

## Physician – Patient relationship The present situation and our responsibilities

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 health care and is essential for the delivery of high quality health care in the diagnosis & treatment of diseases. The doctor – patient relationship forms one of the foundations of contemporary medical ethics. In the present movement, doctor patient relationship (DPR) or physician – patient relationship (PPR) is one of the major issues in health care throughout the world. The most common complaints 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 patient 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 patient’s 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.

A medical graduate be a ‘Doctor’ better to say a “Physician” without his patient. To some persons, doctor is only second to the 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 is one of the major issues in health care not only in Bangladesh; it is debated the world<sup>1</sup>. The most focused point of debate is the attitude of a doctor when a patient insists a doctor, he or she wants to develop full confidence over the physician and wants to feel that he/she can confide in him or her (the

doctor). This confidence gives the patient a full dependency over the doctor and then he/she follows the doctor’s advice. The doctor patient relationship is central to the practice of health care 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 complaints about the attitude of doctors towards his patient. As the patients are the main customers of a doctor, they (patient) always think of this matter. The good PPR is not only related to patients treatment, but also related to the honor of this noble profession as well as prestige of the health carrier. A good number of people are going abroad for treatment of the diseases which could be well managed in our country. This could not only causes loss of huge number of foreign currency but also issues the image of the nation.

### **Role of doctor/physician:**

A case study – Mother of a specialist doctor working at district hospital was taken to Dhaka for treatment. She had been suffering from diabetes, hypertension as well as depression. She attended to a specialist doctor in Dhaka who knew the specialist doctor of district well. He examined the patient, some investigations were advised which are done properly. He went through the investigation reports and sent her to another specialist doctor. The 2<sup>nd</sup> specialist doctor had been informed about the identity of the patient (mother of a specialist doctor).

The 2<sup>nd</sup> doctor observed the first prescription & investigation reports. He again advised for more investigations some of which had just recently been done according to the advice the 1<sup>st</sup> doctor. When he was asked whether those investigations need to be repeated, he advised that all should be completed and from the diagnostic centre where he was practicing. He received fee from the doctor’s mother. Only after 2 days, she attended the doctor to show her reports; the doctor observed the reports, prescribed and had fees again. 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 2<sup>nd</sup> specialist, he advised to continue the medicines. But the



conditions did not improve. Ultimately son of the patient came to Dhaka with his mother ignoring his busy schedule, contact another specialist doctor (the 3<sup>rd</sup> one) who took history vividly, examined the 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:

1. Lack of cordial attention to relieve the patient's problem.
2. Business attitude of the specialist care.
3. Not considering socio-economic condition of the patient.
4. Decline of morality.

#### 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/DPR 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 attitude of the doctor.

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

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

#### Conclusion:

At last it can be concluded that, that to improve the PPR it is not the responsibilities of the doctors alone, but 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>6</sup>.

#### Dr. Md. Mazibur Rahman

Assistant Professor, ENT department, Dhaka National Medical College & Hospital.

#### Dr. Wanaiza

Associate Professor, Department of Pharmacology, Dhaka National Medical College.

#### Prof. Dr. Munir Hassan

Professor Department of Microbiology. Dhaka National Medical College

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1. Talukder MMH. On patient physician relationship: A Bangladesh perspective. Asian Bioethic Review June 2011, Volume 3, Issue 2, PP. 65-84.
2. "Chapter One: The Doctor-Patient Relationship: A Review" Organization and information at the Bed side the dissertation of J. Hughes PhD (e-mail) Jhugheschangesurfer. Com <http://www.changesurfer.com/Hlth/DPRReview.html>.
3. [www.dghs.gov.bd](http://www.dghs.gov.bd)
4. [www.myjobserch.com/careers/general-practitioner.htm](http://www.myjobserch.com/careers/general-practitioner.htm).
5. Bangladesh Medical & Dental Council – Act 1960.

Corrigendum in Volume 19, Number -1 March 13  
Correction are to be noted on page 32

1. Name of the author: R. Malek should be read as Roksana Malek. designation as lecturer instead of Asst. Prof.
- 2) Line-13-instead of 80 it should be read as 18
- 3.) Line -15 Instead of 45 it should be read as 18 and instead of 21.95% it should be 8.78%.