

## Review Article

**Physician-Patient Relationship: The Present Situation and Our Responsibilities:**MS Islam<sup>1</sup>, S T Jhora<sup>2</sup>**Abstract :**

The "doctor-patient" relationship (DPR) or the "physician-patient" relationship (PPR) has long been recognized as a complex, multifaceted, and complicated balance of engagement between the care-seeker and the care-giver. The physician-patient relationship is central to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. The doctor-patient relationship forms one of the foundations of contemporary medical ethics. In the present moment doctor-patient relationship (DPR) or physician-patient relationship (PPR) is one of the major issues in health-care throughout the world. The most common complains about the physicians of Bangladesh is their attitude towards the patients. The patients must have confidence in the competence of doctors and should feel that they can confide in him or her. For physicians, the establishment of a good relationship with the patients is also important. In developed countries students are taught from the beginning, even before they set foot in hospitals, to maintain a professional relationship with the patients, to uphold patients' dignity, and respect their privacy. These are deficient in Bangladesh. In addition to service factors, perceived treatment cost is another factor that patients may perceive as excessive. This special article reflects the importance as well as the necessary elements to establish this sacred relationship.

**Intorduction:**

A medical graduate can not be a 'doctor', better to say a 'physician' without his patient. To some persons doctor is only second to Almighty and to others a doctor is parallel to a heartless creature. From the beginning of medical history, medical profession has been recognized as the noblest profession as it is directly related to life and death of human beings; at the same time it is probably the most criticized profession as well. In the present moment doctor-patient relationship (DPR) or physician-patient relationship (PPR) is one of the major issues in health-care not only in Bangladesh, it is debated throughout the world.<sup>1</sup> The most

When a patient visits a doctor s/he wants to develop full confidence over the physician and wants to feel that s/he can confide in him or her (the doctor). This confidence gives the patient a full dependency over the doctor and then s/he follows the doctor's advice. The doctor-patient relationship is central to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. But this is not always the exact scenario. There are lot of complains about the attitude of doctors towards his patient. As the patients are the main customers (care seekers) of a doctor, they (patients) always think of this matter. The socially aware conscious doctors are also anxious about this sensitive issue. The good PPR is not only related to patient's treatment, but also related to the honor of this noble profession as well as prestige of the health care facilities of the country. Every year a large number of people are going abroad for treatment of the diseases which can be well managed in our country. This not only causes loss of huge number of foreign currency but also lowers the image of the nation.

Let us now see about the DPR/PPR with emphasizing Bangladesh perspective. The civil society, the political parties, patients (care seekers), the doctor (care givers) community all have to play important role in this matter.

**Role of doctor/physician:****At first let us start with a case study.**

Mother of a specialist doctor from district hospital was taken to Dhaka for treatment. She had been suffering from diabetes, hypertension as well as depression. She visited a specialist doctor of Dhaka who knew the specialist doctor of the district well. He examined the patient, some investigations were advised which were done properly. He saw the investigation reports and sent her to another specialist doctor. The second specialist doctor had been informed about the identity of the patient (mother of a specialist doctor). The second doctor observed the first prescription, referral letter and the investigation reports. He (second specialist doctor) again gave more investigations some of which had just recently been done according to the advice of the first doctor. When he was asked whether those investigations need to repeat, he advised that all should be completed and from the diagnostic centers where he practiced. He received visit from the doctor's mother. Only after two days she visited the doctor to show her reports; the doctor observed the reports, gave her a prescription and again took the visit. But he ignored her main problem- the depression and didn't give any medicine for that. After returning home her conditions worsened. Upon contact with the specialist, he advised to continue the medicines. But the conditions did not improve. Ultimately the son (specialist doctor of district) himself came to Dhaka with her mother ignoring his busy schedule, contact with another specialist doctor (the third one) who took history vividly, examined the

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patient thoroughly and cordially. After examination he added an antidepressant. The patient gradually got rid of her problems.

The patient of the above case study came at least from upper middle class as her son was a specialist doctor of district, but this may also happen to a patient of low or middle income groups.

The points which come from the study are-

- \* Lack of cordial attention to relief the patient's problem
- \* Business attitude of the specialist care
- \* Unaware of the socioeconomic condition of the patient
- \* Loss of morality

#### **Lack of cordial attention to relief the patient's problem:**

The medical interview or history taking is the major medium of health care.<sup>2</sup>

The relationship between doctors and their patients has received philosophical, sociological, and literary attention since Hippocrates. In truth more than 80% of diagnoses are made by history alone.<sup>3,4</sup> Many doctors often forget that the patients are living human beings whose humanity must be respected if treatment is to succeed. They (the doctors) are also reluctant to share any information about their (patients) conditions. The result is poor health outcomes for the patients.<sup>1</sup> It is an utmost importance to develop and maintain a cordial relationship with the patient to know about the complains. A patient can give her/ his all ins & outs when s/he can relies on the doctor. A patient who does not trust or like the practitioner will not disclose complete information efficiently. It is sorry to say that though most of the medical students practice this in their student life but most of them do not apply this in their professional life. As a result a patient who is anxious of her/his illness will not figure out information clearly. The PPR therefore directly determines the quality and completeness of information elicited by the patient and understood by the doctor.

The most important is to treat the patient, not only the disease. But the modern technology based medical science makes the physicians skilled to treat the disease but many a times they give little importance on the good relation to heal patients. As a result the symptoms of the disease are temporarily relieved but not the root. In this regard Hippocrates' remark is 'where there is love for mankind, there is love for the art of healing'. But, we, the doctors do not follow the philosophy of great Hippocrates. Trust has been considered arguably "the fundamental virtue at the heart of being a good doctor".

#### **Business attitude of the specialist care:**

The modern medical science has started at the end of the Nineteenth century. Following the very advancing path of science, various specialized branches of medical science has been developed. After completion of graduation in medical science, the medical graduates who have completed and passed the specialized course are regarded as specialized doctors. The modern medical science is technology based; there is investment behind the technology. The business attitude to get return of the invested money is a natural

tendency of human. Many researchers assume that increasing specialization will continue to "technologize" and "compartmentalize" doctor-patient interaction. As patients see increasing numbers of poorly coordinated specialists for their myriad problems, the need for "case-managing" generalists becomes ever more acute.<sup>5</sup>

A doctor can get rid of this tendency by his self awareness, thoughts, feelings, dreams, commitments etc. towards mankind. Unfortunately there is no such commitment inside most of our doctors. We are too much dependent on technology to give specialist care.

Technology and science is not the same. Science makes man rational but not blindly dependent.

#### **Unaware of the socioeconomic condition of the patient:**

In the developing world, especially Bangladesh, cost is an important concern among those seeking health care service, given their low earnings. Such costs include consultation fees, laboratory test charges, travel, drugs and accommodation. While basic health care service is supposed to be free in public hospitals, patients end up bearing the costs of medicine and laboratory tests, as well as some additional unseen costs. These costs are too high and vary markedly across the Private hospitals.

Many of the doctors do not think of the low socioeconomic condition of their patients. Therefore, the patients think of the doctors as avaricious (greedy for money). In a small study done in a renowned post graduate institute of the country reveals that during taking history among thirty patients, the socio-economic status is noted only in two cases. This indicates that the socioeconomic condition of the patient is not at all the concern to most of the post graduate students. But for patient care it is utmost important to be conscious about the patient's socioeconomic condition.<sup>6</sup> The poor farmer from village imagines his dark future when he looks the costly medicines and the expensive investigations. He looks blankly to the prescription as if he sees the document of his sold last belongings. If the doctor is humanly concern about this matter by simply observing the patient's appearance and by asking source of his treatment expenditure, the scenario of PPR may be completely opposite.

#### **Loss of morality:**

In the above mentioned case study, the specialist physician advised the patient to complete her (the patient's) tests in a mentioned diagnostic centre. What is the rationality when some of the investigations he advised have already been done in one of the renowned dependable diagnostic centers of the country? The term 'commission' is now not an open secret; it is completely open to all. With a very few exception, almost all the diagnostic centers of the country is actively involved in this 'commission' trade. When a young patient is advised to do ultrasonography of whole abdomen for a simple headache, naturally the patient thinks of it. This is not the scenario of the seventy's. The faulty 'clinic ordinance of 1982' encourages the establishment of mushroom clinics and diagnostic centers which flares the system of commission business. At the same time a group of people has been developed who are actively participating in this unethical

business as tout fraud agents to run off this business smoothly. The clinic owners and a group of doctors are actively behind this. With the advancement of time, more doctors are involved in this unethical practice. Most feared is that the young doctors are engaging themselves from their internee period and earning illegal money without any hesitation and labor. Where is the morality of this noble profession? Once it was thought that the doctors are the only professionals who can run well off by honesty and knowledge. Days has been changed! The definition of 'well off', 'honesty' is also altered. In the section 7 of Code of Medical ethics published by Bangladesh Medical and Dental Council, it has been clearly stated that 'No doctor can commercialize any secret remedy or share any professional fees with any other doctor or other person in the form of commission.' The rate of commission received by the doctors has increased such a height that it can be compared with 'Bribe'. The patients can easily understand this and as a result the eternal respect of the patients towards doctors has been lowered to such a level that doctors are frequently assaulted in different situations, sometimes for a very minute reasons. This is nothing but the expression of their anger and feeling of exploitation.

#### **What are the remedies?**

In the section 5(A) of the Code of Medical ethics published by Bangladesh Medical and Dental Council, it has been stated that : 'Gross negligence in respect of his professional duties to his patient may be regarded as misconduct sufficient to justify the suspension or the removal of the name of a medical practitioner from the registrar.'

It is not defined here what is meant by 'gross negligence'. So, the doctor has no idea about the limit of the practical application of the law. Moreover the role of doctor in establishing a good PPR is not at all included in the syllabus or curriculum of Medical education. So the moral responsibility of a doctor towards a patient or towards the society totally depends on the inherent and eternal attitude of the doctor.

The following points should be thought of to improve the doctor patient relationship :

1. The quality relationship between patient and the doctor.
2. Emphasis and encourage to develop qualified humanitarian general practitioners in planned way.
3. The effective role of Bangladesh Medical and Dental Council.
4. Socialization of Medical profession.

#### **1. The quality relationship between patient and the doctor:**

The doctor must be competent to establish an effective relationship with his patient.

There are three elements in DPR.

##### a) Emotional :

Doctor must feel the distress of the patient cordially to eradicate the disease of the patient from the root.

##### b) Cultural :

Without understanding the cultural background of the patient, it is not possible to make an effective relationship with the patient.

##### c) Intellectual:

The doctors or the physicians usually come from affluent family. Most of their patients comes from the relatively poor family. This is very natural that there is an intellectual gap between them. For proper patient management this difference should be overcome. Many doctors are reluctant to improve the communication which is one of the crucial elements of treatment. Doctors must be practical ignoring the intellectual differences to maintain an easy access to the problems of the patients.

#### **2. Emphasis and encourage to develop qualified humanitarian general practitioners:**

At present near about eighty medical and dental colleges including both government and private (Ratio of government and private is near about 1:2).<sup>6</sup> Most of the private medical colleges seem to be established only for profit. The cost in a private medical college is so high that after getting the MBBS degree most of the doctors are engaged more towards economic benefit rather than to engage him for the welfares of the patients.

The conditions of the Government medical colleges are also not good. There exist all the elements which encourage unwanted grouping between the students and the medical teachers. We cannot give our students an environment in which they will grow to a respectable, honorable and ideal doctor.

The government must take the major responsibilities to improve this condition.

We need more general practitioners in respect to our socio-economic condition.

A GP, or General Practitioner, is a medical doctor who diagnoses, treats and refers patients suffering from a range of illnesses.

A GP or General Practitioner is the vital first point of contact for anyone suffering from an illness, except in immediately serious cases where a patient will go directly to hospital. GPs diagnose and treat diseases, sometimes referring the patient on to other specialists. As such, GPs must have a very broad medical knowledge.<sup>7</sup>

Unfortunately GPs are not honored or valued in our country. So, almost all the medical graduates want to be specialist in our country. This causes unnecessary wastage of time, money and human resource.

From the practical experience it has been observed that the specialist education create various problems in doctor-patient relationship. A specialist doctor is not interested to develop the good relationship with his patient not he is aware to think about the psychological affair of the patient. The book says-'A specialist is defined as on who learns more about less and less.'

The powerful stream of medical science can be created by the MBBS doctor of our country. If the existing undergraduate medical syllabus and curriculum can be revised, reformed and properly expanded, it is possible to give medical services to most of the people of the country. They can give more emphasis to treat a patient not to treat

the disease by which a new era will have been open to improve the patient doctor relationship. The necessity of generalist than the specialist is understood also in the developed countries. Dr. Francis Peabody has said about the medical services of U.S.A, 'Specialization in medicine had already reached its apex and that modern medicine had fragmented the health care delivery system to too great a degree'.<sup>8</sup> He proposed to make more emphasis towards the development of general physicians. Mills Commission reports, Willard Commission report in 1966 in USA also express the same opinion.

### 3. The effective role of Bangladesh Medical and Dental Council

Though this institution is established to increase the pride & prestige of medical professionals, to evaluate the standard & ethical role of the medical graduates, it plays negligible responsibilities in these issues. If this institution at least monitors the ethical issues of the doctors and provides necessary action & punishment in required cases, then the DPR is not declined to such extents. So this is a time honored desire of both the patients (care-seeker) and the conscious honest doctors (care-givers) that this institution should run more effectively and functionally to overcome this situation.

### 4. Socialization of Medical profession:

The so called developmental policy of Medical services has made two distinct branches- one for the affluent and another for the poor. The technology based medical services are so expensive that it is only limited to treat the rich. There is no door for the poor if at all they become penniless. So in order to decrease the difference between rich & poor and to provide benefit of modern health facilities to all class of people, the state has to take the responsibilities. Probably to fulfill this, health services was nationalized in Great Britain in 1946. This was also done in the socialist countries to fulfill the same aim. This difference was removed in New Zealand by nationalize the health service.

The change of health system of rich & poor can be defined as the 'socialization of Medical profession'. The socialization of medical profession is a great idea. In this system, there is no competition between doctors to hunt patients for earning money. A congenial connection and cordial relationship is achieved between the doctors. In this system the community has to take responsibilities to formulate the plan, construct infra- structure, make the plan in reality as well as the administrative responsibilities. This situation can be compared to the famous statement by the Rudolf Virchow, the father of modern pathology and the founders of social medicine<sup>9</sup> " Medicine is nothing but politics on a large scale" in his 'Health by the people' document.<sup>10</sup>

At last it can be concluded that to improve the PPR is not the responsibilities of the doctors alone, it is also the duty and responsibility of the society as well as of the State.

We should always keep the universal statement of Dr. Francis Peabody in our heart : "Medicine is not a trade to be learned, but a profession to be entered."<sup>8</sup>

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