

DOI: 10.5281/zenodo.10570223

01 Editorial

DOCTOR-PATIENT RELATIONSHIP

Dr Janardan V Bhatt MD, Medicine, MD PhD, Physiology FIMER NHL

Professor and head, Ananya College of Medicine and research, Kalol, Dist Gandhinagar. Pin 382721

Email: jvbhattin@yahoo.com

why? Doctor patient relationship

A good Doctor-patient relationship is fundamental for health care, It helps the whole healing process and the outcome of the patient from sickness. A large number of models of doctor-patient relationships prevail but each follows some pros and cons. In doctor-patient relationship. doctor and patient are two opposite ends.

Sometimes it is observed that Doctors have high knowledge about their specialty and patients have no knowledge about it. The doctor is often mechanistic and finds the problem and fixes it and this is an entirely different mechanic -client relation (AI). But So far it works there is no harm.

For centuries the medical profession was considered the noblest profession and the doctor was considered not less than God because of the nature of the profession where life is saved, Later on, the medical profession became more science and was associated with lots of hazards from side effects of drugs to surgical and anesthesia-related morbidity and mortality. , with the advancement of information technology and legal liability, the medical profession became more complicated leading the doctor-patient relation also complicated.

Evolution of the doctor-patient relationship; If we take ancient India, Egypt, Greece, or Europe the doctor-patient relationship was Parent-infant type. There was only one-way communication, This model is still applicable in cases of coma, anesthesia, Acute trauma, delirium, and major psychosis...The patient is either unable to respond or inert, doctor tries to do something for the benefit of the patient which is active to passive type of relation. with the development of science and improved general knowledge of society, the doctor-patient relationship became adult to child or adolescent type. This relationship model applies to almost all acute illnesses and infections. Here the relationship itself remains the cornerstone of treatment. Physicians tell patients what to do and what not to do. This model is a guide to cooperation type. In recent years especially in the era of Google and artificial intelligence, doctor-patient relations developed to adult to adult type. This relationship is well implicated in major chronic illnesses both physical, and mental, and psychoanalysis and psychotherapy. Here the doctor himself/herself helps the patient through good communication. This model fits in the mutual participation type and is highly recommended in this era.

Though significant factors play a role in doctor-patient relationships. Good, healthy, and positive relations between doctor and patient indeed play a vital role in the recovery process of sick person Each model has its pros and cons 'ideal' picture of doctor-patient relationships is difficult to establish. However, it should be noted that Talcott Parsons renowned sociologist did state that several different relationships were possible and that they took the following forms:

1. Paternalism – where the doctor has a high degree of control over the patient, IN the model of paternalism, the doctor is dominant and active and the patient is passive very similar to the parent-child relationship in the transactional analysis model "I DECIDE YOU. "

Here the additional benefit is the placebo effect of a doctor.

2. Mutuality –Mutuality: this model is based on shared decision-making and by many it is considered an ideal model. The model is very similar to very similar adult -the adult type of relationship in the transectional analysis model.: "I GIVE INFORMATION"

3. Consumerist – where the patient has a high degree of control and has choices over treatment given where both have relevant knowledge and the relationship is on an equal footing Consumerism This model is focusing on patient rights and doctor's obligation quite reverse than Paternism model. It is similar to seller buyer model. The doctor is selling his/her services and the buyer is purchasing such services.

4. Default – where the doctor reduces the level of control in the consultation, yet the patient remains in the passive role, giving the doctor power and control by ‘default’. Default model: it is characterized by a lack of control on either side and is considered a very poor type of doctor-patient relationship. ="I GAVE YOU MY PREFERENCES"

Parsons at al however saw ‘Paternalism’ as the ideal relationship in the majority of cases. They observed placebo benefits in this model. But the bitter fact is that the Consumerist model overruled in in modern society. Postmodernist views that healthcare, in general, is becoming much more ‘Consumerist’ in nature, as part of the Consumerist’ as part of the consumerisation of society

In the context of the existing model of consumerization of society prevails in India and many many parts of the world. In the Consumerist model, the patient can register a complaint in court or a special court so-called consumer forum, if the patient is not satisfied with the doctor's services. And court/or forum also thoroughly examines the case and takes expert opinion and if the doctor is responsible for an inadequate service i.e. negligence provided, the doctor is liable for penalties. This is the cornerstone of the Consumer Protection Act. (CPA 1986) CPA has made a significant impact on the image of the medical profession and also added more responsible medical practice.

Active doctors/parents/ or/guide the patient to behave a child way and passively follow the orders given by the doctor. It is still an ideal model and follows most circumstances, but with the implementation of CPA of roles of doctor and patient are changed significantly where the doctor is a seller who sells his knowledge or skill he/she has acquired during their learning and the patient is a buyer of service. model is very similar to a shop keeper and buyer and the relationship is like seller and buyer type. This appeared as a wonderful phenomenon when the Consumer Protection Act was implemented.

paradigm shifts from God to seller and devotee to buyer.

The medical profession is as old as human civilization. For centuries medicine remained more art and less science. With the development of science and technology, medicine became more science and less art. Hippocrates the father of modern medicine (460-370 BC) about 2500 years before insisted on a doctor-patient relationship limited to the well-being of patients and avoidance of misbehavior to the patient.

Up to a few decades before in our country and some developed countries even today, the family doctor and a clergyman (a religious guru) always remain very close in the family from birth to death including other major life events and sickness. The medical profession was considered a very noble profession and still it is a noble profession today. Due to the evolution of science and technology and other factors discussed in the article, we will see how the role of a Doctor has changed from a God-like personality to just a seller of health services, and the role of the patient has changed from committed devotee to the buyer of

health services. Who is responsible for this paradigm shift is controversial? Some consider medical fraternity behaviours others consider society's 'en masse' attitude to the medical profession as responsible. In this dispute, a law has intervened and the medical profession is covered under the Consumer Protection Act of 1986. Special consumer forums were established to short out the dispute between doctors and patients like family courts.

Despite all these discussed in CPA, the truth is that the good doctor-patient relationship is a foundation of healthcare, and doctors should play a key role in effective and compassionate medical care. The success of medical services is based on mutual trust, communication, interdependent respect,

Over the past century, doctors have held the utmost respected and trusted position not only in Indian Society but around the world.

This has changed in the recent past; the patients have become suspicious of the motives of healthcare professionals. This change in paradigm is based on three interdependent parameters.

- 1] patient
- 2] Doctor
- 3] system

1] Patient factors: Among the patient factors, due to advanced science and technology especially information technology and Google (AI will make the situation more complicated), Patients started having unrealistic expectations. Patients feel that their voice is not heard. Patients feel doctors have no time for them.

Patients have access to almost all information at the touch of a button on Google and AI and feel empowered, knowledgeable, and aware of diseases. Patients are aware of treatment, and available options so they patients would like to talk about such unrealistic options while over trusting Dr. Google.

Attitudes have changed towards doctors and diseases, acceptance, and life in general. They want access to early diagnosis, treatment, and preventive interventions. The standard of education is significantly improved and similarly improved financial standards make the increased in spending power of patients. This leads to consulting specialists and bypassing the family physician or family doctor entirely.

2 Doctor factor: If we see the doctor's perspectives: Increased technology has increased the administrative burden and Time constraints. Sometimes the doctors are doing defensive practice due to fear of litigation, complaints, and verbal and or physical abuse (CPA). This leads to prescribing excess laboratory and radiological tests and polypharmacology. Modern stress and strain including the use of social media also affect Working long hours causing burnout and Feeling unsupported. False or Premature reassurances increase further stress and strain which is further added by not involving the patient /family in decision-making diagnosis and treatment options.

3 System factors: Lastly we cannot avoid system factors. As mentioned above there is a breakdown in the primary/family doctor care system. Provision of care systems is not equally well distributed leading doctors to feel learned helplessness. Day by day the system is increasing the burden of documentation and validation, repeated investigations and intervention leading to either over or treatment leaving doctors and patients frustrated, confused, and mistrusting

In this criterion, it is worth considering the holistic view. Even doctors are not considering the patient as a whole taking their psychological, physical, economic, cultural, and familial

differences to provide holistic care. So patients reach super specialists without being seen by the primary family physician.

So what? Back to reach God's/Parent model is now difficult to reach and not recommended also but here it is highly emphasized to accept the concept of family doctor's/family physicians as a great idea.

In this context, the National Medical Commission has introduced AETCOM (Attitude ethics and communication module) and communication skills into the CBME (Competency-based medical education) in the medical curriculum is a great step. The National Medical Commission has also added a new specialty Family medicine. The family medicine concept has been added since the first MBBS in the current /NEW curriculum of CBME (Competency-based medical education).

Frequent CME and seminars to develop communication skills for already practicing doctors are a second step to implementing AETCOM. Doctors should learn to treat the patient as their relative (a true family doctor). Doctors are recommended to spend time in communication and practice listening to the patients carefully, Doctor should make patients equal partners in decision-making.

Listening to patients' ideas, concerns, and expectations and then making shared care plans depending on the needs of the patient is a further step toward improving doctor-patient relationships.

Changing attitudes. being approachable, being honest, and owning up to mistakes are further steps to improve doctor-patient relationships. The paradigm shift required is moving away from doctor doctor-centered approach and putting the patient first and going patient-centric approach foremost when providing care is the final answer for good doctor-patient relationship.

Trust is a fundamental component, as patients need assurance that their medical concerns will be addressed with competence and empathy. Once trust and communication, are established, allowing patients to share personal i accurate diagnoses and effective treatment plans then the remaining is very simple. In turn, patients who feel heard and understood are more likely to comply with medical recommendations, leading to better health outcomes. Beyond medical expertise, the ability of a physician to empathize with the patient's emotional and psychological state can profoundly influence the healing process. Recognizing the human aspects of illness, addressing fears and anxieties, and providing emotional support contribute to a holistic approach to patient care.

However, the doctor-patient relationship is not without its challenges. Time constraints, administrative burdens, and rapidly evolving healthcare can strain the ability of healthcare providers to establish and maintain strong connections with their patients. The modern era has seen the integration of technology into healthcare, offering benefits such as telemedicine and electronic health records. While these advancements enhance efficiency, they also pose challenges to the traditional face-to-face interactions that are crucial for building trust and rapport.

Informed patients are increasingly participating in shared decision-making, contributing to a more patient-centered approach to healthcare. This shift underscores the importance of doctors not only as authorities but also as partners in the patient's journey toward health. In conclusion, the doctor-patient relationship depends on trust, communication, and empathy. It is essential for effective healthcare, influencing not only medical outcomes but also the overall well-being of patients. As healthcare continues to evolve, maintaining the human

touch in the doctor-patient relationship becomes even more crucial. Healthcare providers must adapt to the changing science and technology, and learn to make partnerships with their patients to ensure a holistic and patient-centered care approach to medical care.

References:

1]AETCOM Module National medical commission website <https://www.nmc.org.in/>

2]Devereux C. [Models of the physician-patient relationship](#). JAMA. 1992 Sep 16;268(11):1410; author reply 1412-3. doi: 10.1001/jama.268.11.1410b.PMID: 1512901 .

3]Devereux C. [Models of the physician-patient relationship](#). [International Journal of Surgery Volume 5, Issue 1](#), February 2007, Pages 57-65

4]Emanuel EJ, Emanuel LL. Four models of the physician-patient relationship. JAMA. 1992 Apr 22-29;267(16):2221-6. PMID: 1556799.

5]R. Kaba a, P. Sooriakumaran b Author links open overlay panel The evolution of the doctor-patient relationship kent university,
<https://kar.kent.ac.uk/62743/55/Talcott%20Parsons%20and%20the%20theory%20of%20the%20%27Sick%20Role%27%202004.pdf#:~:text=Parsons%20therefore%20devised%20the%20'sick,the%20sick%20role%20tightly%20monitored.>

6]T. Narasinga Reddy M.D., D.M.R.D lecture on Doctor Patient Relationship The Changing Scenario National Vice-President Elect 2019-20 Imm-Past President IMA Telangana