach:** In this model, the doctor generally dominates the interrogation and the patient is expected to comply without questioning. Here, the physician acts as a guardian, because he/she independently promotes the patient's health condition without the latter's consent. This autocratic model of DPR is usually advocated in emergency situations, as obtaining consent from the patient in such a situation might alter his medical condition.
2. **Informative model:** This is also called the consumer model. Here, the physician acts as a proficient technical expert by defining appropriate factual information about possible treatments provided for the patient and implementing the patient's selected intervention. In this model, the patient is in charge of the decision making for his medical condition. This kind of model is justified in a patient-centered medical location.
3. **Interpretive model:** In this model, the physician plays an advisor by explicating and interpreting the appropriate medical status of the patient. The physician acquires the consent from patient and uses the patient's decided intervention.
4. **Deliberative model:** In the deliberative approach of DPR, the doctor is a teacher or friend toward his patient. The doctor enunciates the treatment measures and convinces his patient of the more valuable medical measures. The patient's consent is also important for implementation of treatment.

Will the patients trust me if I am a student???

- Student s may feel uncertain about their role in patient care. Building trust requires honesty; Students must be honest about their role, letting the patient know s/he is a physician-in-training. In some settings , an attending physician or resident can introduce the students to initiate a trusting relationship. In other setting students may need to introduce themselves. One form of introductions would be : ‘Hello, I am Asma . I am a 4th year medical student who is part of the team that will be caring for you during your hospitalization, I’d like to hear about what brought you into the hospital.’

How much of oneself should the physician bring to the doctor-patient relationship?

- Many patients may feel more connected to a physician when they know something about the physician's life, and it may sometimes be appropriate to share information about family or personal matters. However, it is essential that the patient , and the patient's concerns be the focus of every visit.

What role should the physician's personal feelings and beliefs play in the physician-patient-relationship?

- Occasionally , a physician may face requests for services such as contraception or abortion, which raise a conflict for the physician. Physicians do not have to provide services in opposition to their beliefs. In addition a nonjudgmental discussion with the patient regarding the need for services and alternative forms of therapy is acceptable.
- While the physician may decline to provide the requested services, the patient must be treated as a respected autonomous individual.
- Where appropriate , the patient may be provided with information about how to obtain the desired service.

What can hinder the physician-patient-relationship?

- There may be barriers to effective physician-patient communication. Patients may feel that they are wasting the physician's valuable time; may omit details of their history which they deem unimportant, be embarrassed to mention things they think will place them in an unfavorable light; not understand medical terminology or believe that the physician has not really listened and, therefore, does not have the information needed to make good treatment decisions.
- Several approaches can be used to facilitate open communication with a patient. Physicians should :
- 1. sit down
- 2. attend to patient comfort
- 3. establish eye contact
- 4. listen without interrupting
- 5. show attention with non verbal cues , such as nodding
- 6. allow silences while patient searches for words

What can hinder the physician-patient-relationship?

- 7. acknowledge and legitimize feelings
- 8. explain and reassure during examinations
- 9. ask explicitly if there are other areas of concern

What is the role of confidentiality?

- Confidentiality provides the foundation for the physician-patient-relationship. In order to make accurate diagnosis and provide optimal treatment recommendations, the physician must have relevant information about the patient's illness or injury. This may require the discussion of sensitive information, which would be embarrassing or harmful if it were known to other persons. The promise of confidentiality permits the patient to trust that information revealed to the physician will not be further disseminated.
- The expectation of confidentiality derives from the public oath which the physician has taken , and from the accepted code of professional ethics.
- The physician's duty to maintain confidentiality extends from respect for the patient's autonomy (is the duty to protect a patient's freedom to choose).

compliance

- ***Patient characteristics associated with compliance (adherence)***
- **Compliance** or **adherence** is the extent to which a patient **follows the instructions of the physician**, such as taking medications on schedule, having a needed medical test or surgical procedure, and following directions for changes in life style , such as diet or exercise.
- Patients' unconscious **transference** reactions to their physicians, can increase or decrease compliance.
- **One third of patients comply** fully with treatment, *one third* comply some of the time, and ***one third*** do not comply with treatment.

Compliance

- ***Factors that increase and decrease compliance:***

- Compliance is **not related** to patient **intelligence**, **education**, **sex**, **religion**, **race, socioeconomic** status, or **marital status**.
- Compliance is most closely related to **how well the patient likes the doctor.**
- **The strength of the doctor-patient** relationship is also the most important factor in whether or not patients sue their doctors when an error or a poor outcome is made.

Compliance

- Factors associated with **Increased Compliance**:

  -Written diagnosis and instructions for treatment

  -Good physician-patient relationship

  -Patient feels ill and the activities are disrupted by the illness

  -Short time spent in the waiting room

  -Acute illness

  -Recommending only one behavioral change at a time

  -Simple treatment schedule

  -Older physician

  -Peer support

The Clinical Interview

- ***Communication skills***
- Patient compliance with medical advice, detection of both physical and psychological problems, as well as satisfaction with the physician are improved by **good doctor -patient communication.**
- One of the most important skills for a doctor is **how to interview patients.**
- The **clinical setting** for the interview should be as **private** as possible**.** typically , there should be **no obstacle** between the physician and patient, and the participants should **interact at eye level**.

The Clinical Interview

- ***Communication skills:***
- An interview needs establishing **rapport** with the patient to facilitate effective & safe interaction and then gathering the physical, psychological, and social information needed to identify the patient's problem.
- The interview aims to obtain the **patient's medical and psychiatric history**, including information about past mental problems**,** drug and alcohol use, sexual activity, current living situation, and sources of stress.
- The doctor should obtain backup (e.g., hospital security) as soon as it appears that a patient is **dangerous or threatening.**

Specific interviewing techniques

A. **Open-ended** questions Vs. **Closed-ended** questions.

1. Open-ended.

a. Begin with a general open-ended question (e.g., “How can I help you today?”) and allow the patient to talk freely.

b. Useful in starting the interview, and patients may be more comfortable telling their story without interruption.

c. Thought content is not limited by examiner preconception. Open-ended questions are non-judgmental (e.g., “Can you tell me more about that?”) .

Specific interviewing techniques

2. Closed-ended questions.

- Used in **clarifying** information & **gathering factual** data and can be answered by **“Yes” or “No”.**
- Effective used when the patient is **seductive** or **overly talkative.**
- Direct questions are used to elicit specific information quickly from a patient in an emergency situation to a clearly defined topic (e.g., “Do you have thoughts to harm yourself?”).

Specific interviewing techniques

B. Reflection

The doctor repeats to the patient in a supportive manner something that the patient has said.

Example: An elderly patient is speaking about fears of dying.

The doctor may say, “aging causes many people to think about death”.

C. Facilitation

The doctor’s response helps the patient to continue talking in the interview by providing both verbal & nonverbal cues.

Examples: nodding one’s head, leaning forward in one’s seat, saying “Yes, and then … “ or “Uh-huh, go on”.

Specific interviewing techniques

D. Silence

Allows the patient to contemplate, to cry or to just sit in an accepted supportive environment.

Not every moment in the interview must be filled with talk.

E. Confrontation

Point out to the patient something that the doctor feels the patient is not paying attention to, is missing, or in some way denying.

Example: a patient who has just made a suicidal gesture but is telling the doctor that it was not serious may be confronted with the statement, “What you have done may not have killed you, but you are in serious trouble & need help so that this doesn’t happen again”.

Specific interviewing techniques

F. Clarification

The doctor attempts to get more details from the patient.

Example: “You are feeling depressed. What makes you feel most depressed?”.

G. Interpretation

The doctor states something about the patient’s behavior or thoughts that the patient may be not aware of.

Example: “When you talk about how angry you are that your family has not been supportive, that may mean you are worried that I won’t be there for you either. What do you think?”

Specific interviewing techniques

H. Summation

Briefly summarize what the patient has said.

Example: “I just want to make sure that I’ve gotten everything right up to this point …”

I. Explanation

Explain the treatment plan to the patient in easily understandable language.

Example: “You will be given a small dose of medication that will make you sleepy.

Specific interviewing techniques

J. Positive Reinforcement

1. Allows the patient to feel comfortable telling the doctor anything.
2. Example: “My job is not to judge what you say but to understand what you are experiencing.”

K. Reassurance

3. Can lead to increased trust & compliance and can be experienced as an empathic response of a concerned physician.
4. Example: “I know you are upset but I think I can help you”.

Specific interviewing techniques

L. Advice

Advice should be given only after the patient is allowed to talk freely about the problem; the physician needs adequate information base from which to make suggestions.

Example: “Until your anxiety subsides, I don’t think you should look for a new job.”

The End